Clinical pharmacy and clinical trials

Background The average risk of infection after occupational exposure to HIV is 0.3% (0.2–0.5% percutaneous exposure, 0.01–0.5% contact with mucous or non-intact skin) and after sexual exposure 0.01–3%, depending on sexual practise.

An action protocol has been in place at our centre since 2010, based on international recommendations for exposure to HIV that include:

1. Start treatment within 72 hours post-exposure
2. 1st choice guideline: Tenofovir/Emtricitabine + Lopinavir/
Ritonavir regimen or the source treatment if viral load is controlled; 2nd choice Tenofovir/Emtricitabine or Lamivudine/Zidovudine + protease inhibitor (PI), boosted with Ritonavir.
3. Length of treatment: 80 days
4. Serological analysis at different points until the 6th month.

Before 2010, the hospital followed the international recommendations, with 1st choice Tenofovir/Emtricitabine or Lamivudine/Zidovudine+PI boosted with Ritonavir.

Purpose To evaluate the effectiveness and change to the protocol currently in force since 2010 and that of the previous international recommendations, following exposure to HIV.


Results 33 patients. Average age 37.3 (23–65), 13 males (39.4%). Patients treated with first choice: 94%, other therapeutic options: 60%. 90.9% of patients received treatment for 30 days. 38.2% of patients underwent correct serological monitoring until 6 months, 52.9% until 3 months. 96.9% started treatment within 72 hours of exposure. All baseline serologies were negative and there were no cases of seroconversion. Average cost/patient €747.

Conclusions PEPT was able to achieve the therapeutic goal in all study patients. The treatment chosen and the time of beginning after exposure were correct. The follow-up until 6 months was not carried out correctly in a significant percentage of patients. These facts and the high costs, require close pharmacotherapy monitoring of these patients.

No conflict of interest.


Efficacy and Safety of Boceprevir and Telaprevir at Week 12 of Treatment

CPC-045

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Background Boceprevir and telaprevir are two new drugs approved by the European Medicines Agency for the treatment of hepatitis C genotype 1. They are used in combination with ribavirin and peg-interferon to increase the response to treatment.

Purpose To analyse the evolution of the viral load and the adverse effects of boceprevir and telaprevir, at week 12 of treatment.

Materials and Methods We undertook a prospective observational study from November 2011 to October 2012 of patients who started treatment with boceprevir and telaprevir. Patients were monitored for 12 weeks after initiation of triple therapy. We also analysed the incidence of adverse effects during treatment. The data collected were: age, sex, grade of fibrosis, type of patient, baseline viral load, and viral load at weeks 4, 8 and 12. The data were consulted in the medical records of patients through the IMDHv.50 programme.

Results A total of 31 patients were followed up, eight treated with boceprevir and 23 with telaprevir. The median age of patients was 60 years. Regarding the type of patient, 10 were treatment naive, 9 were relapers, 7 non-responders, 4 presented side effects in previous treatment and 9 were partial non-responders. The median viral load was 2,682,000 IU/ml. At week 12, undetectable viral load was found in 26 (83.8%) patients (6 in the boceprevir group and 20 in the telaprevir group). Five patients (16.1%) had to discontinue treatment, four (12.9%) had >1000 IU/ml at week 12 and one (3%) due to pancreatitis. Adverse events observed during treatment are shown in the table.

Conclusions The data show an early decrease in the viral load of patients treated with triple therapy, becoming undetectable by week 12 in most cases. The side effects differed from those described in clinical trials, so more studies and post-marketing pharmacovigilance are needed.