

Penggantian Nevirapine Sebelum Satu Tahun Pengobatan Pada Pasien HIV-AIDS Di RSUP. DR. Sardjito

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Latar Belakang; Negara-negara di dunia, termasuk Indonesia, lebih merekomendasikan nevirapine dibandingkan efavirenz. Nevirapine, meskipun begitu, masih tetap digunakan di negara-negara tersebut. Penelitian menunjukkan bahwa efek samping obat lebih banyak muncul pada pasien dengan nevirapine dibandingkan efavirenz. Faktor risiko penggantian nevirapine berbeda di masing-masing negara. Penelitian ini menggambarkan faktor penggantian nevirapine sebelum satu tahun pengobatan.

Metode; Penelitian ini adalah retrospective longitudinal yang melibatkan pasien HIV di RSUP Dr. Sardjito, Yogyakarta, pada January 2008-December 2013. Pasien akan terlibat di dalam penelitian jika berumur lebih dari atau sama dengan 18 tahun, menggunakan nevirapine sebagai ART lini pertama, dan tidak hamil. Observasi dilakukan selama satu tahun dengan menggunakan data rekam medis. Analisis data dilakukan menggunakan Kaplan-Meier dan cox proportional hazards regression.

Hasil; Penelitian ini melibatkan 362 pasien dengan median umur 31 (IQR, 27-40) tahun, median CD4 79 (IQR,18-191) sel/mm³ dan sebagian besar laki-laki (62%). Insiden rate penggantian nevirapine adalah 5-per-1000-orang-per-tahun dengan median time untuk mengganti adalah 8 (IQR, 4-17) minggu. Alasan penggantian nevirapine adalah ruam kulit (80%), hepatotoksitas (8%), kegagalan terapi (6%), dan lain-lain (6%). Pada analisis bivariat, CD4 kurang dari 50 sel/mm³ dan status klinis 2, 3, 4 berhubungan signifikan dengan penggantian nevirapine. Umur, status pernikahan, pekerjaan, jenis kelamin, berat badan, hemoglobin, tuberkulosis, cotrimoxazole, dan NRTI bukan faktor risiko yang signifikan berhubungan dengan penggantian nevirapine. Pada analisis multivariat, CD4 kurang dari 50 sel/mm³ (HR (95% CI); p-value : 2,16 (1,29-3,61); 0,0030) dan status klinis 2, 3, 4 (HR (95% CI); p-value : 3,06 (1,11-8,43); 0,0310) kembali menunjukkan hubungan yang signifikan dengan penggantian nevirapine.

Kesimpulan; CD4 dan status klinis adalah faktor risiko penggantian nevirapine sebelum satu tahun pengobatan berdasarkan penelitian ini. Tenaga medis sebaiknya tidak memberikan nevirapine pada pasien dengan CD4 di bawah 50 sel/mm³ dan atau berada pada status klinis 2, 3, 4. Jika nevirapine tetap diberikan maka pasien harus dimonitor dengan ketat.

Keywords: penggantian obat, nevirapine, naive, CD4, Indonesia

Nevirapine Discontinuation within One Year of Anti Retroviral Treatment among HIV-infected Patients in Dr. Sardjito Referral Hospital, Yogyakarta, Indonesia

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Background; Most countries, including Indonesia, recommend efavirenz over nevirapine. Nonetheless, nevirapine is still commonly used throughout the country. Several studies show the proportion of patients discontinuing treatment due to any adverse event is higher among those using nevirapine than efavirenz. Predictors of nevirapine discontinuation differ between countries. This study determine the risk factors of nevirapine discontinuation within one year, in Yogyakarta.

Methods; A retrospective longitudinal study was conducted among HIV patients attending Dr. Sardjito Hospital, Yogyakarta, between January 2008-December 2013. Patients were included in the cohort if they fulfilled the following criteria: aged 18 years or older, using nevirapine as first line regimen, and not-pregnant. Patients were followed up for at least 12 months through medical record. Data were analysed using Kaplan-Meier and cox proportional hazards regression.

Results; A total of 362 patients fit the inclusion criteria and the median age was 31 (IQR, 27-40) years, median CD4 count was 79 (IQR,18-191) cells/mm³ and 62% were male. The rate of discontinuation was 5-per-1000-person-years with median time to discontinuation of 8 (IQR, 4-17) weeks. Skin rash was the most common reason (80%) for discontinuation, followed by hepatopathy (8%), virologic failure (6%) and other (6%). In univariate analysis, CD4 and clinical stage were significantly associated with nevirapine discontinuation. Age, marital status, occupation, sex, weight, hemoglobin, presence of tuberculosis, use of cotrimoxazole and NRTIs were not statistically significant. In multivariate analysis, CD4 less than 50 cells/mm³ (HR (95% CI); p-value : 2,16 (1,29-3,61); 0,0030) and clinical stage 2nd, 3rd, 4th (HR (95% CI); p-value : 3,06 (1,11-8,43); 0,0310) were statistically significant.

Conclusion; CD4 and clinical stage were risk factor for discontinuing nevirapine within one year in this study. Medical doctors are advised to avoid nevirapine in patients with low CD4⁺ counts and or in 2nd, 3rd, 4th clinical stage. If nevirapine is prescribed, patients should be closely monitored.

Keywords: **treatment discontinuation, nevirapine, naive patient, CD4⁺, Indonesia**