Tablets are more acceptable and give fewer problems than syrups among young HIV-infected children in resource-limited settings in the ARROW trial.


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INTRODUCTION

- The provision of anti-retrovirals (ARVs) for children is complicated by syrup formulations which in comparison to tablets are:
  - more expensive
  - harder to transport and store
  - more difficult for carers to administer
    - syrups require more accuracy in measurement

- Provided correct doses can be given, tablets are often more appropriate for children in resource-limited settings
In this sub-study we explored the acceptability of syrup and scored tablet ARVs dosed according to WHO weight bands among children substituting syrups with tablets.
In the ARROW trial, 1207 children were enrolled in Uganda and Zimbabwe during 2007/08.

At enrolment, 406 (34%) children received syrups of individual drugs (NNRTI + 2 or 3 of ZDV, ABC, 3TC).
236/406 (58%) substituted scored tablets (also individual drugs) between May 2008 and December 2009

At substitution, baseline questionnaires were administered to carers to elicit their experience with syrups and expectations of tablets

Eight weeks later follow-up questionnaires asked their experience with tablets
RESULTS (1)

- 79% (186/236) questionnaires of children changing formulation were analysed.

- 2.9 years (IQR 2.4, 3.4) was median age of children at which formulation was changed.
RESULTS (2)

At baseline, 77% (144/186) carers reported problems while using syrups, because of:

- The number and weight of bottles of liquid
- Bottles of liquid being difficult to transport

AVERAGE NUMBER OF BOTTLES OF SYRUPS PER VISIT VERSUS AVERAGE BOTTLES OF TABLETS PER CHILD PER VISIT.
Most carers usually dissolved/crushed the scored tablets in liquid

Specific difficulties with scored tablets were
- expected by 53% (99/186) of carers
- but reported after 8 weeks by only 27% (50/186)

The difficulties were taste, swallowing and vomiting
Parents/carers reported the children’s preferences.

RESULTS (4)

OVERALL PREFERENCE FOR TABLETS

- Carers at baseline: 69%
- Carers after 8 weeks: 93%
- Children at baseline: 24%
- Children after 8 weeks: 56%

*Parents/carers reported the children’s preferences*
CONCLUSIONS

- Carers anticipated fewer difficulties using scored tablets than syrups, and experienced even fewer difficulties.

- After 8 weeks use most carers reported that children preferred scored tablets; none had switched back to syrups.
**IMPLICATIONS**

- Scored tablets for young children cause few problems

- Most children and almost all their carers prefer scored tablets

- We are eliciting long term information after 24 weeks on tablets and will also evaluate the effect of acceptability on adherence
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