

Proporsi keberhasilan virologis dan faktor-faktor yang berhubungan pada reintroduksi terapi antiretroviral lini pertama pasca interupsi tidak terencana pada pasien HIV = Proportion of virological success and its associated factors in first line antiretroviral reintroduction after unplanned interruption in HIV patients

Suzy Maria, author

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Abstrak

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Latar Belakang: Hingga saat ini belum ada panduan mengenai paduan terapi antiretroviral (antiretroviral therapy/ART) terpilih pada pasien HIV dewasa dengan riwayat interupsi tidak terencana. Kondisi pasien pada saat reintroduksi ART perlu dievaluasi sebagai dasar pemilihan paduan ART

Tujuan: Mengetahui proporsi keberhasilan virologis pada reintroduksi ART lini pertama pasca interupsi tidak terencana. Mengetahui hubungan antara berbagai faktor klinis dan laboratoris dengan keberhasilan virologis pada reintroduksi tersebut.

Metode: Penelitian kohort retrospektif dilakukan pada pasien HIV yang mendapatkan reintroduksi ART lini pertama pasca interupsi tidak terencana selama minimal 1 bulan. Data didapatkan dari rekam medis RS dr. Cipto Mangunkusumo di Jakarta. Viral load (VL) dinilai 6-18 bulan setelah reintroduksi ART lini pertama, dinyatakan berhasil bila VL <400 kopi/ml. Dilakukan analisis terhadap faktor yang berhubungan dengan keberhasilan virologis tersebut.

Hasil: Selama periode Januari 2005 s.d. Desember 2014 terdapat 100 subjek yang mendapatkan reintroduksi ART lini pertama dan memiliki data viral load 6-18 bulan pasca reintroduksi. Pasca reintroduksi ART didapatkan keberhasilan virologis pada 55 (55%) subjek. Pada analisis didapatkan dua faktor yang berhubungan dengan keberhasilan virologis pada reintroduksi ART lini pertama, yaitu frekuensi interupsi satu kali (adjusted OR/aOR 5,51; IK95% 1,82-16,68; p=0,003), nilai CD4 saat reintroduksi <805;200 sel/mm

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(aOR 4,33; IK95% 1,14-16,39, p=0,031).

Simpulan:

Proporsi keberhasilan virologis pada reintroduksi ART lini pertama pasca interupsi tidak terencana adalah 55%. Pasien dengan frekuensi interupsi 1 kali dan pasien dengan nilai CD4 saat reintroduksi ≥ 200 sel/mm

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memiliki kecenderungan untuk mencapai keberhasilan virologis pada reintroduksi ART.

ABSTRACT
There is no guideline concerning antiretroviral therapy (ART) of choice for adult HIV patients after unplanned interruption. Hence, patients' conditions at time of ART reintroduction need to be evaluated as a basis for selecting ART regiment.

Objectives: To know the proportion of virological success of first line ART reintroduction after unplanned interruption. To know the association between either clinical or laboratory factors and virological success in reintroduction.

Methods: We conducted a retrospective cohort study in HIV patients that were reintroduced to first line ART after having unplanned interruption for at least one month period. The data were collected from medical records of Dr. Cipto Mangunkusumo Hospital in Jakarta. Viral load (VL) was evaluated at 6-18 months after first line ART reintroduction, declared as a success if VL < 400 copies/mL. Analysis was done to factors associated with such virological success.

Results: Between January 2005 and December 2014, 100 subjects were reintroduced to first line ART and having VL data in 6 to 18 months after the reintroduction. Virological success was achieved in 55 (55%) subjects. In the analysis we found that virological success was associated with interrupted once (adjusted OR/aOR 5.51%, 95%CI 1.82-16.68, $p=0.003$) and CD4 ≥ 200 cell/mm

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at the time of reintroduction (aOR 4.33, 95%CI 1.14-16.39, $p=0.031$).

Conclusions: Proportion of virological success on first line ART reintroduction after unplanned interruption was 55%. Patients who were having interrupted once and patients with CD4 ≥ 200 cell/mm

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