



Acceptability of a Structured Treatment Interruption (STI) strategy of 12 week cycles on and off ART in patients in the DART trial



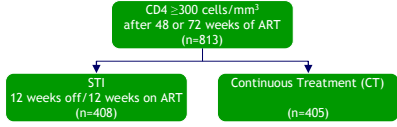
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Background

Comparison of structured treatment interruptions (STI) versus continuous therapy (CT) is a second randomisation in a subset of the total 3316 patients randomised in DART, which is a 6 year multicentre trial in Uganda and Zimbabwe

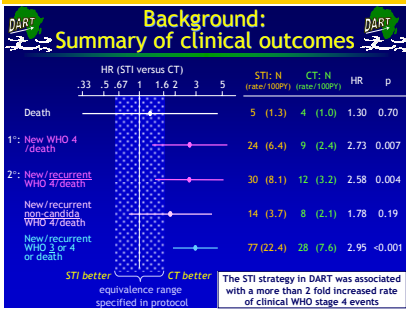
STI versus CT randomisation initiated July 2004



Following 2nd D5MC review in March 2006 (data to Jan 2006) the STI/CT randomisation was terminated on 15 March 2006 (median follow-up 51 weeks)

all patients were moved to continuous therapy

[late breaker] Hakim J on behalf of the DART Trial Team. A structured treatment interruption (STI) strategy of 12 week cycles on and off ART is clinically inferior to continuous treatment in patients with low CD4 counts before ART: a randomisation within the DART trial: THL0207



Objective and Design

- To explore participants perceptions of the fixed cycle STI strategy evaluated in DART
- using a structured cross-sectional questionnaire completed with a counsellor soon after closure of STI study
- To relate perceptions to key factors using multivariable ordinal/logistic regression
- sex, centre
- factors related to the strategy
> weeks of continuous ART before 1st interruption
> number of STIs completed
> weeks since last interruption when questionnaire completed
> ever restarted ART early for symptoms
> experienced WHO 3 or 4 events during STI study
- using backwards elimination, based on Akaike Information Criteria (AIC) as models were trying to explore possible factors

Data completeness

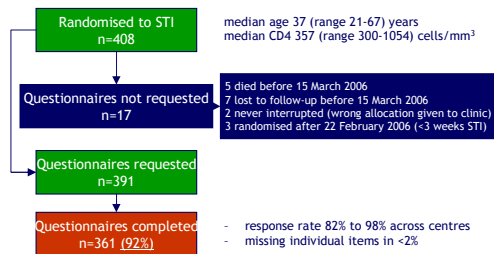
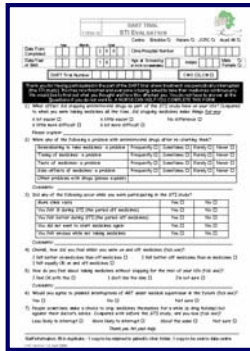


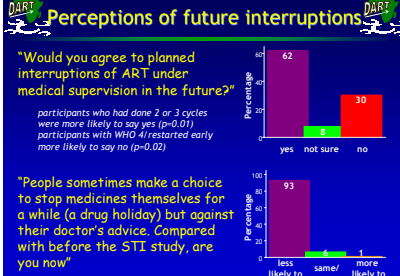
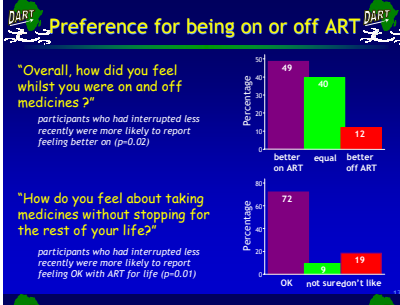
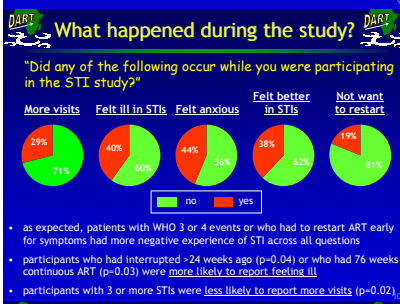
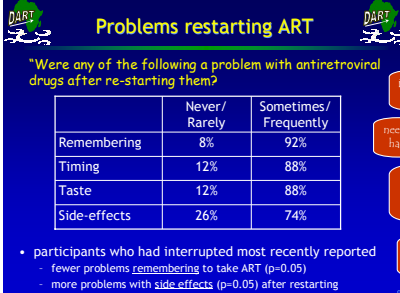
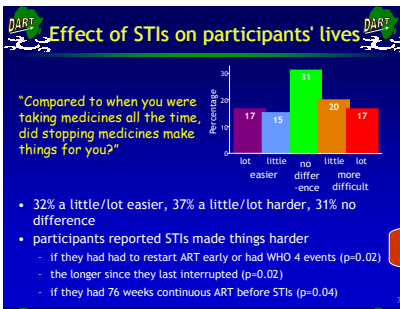
Table 1: Characteristics of those who completed questionnaires (n=361)

