Potential or Contraindicated Drug-Drug Interactions with Antiretroviral Therapy in Taiwanese Patients

Wang-Huei Sheng*

Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

In od c ion

To our knowledge, the DDI pro les during ART exposure have not been thoroughly addressed in Taiwan. A better understanding of the DDI pro les could aid clinicians in selecting the best ART for patients. Furthermore, patients with DDIs had signi cantly higher health-care costs than those without DDIs. 11 A thorough examination of DDIs is required to improve medical care for HIV patients while reducing the government's nancial burden. As a result, the following are the study's two major objectives to investigate the pro les of comorbidities and comedications among HIV-infected patients strati ed by DDI status, and to document the frequency of contraindicated and potential DDIs with recommended 1L-ART and PIs in real-world settings. among e data for this study came from the Health and Welfare Database, which contained all claims data from Taiwan's National Health Insurance (NHI) programme. e NHI programme began in 1995, with a coverage rate of more than 99.9%. 12 In 2019, the programme served approximately 24 million bene ciaries. 12 Data from 2016 was used as the source. Because the patient identi cation numbers in the database were encrypted and de identi ed, the Research Ethics Committee of National Taiwan University Hospital waived informed consent and approved the study through expedited review (IRB/REC number: 201802027RIFA). Diagnoses were identi ed using International Classi cation of Diseases, Ninth or Tenth Revision, Clinical Modi cation (ICD-9-CM, ICD-10-CM) codes. e Anatomical erapeutic Chemical Recognition System was used to identify medications.

S bjec i e Heading

is study included HIV patients diagnosed between January 1, 2016, and December 31, 2016. HIV patients were those who had at least one inpatient diagnosis or two separate outpatient diagnoses ([ICD-9-CM code]: 042, V08; [ICD-10-CM code]: B20, Z21). Between the two subsequent HIV outpatient diagnoses, at least one examination for CD4 count or viral load ([procedure code]: 12073B, 14074B) was required to con rm the HIV diagnosis further.

In 2016, HIV-infected patients were included in this cross-sectional study. Tenofovir/emtricitabine/efavirenz (TDF/FTC/EFV), TDF/FTC/rilpivirine (TDF/FTC/RPV), and abacavir/lamivudine/dolutegravir

risk of DDIs between HIV/HIV and HIV/non-HIV medications. Icons were used to categorise the severity of the interactions. Only red and amber icons, representing contraindicated and potential DDIs, were estimated in this study. e DDIs were de ned as having used systemic medications at least once during the ART-exposed period. Even if a person had multiple prescriptions for the same DDI pair, each person would only be calculated once. For each drug pair and ART of interest, the frequency was estimated.

Finally, we classi ed patients based on their DDI status and examined their baseline characteristics. Patients with potential or contraindicated DDIs were assigned to the "with DDI" group, while everyone else was assigned to the "without DDI" group. Age, gender, comorbid conditions, and concomitant medications were the variables of interest. e total number of comorbidities and medications was also added together as two independent variables. Among the comorbidities were cerebro cardiovascular diseases, metabolic syndromes, respiratory disease, liver disease, renal failure, psychiatric disease, and cancer. In 2016, comorbidities were de ned by at least one inpatient record or two separate outpatient records. e co medications were made

Citation:

13. Buthayna (2018) EiloutiConcept evolution in architectural design an octonary framework .Front Archit Res 7 (2): 180-196.

14. Buthayna (2019) EiloutiPrecedent-based design as a case-driven problem-solving technique in engineering designProceedings of the 10th International Multi-Conference on Complexity Informatics and Cybernetics 141-146.

15. Buthayna Eilouti (2017)Generative system for Mamluk Madrasa form making. Nexus Netw J 9 (1): 7-30.