

## Publication

## Ageing with HIV: medication use and risk for potential drug-drug interactions

**JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)****ID** 3704455**Author(s)** Marzolini, Catia; Back, David; Weber, Rainer; Furrer, Hansjakob; Cavassini, Matthias; Calmy, Alexandra; Vernazza, Pietro; Bernasconi, Enos; Khoo, Saye; Battegay, Manuel; Elzi, Luigia; Swiss HIV Cohort Study Members,**Author(s) at UniBasel** [Marzolini, Catia](#) ;**Year** 2011**Title** Ageing with HIV: medication use and risk for potential drug-drug interactions**Journal** The journal of antimicrobial chemotherapy**Volume** 66**Number** 9**Pages / Article-Number** 2107-11**Mesh terms** Adult; Aged; Aging, physiology; Anti-HIV Agents, therapeutic use; Antiretroviral Therapy, Highly Active, adverse effects; Cardiovascular Agents, therapeutic use; Central Nervous System Agents, therapeutic use; Cohort Studies; Drug Interactions; Drug Prescriptions, statistics & numerical data; Female; Follow-Up Studies; Gastrointestinal Agents, therapeutic use; HIV Infections, virology; Hormones, therapeutic use; Humans; Male; Methadone, therapeutic use; Middle Aged; Narcotics, therapeutic use; Socioeconomic Factors; Substance Abuse, Intravenous, complications; Substance-Related Disorders, complications; Switzerland, epidemiology

To compare the use of co-medication, the potential drug-drug interactions (PDDIs) and the effect on antiretroviral therapy (ART) tolerability and efficacy in HIV-infected individuals according to age,  $\geq 50$  years or  $<50$  years.; All ART-treated participants were prospectively included once during a follow-up visit of the Swiss HIV Cohort Study. Information on any current medication was obtained by participant self-report and medical prescription history. The complete treatment was subsequently screened for PDDIs using a customized version of the Liverpool drug interaction database.; Drug prescriptions were analysed for 1497 HIV-infected individuals: 477 age  $\geq 50$  and 1020 age  $<50$ . Older patients were more likely to receive one or more co-medications compared with younger patients (82% versus 61%;  $P < 0.001$ ) and thus had more frequent PDDIs (51% versus 35%;  $P < 0.001$ ). Furthermore, older patients tended to use a higher number of co-medications and certain therapeutic drug classes more often, such as cardiovascular drugs (53% versus 19%;  $P < 0.001$ ), gastrointestinal medications (10% versus 6%;  $P = 0.004$ ) and hormonal agents (6% versus 3%;  $P = 0.04$ ). PDDIs with ART occurred mainly with cardiovascular drugs (27%), CNS agents (22%) and methadone (6%) in older patients and with CNS agents (27%), methadone (15%) and cardiovascular drugs (11%) in younger patients. The response to ART did not differ between the two groups.; The risk for PDDIs with ART increased in older patients who take more drugs than their younger HIV-infected counterparts. However, medication use in older and younger patients did not differ in terms of effect on antiretroviral tolerability and response.

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