Aim and objectives To analyse the profile of pharmacological interactions with RTV as an enhancer of PIs and their severity.

Material and methods A retrospective observational study was conducted where patients undergoing treatment for HIV-1 infection with PI boosted with RTV before 2018 were reviewed. Patients who had been treated with RTV as an enhancer for at least 6 months were selected. Those that presented some interaction with PI/enhancer were reviewed. Data were collected on age, sex, drug interactions and their severity, and medical action/decision. The data were obtained from the drug dispensing register of the outpatient pharmaceutical care unit and the electronic clinical record. Interactions and their severity were reviewed using www.hiv-druginteractions.org/checker.

Results 210 patients were reviewed, of whom 5 patients (2.38%) had interactions that motivated treatment modification, reflected in the clinical history, with a mean age of 52 years (SD 5).

- RTV-triazolam: avoid co-administration. RTV can increase triazolam concentrations resulting in prolonged sedation or respiratory depression. Decision: ART modification.
- RTV-sildenafil: potential interaction. Co-administration of darunavir/RTV (400/100 mg twice daily) and a single dose of sildenafil resulted in fourfold greater exposure. Decision: use sildenafil single dose at a maximum 25 mg every 48 hours.
- RTV-quetiapine: avoid co-administration. Concomitant administration of RTV and quetiapine is contraindicated because it can increase the toxicity related to quetiapine due to its metabolism mainly by CYP3A4, which RTV inhibits. Decision: reduce quetiapine dose to one-sixth if administered jointly.
- RTV-atorvastatin: very low evidence interaction. Co-administration may increase atorvastatin concentrations and increase the risk of myopathy. Decision: exchange for pravastatin.

Conclusion and relevance Interactions related to ART based on PI/enhancer can be easily managed to avoid causing harm to the patient. It is necessary to review the complete treatment in ART patients whenever they start a new drug.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest