2526. Side Effects of Antiretroviral Therapy in Children with HIV in a Referral Center in Mexico
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Background. Human Immunodeficiency Virus infection (HIV) is still a challenge in many parts of the world, mainly in children. In Mexico the infection has been decreasing, however we still have cases, in 2018 we had 40 perinatal new cases reported. The antiretroviral therapy has shown to be effective to control the disease but it is not free of adverse effects, the children with vertical transmission are exposed to many years of the antiretroviral therapy.
Methods. Retrospective, observational descriptive study at Instituto Nacional de Pediatría during 2004-2019. We included every children under 18 years old who received treatment for HIV and had a complete medical record.
Results. We found 61 patients under 18 years that fulfill the data for the analysis. 37 (60%) were male, the mean age at diagnosis of HIV infection was 47 months, the antiretroviral therapy that received 57 patients (93.4%) of the study was zidovudine, lamivudine and lopinavir/ritonavir, 4 only received another therapy: 3 of them received abacavir, lamivudine, and lopinavir/ritonavir and the missing one received abacavir, lamivudine and raltegravir. 43% of the children of our study showed adverse effects after the antiretroviral therapy, the mean time of adverse effects presentation was 37 months after the beginning of the treatment. The most common effect was hypertriglyceridemia with 13 cases, in second place we found hypercholesterolemia in 7 cases, and both in 5 cases, other frequent effects were hepatotoxicity in 5 cases, diarrhea in 4 cases, anemia in 3 cases, vomiting in 3 cases, abdominal pain and night terrors in 2 cases each one. It was necessary the change of the therapy because of adverse effects in 6 cases (9.8%).
Conclusion. Antiretroviral therapy is effective although it has many side effects. We observe that adverse effects are frequent, almost the half, in pediatric population, it depends on the antiretroviral selection, for children we had only a few options because of the little doses they need or the inability to swallow tablets. It’s important to monitor and control all the adverse effects because they increase morbidity and mortality, especially dyslipidemia, that has been associated with cardiovascular risk and it was the most common effect found in our study.
Disclosures. All authors: No reported disclosures.

2527. Improving Care for Adolescents Living with HIV: Evaluating the Impact of Case-Based Education
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Background. The CDC estimates that 26% of the approximately 50,000 people newly diagnosed with HIV in 2010 were youth 13 to 24 years of age. Older children and adolescents now comprise the adolescent population cared for at pediatric HIV clinics.
Methods. To improve HIV/ID specialists’ ability to develop a comprehensive care strategy for adolescents living with HIV, a CME/ABIM MOC/CE certified, case-based, educational program was developed. A series of multiple-choice questions evaluated the application of evidence-based recommendations. A “test then teach” approach elicited cognitive dissonance, with evidence-based feedback provided following each learner response. Educational effectiveness was assessed with a repeated-pairs pre-/post-assessment study design; each individual served as his/her own control. A chi-square test assessed changes pre- to post-assessment. P values < 0.05 are statistically significant. Effect sizes were evaluated using Cramer’s V (<0.05 modest; 0.06–0.15 noticeable effect; 0.16–0.26 considerable effect; >0.26 extensive effect).
Results. To date, 6,755 HCPS (1,714 physicians; 2,795 nurses; 1,076 pharmacists) have participated in the activity. Data from the subset of HIV/ID specialists (n = 87) who answered all pre-/post-assessment questions during the initial study period were analyzed. Following activity participation, significant improvements were