



Patient Reported Experiences and Perceived Benefit of Treatment with Dolutegravir/Lamivudine in Europe (PAIRED Europe): Primary Analysis

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Key Takeaways

- ➔ **Satisfaction with DTG/3TC was high, driven largely by efficacy and safety expectations being met**
- ➔ **The main reasons for starting DTG/3TC were potentially reducing the long-term impact of HIV, avoiding side-effects and minimising the build-up of drugs**
- ➔ **A high degree of adherence on DTG/3TC was reported**
- ➔ **Most blister pack users stated that it offered more discreet dosing, easy dosing tracking and made prescription renewal easier**

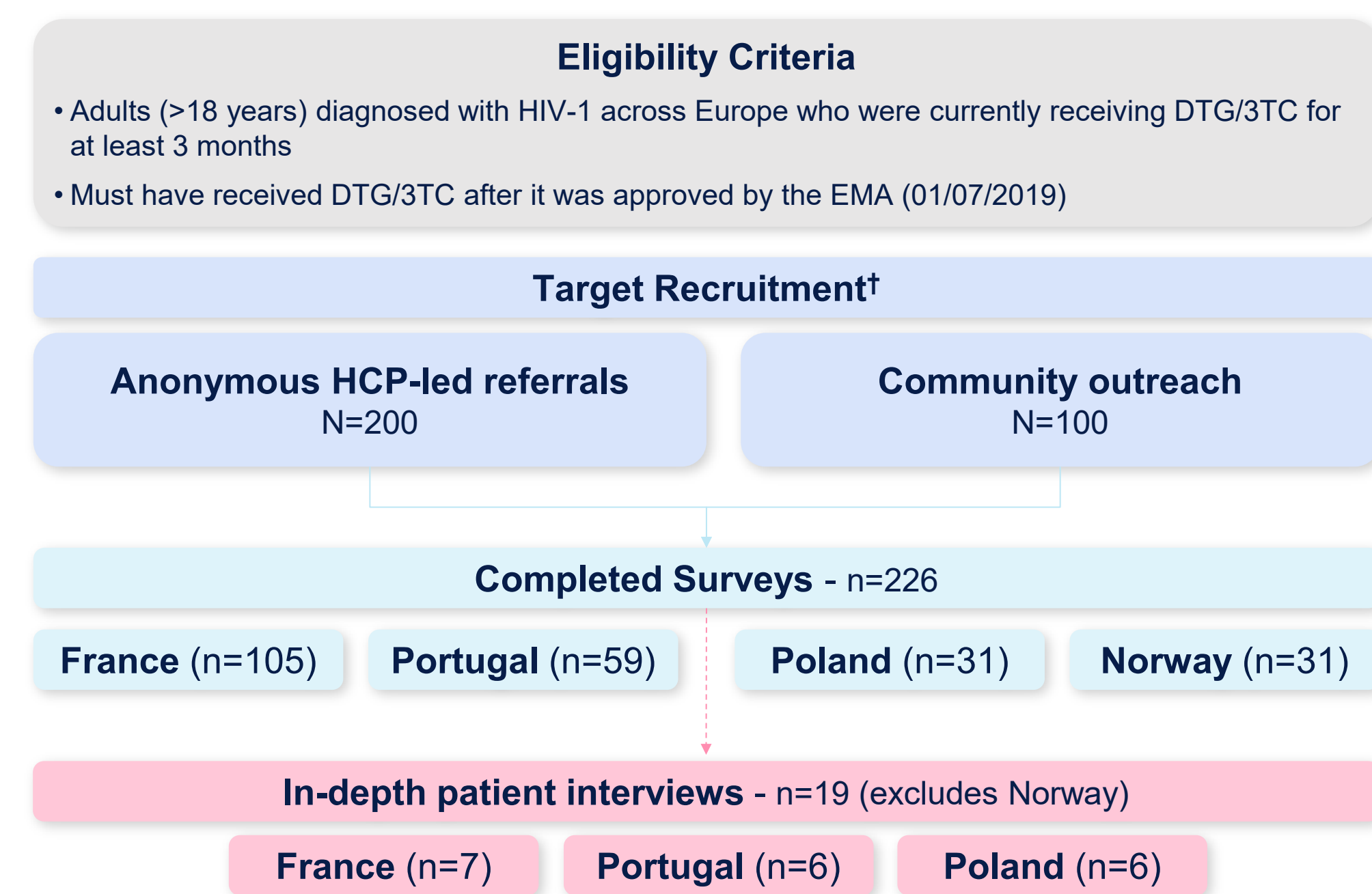
Purpose

- As People With HIV are now living longer, optimal life-long therapy options are of great importance [1]
- Dolutegravir/lamivudine (DTG/3TC) is an effective and well tolerated two-drug, single-tablet antiretroviral therapy (ART) option for People With HIV [2]
- Despite ART advancements, real-world insights are essential in helping to understand preferences and treatment decisions
- PAIRED Europe examined patient experiences, adherence and satisfaction with DTG/3TC from four countries in Europe
 - This follows the original PAIRED study conducted in the United States (US) in 2023, which highlighted high satisfaction and adherence to DTG/3TC [3]

Methods

- Study of participants receiving DTG/3TC across Europe from France, Portugal, Poland and Norway involving a mixed methodology comprising of anonymous HCP referrals and community outreach (**Figure 1**)
- Quantitative data were gathered via a cross-sectional survey, (n=226) while qualitative interviews (subset of n=19) explored experiences of people receiving DTG/3TC in greater depth
- Patient perceptions of the benefits of DTG/3TC blister packaging were explored following its recent introduction in France and Portugal
- All data were analysed descriptively; all headings in the Results section represent qualitative themes from interviews

Figure 1. Study Design



DTG/3TC, dolutegravir/lamivudine; EMA, European Medicines Agency

† Community outreach recruitment in Poland and Norway, anonymous HCP-led referrals in France and Portugal

