1022. Impact of Hospitalization on Antiretroviral Therapy for People Living with HIV

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Session: P-47: HIV: Treatment

Background.

Persons living with HIV (PLWH) are frequently hospitalized for reasons unrelated to HIV. Transitioning of antiretroviral therapy (ART) while inpatient may not always be an immediate priority due to lack of knowledge, formulacy load using the Abbott RealTime HIV 1 assay and qualitative target detected (TD) or target not detected (TND) outcomes were provided for HIV-1 RNA < 40 c/mL. The HIV-1 SuperLow assay (BioMONT HR Labs) was used to measure HIV-1 RNA < 2 c/mL at Baseline and W48.

Methods.

The proportion of participants with HIV-1 RNA blips was similar overall between QW4 CAB + RPV LA and CAB arms in FLAIR (38/283 (13%) vs 39/283 (14%)) and ATLAS (17/308 (6%) vs 23/308 (7%). Presence of HIV-1 RNA blips in either arm was not associated with virologic non-response at W48 (HIV-1 RNA ≥ 50 c/mL per US Food and Drug Administration Snapshot). In ATLAS-2M, HIV-1 RNA blips were observed in 32/523 (6%) vs 18/522 (3%) QW8 of participants, with W48 virologic nonresponse in 2 QW4 and 0 QW8 participants. TD outcomes at individual study visits were comparable between study arms for the 3 studies. At W48, the proportion of participants with HIV-1 RNA > 2 c/mL was similar to Baseline and similar between treatment groups in all studies.

Conclusion.

The proportions of study participants with HIV-1 RNA blips, TD viral load results, and HIV-1 > 2 c/mL were similar between the QW4 and QW8 CAB+RPV arm and the CAB 1-3 drug CAR arm through phase III trials. HIV-1 RNA blips did not predict virologic nonresponse (Snapshot analysis) at W48.

1023. Impact of Physical Therapy in the Management of Musculoskeletal Pain in HIV Patients

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Session: P-47: HIV: Treatment

Background.

Musculoskeletal (MSK) pain is common in HIV patients in the ambulatory setting. Healthcare providers tend to prescribe opioids to control MSK pain in HIV patients, which increases the risk of opioid misuse. An interdisciplinary approach that includes physical therapy has been successful in managing MSK pain in various hospital settings. Therefore, the authors sought to find the impact of a physical therapist (PT), on the number of opioid prescriptions and physical therapy referrals made by resident physicians to manage MSK pain in HIV patients.

Methods.

We performed a retrospective chart review of all patients seen by Internal Medicine (IM) residents in an HIV clinic in Detroit, before (01/01/15-05/16, 2016 dataset) and after (01/01/15-05/18, 2018 dataset) recruiting a physical therapist to the healthcare team. We collected demographic and clinical data from both datasets. We also surveyed the residents to assess how the PT addition influenced their comfort and knowledge in treating MSK pain in HIV patients. IRB waiver was obtained.

Results.

Results showed that of all HIV patients seen at the clinic, 28/249 (11%) and 37/178 (21%) had chronic MSK pain in the 2017 and 2018 datasets, respectively. In 2017, all 28 patients with MSK pain were prescribed opioids. This number significantly decreased in 2018 after the PT addition (10/37 patients; p = 0.0001). Moreover, the number of physical therapy referrals made by residents significantly increased after the PT addition (2017: 5/28 patients; 2018: 17/37 patients; p=0.03). Residents also recommended non-opioid interventions including orthopedics referrals (7/37 patients), braces/orthotics (3/37 patients) and non-opioid analgesics (26/37 patients) to patients after the PT addition. Survey responses showed that 7/9 residents (78%) felt that the physical therapist was helpful in improving their examination skills or developing a treatment plan for patients.

The effect of recruiting a physical therapist on the number of opioid prescriptions and physical therapy referrals made by resident physicians could be derived. VR and differences between treatment arms within each adherence group can be calculated using the exact unadjusted 95% confidence intervals.

Conclusion.

In conclusion, our results show that the addition of a physical therapist to the team encourages physicians to utilize non-opioid management of MSK pain in HIV patients. We also find that physicians are satisfied with taking an interdisciplinary approach to pain management in HIV patients.

Disclosures.

All Authors: No reported disclosures

1024. Impact of Treatment Adherence on Efficacy of DTG/3TC and DTG + TDF/FTC in Treatment-Naive HIV Patients

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Session: P-47: HIV: Treatment

Background.

GEMINI 1 & 2 are global double-blind, multi-center phase III non-inferiority studies evaluating efficacy and safety of dolutegravir (DTG) + lamivudine (3TC) once daily in treatment-naive HIV-1-infected adults with Screening HIV-1 RNA ≥ 50,000 c/mL. Participants were randomized 1:1 to treatment with DTG+3TC or DTG + tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC). The primary endpoint was the proportion of participants with plasma HIV-1 RNA < 50 c/mL at Week 48 (Snapshot algorithm). DTG+TDF/FTC was superior to DTG+3TC at Week 48 and 96. Here we evaluate the impact of treatment adherence on Week 48 virologic response (VR) within the GEMINI trials as a post-hoc analysis.

Methods.

Adherence was estimated using pill counts data and categorized as follows: ≥ 90% vs < 90%. Week 48 VR was measured as % of participants with HIV-1 RNA < 50 c/mL by Food and Drug Administration Snapshot and by last on treatment viral load (VL) for the intention to treat–exposed population for which adherence could be derived. VR and differences between treatment arms within each adherence category were calculated along with exact unadjusted 95% confidence intervals.

Conclusion.

In conclusion, our results show that the addition of a physical therapist to the team encourages physicians to utilize non-opioid management of MSK pain in HIV patients. We also find that physicians are satisfied with taking an interdisciplinary approach to pain management in HIV patients.