Table with 3 columns: Women, Centre (Entebbe, JCRC, AA, Harare), Weeks of continuous ART before 1st STI, Weeks since last interruption when questionnaire completed, # STI cycles, Ever restarted ART early for symptoms/low CD4, New/recurrent WHO 4 event.

Questionnaire



Responses



Predictors

Table 2: Predictors of response

Table with columns: Factor, Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q18, Q19, Q20, Q21, Q22, Q23, Q24, Q25, Q26, Q27, Q28, Q29, Q30, Q31, Q32, Q33, Q34, Q35, Q36, Q37, Q38, Q39, Q40, Q41, Q42, Q43, Q44, Q45, Q46, Q47, Q48, Q49, Q50, Q51, Q52, Q53, Q54, Q55, Q56, Q57, Q58, Q59, Q60, Q61, Q62, Q63, Q64, Q65, Q66, Q67, Q68, Q69, Q70, Q71, Q72, Q73, Q74, Q75, Q76, Q77, Q78, Q79, Q80, Q81, Q82, Q83, Q84, Q85, Q86, Q87, Q88, Q89, Q90, Q91, Q92, Q93, Q94, Q95, Q96, Q97, Q98, Q99, Q100.

- as expected, those with WHO 3/4 events or restarted ART early for symptoms had negative experiences of STI
- generally more negative experiences of STI in
- those who were last off ART >24 weeks ago (but fewer reported problems with side-effects)
?recall bias, changing perceptions over time, feeling better about ART after being back on it for longer

- those starting STIs after 76 weeks of continuous therapy
?more used to being on ART before stopping
- generally more positive experiences of STI in
- those who had 3 or 4 STI cycles
?familiarity with strategy, survivorship effect

Qualitative comments

- volunteered symptoms off ART (mostly stage 2)
- fever, skin rashes, sores, mouth ulcers, appetite loss, weakness/fatigue
- volunteered symptoms restarting ART
- nausea, appetite loss, weakness, headache, rash
- problems with STI reported at different stages
- first STI only, first 4 weeks off ART, last 4 weeks off ART, restarting ART
- anxiety expressed about stopping and restarting ART fears
- long-term toxicity, body getting used to drugs
- drug supplies running out
- resistance, CD4 dropping, VL increasing
- food
- comments about personal freedom with STI
- inconvenience of taking drugs, no need to remember, less bother, easier to travel, time to think about other things
- happy not to stop any more as healthier/safer/used to CT
- trust in study doctors

Conclusions

- Around 40% patients reported problems with STIs
- more likely those with WHO 3 or 4 events during the study, needing to restart ART early during STI, 76 weeks continuous therapy before STI, and last STI >24 weeks ago
- Around 30% did not have a preference
- A sizeable minority (~30%) perceived some advantages of fixed cycle STIs
- more likely those who had been through more cycles of STIs
- supported by qualitative comments
- few said they would interrupt STI against medical advice
- Although the STI strategy in DART cannot be recommended, identification of predictors of poor response to STI and strategies with lower risks remains important

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