Table 1. Validated Patient-Reported Outcome Instruments

HIV-TSQs ^[4]	
HIV Treatment Satisfaction Questionnaire status version (10-item)	
Concept measured	Participant satisfaction with current HIV treatment
Domains	General satisfaction / clinical; Lifestyle / ease
Scoring	Scores range from 0-60 where higher scores indicate higher satisfaction with current treatment
POZQOL™ ^[5]	
Concept measured	Psychosocial assessment that measures quality of life (QoL) specific to People With HIV (13-item)
Domains	Health concerns; Psychological; Social; Functional
Scoring	Cross-average scores range from 1-5 overall and across 4 domains where higher scores represent better QoL
Interpretation Bands (Overall QoL)	≤2.84 = Low QoL; 2.85-3.53 = Moderate QoL; 3.54-4.14 = High QoL; ≥4.15 = Very High QoL
ADAQ ^[6]	
Adelphi Adherence Questionnaire (11-item)	
Concept measured	Self-reported medication adherence (no subscales)
Scoring	Total score ranging from 0-4 where lower scores reflect better adherence

Results

- A diverse sample of 226 people were surveyed; including 46% aged ≥50 years and 29% cisgender female
- As shown in **Table 2**, median (IQR) age was 48.0 (38.0–58.0) years and participants were diagnosed with HIV a mean ± standard deviation of 15.8 ± 10.8 years ago

Table 2. Participant Demographics

Demographic*	n=226
Age, median years (IQR)	48.0 (38.0-58.0)
≥ 50 years, n (%)	105 (46%)
Length of time person has been diagnosed with HIV, mean ± SD years	15.8 ± 10.8
Gender identity, n (%)	
Cisgender woman	65 (29%)
Cisgender man	146 (65%)
Transgender woman	2 (1%)
Non-binary / Gender queer	2 (1%)
A gender not listed here	3 (1%)
Prefer not to say	8 (4%)
Length of time taking DTG/3TC, n (%)	
3-6 months	26 (12%)
7-12 months	29 (13%)
13-24 months	59 (26%)
More than 24 months	112 (50%)
Population type at DTG/3TC initiation, n (%)	
ART Naïve	39 (17%)
ART Experienced - Virally Suppressed Switch†	140 (62%)
ART Experienced - Virally Detectable Switch†	14 (6%)
ART Experienced - Unknown Viral Status	33 (15%)

ART, antiretroviral therapy; DTG/3TC, dolutegravir/lamivudine; IQR, interquartile range; SD, standard deviation.

