



Polypharmacy of concomitant medications in HIV-infected Australian adults is common, and associated with adverse events

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Background

- In addition to ART, concomitant medications are often prescribed to:
 - mitigate ART side effects
 - treat comorbid conditions associated with HIV / ART / normal aging processes
- Polypharmacy is commonly defined as ≥5 medications.
 - more common in HIV-infected adults than the general population
 - in the general population increases the risk of:
 - morbidity
 - non-adherence
 - drug interactions
 - side effects
- No complete polypharmacy data in HIV-infected Australian adults:
 - multiple-prescribers, patient self-report vs physician documentation
 - over the counter and alternative preparations
 - no data on concomitant medication non-adherence or adverse effects

Edelman 2013, Gnijidic 2012, Marcum 2012, Marzolini 2010

Methods

PAART study

■ 522 participants at 17 Australian GP, sexual health and hospital sites

Eligibility

- HIV+ adult ≥18 years of age
- on stable ART for previous 3 months (minimum)
- plasma HIV-RNA <50 cp/mL

Assessments

- 90-item participant survey
- neurocognitive function: Cogstate
- pharmacy ART dispensing data
- clinical and virological data
 - concomitant medications by prescribed and participant self-report

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Methods

Polypharmacy

- Polypharmacy defined as ≥5 concomitant medications
 - including over-the-counter and alternative medications (excluding ART)
- Factors associated with polypharmacy were identified by multivariable binary logistic regression
- Pearson's chi-squared test was used to evaluate the relationship between polypharmacy and the following specifically assessed adverse events:
 - nausea
 - diarrhoea
 - fatigue
 - sleep disturbance
 - myalgia
 - rash
 - peripheral neuropathy
- Associations between polypharmacy and adverse effects were adjusted for comorbid disease burden using the Charlson index

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Results

- 94.5% male
- Age 51 years
- HIV duration 12 years
- 75% (n=392) took ≥1 concomitant medication
 - 5.0 (SD 4.4) concomitant medication pills / day vs 3.0 (SD 2.2) ART pills / day
- Most common concomitant medications: lipid-lowering, antidepressant, anti-viral, PPIs, anti-coagulants, PDE5 inhibitors, oral anti-diabetics, anticonvulsants
- 23% (122) had polypharmacy:
 - higher age (57 years vs 51 years)
 - higher rate previous AIDS (36% vs 23%)
 - current comorbidity (84% vs 57%)

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Polypharmacy multivariable logistic regression

Covariates Independently Associated with Polypharmacy				
Covariate	AOR	95% CI	p-value	
HIV managed in a general practice (vs sexual health clinic)	1.9	1.0-3.7	0.038	
HIV managed in a hospital-based clinic (vs sexual health clinic)	2.0	1.0-3.6	0.030	
Monthly or more benzodiazepine ("benzos") use	2.8	1.1-7.7	0.035	
Clinical trial participation	3.5	1.3-9.0	0.011	
Renal impairment (eGFR <60mL/min/1.73m²)	3.8	1.5-10.1	0.006	
Diagnosed comorbidity	4.2	2.0-8.6	<0.001	

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Adverse effects

Adverse effects **Concomitant medication use** Odds Ratio Adverse effect 95% CI p-value Sleep disturbance 2.6 1.5-4.2 < 0.001 Myalgia 2.1 1.1-3.9 0.019 Lipodystrophy < 0.001 6.0 2.2-17.0 AIDS in press, 2017

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Concomitant medication use				
Adverse effect	Odds Ratio	95% CI	p-value	
Sleep disturbance	2.6	1.5-4.2	<0.001	
Myalgia	2.1	1.1-3.9	0.019	
Lipodystrophy	6.0	2.2-17.0	<0.001	

Polypharmacy of concomitant medications				
Adverse effect	Odds Ratio	95% CI	p-value	
Diarrhoea	1.6	1.0-2.4	0.046	
Fatigue	1.7	1.1-2.6	0.015	
Myalgia	1.7	1.0-2.9	0.033	
Peripheral neuropathy	3.9	2.4-6.4	<0.001	
Lipodystrophy	2.4	1.4-4.1	0.001	

Adverse effects – adjusted for comorbidity

Polypharmacy of concomitant medications				
Adverse effect	Adjusted Odds Ratio	95% CI	p-value	
Diarrhoea	1.9	1.1-3.0	0.013	
Fatigue	1.7	1.0-2.6	0.032	
Myalgia				
Peripheral neuropathy	3.1	1.8-5.2	<0.001	
Lipodystrophy				

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Summary & Conclusions

- Concomitant medication polypharmacy present in 23%
- Polypharmacy associated with several adverse effects
- Management of concomitant medications to prescribe fewer concomitant medications with fewer effects is warranted

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