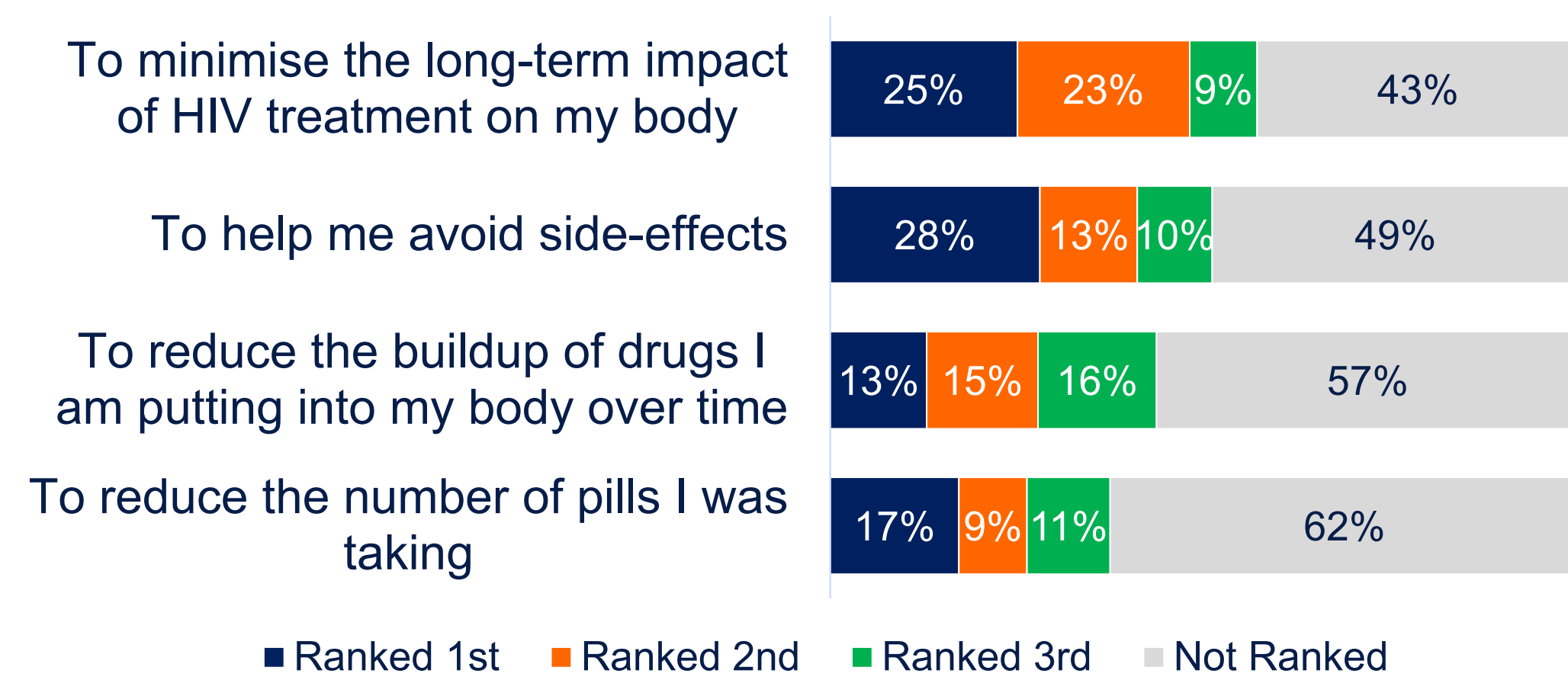
*All demographics based on participants' self-report

†Viral suppression and detectability was defined as <50 copies/mL and ≥50 copies/mL

Most switches to DTG/3TC aimed to minimise side-effects and/or improve long-term outcomes

- Among ART-experienced participants (n=187), 71% had received ≥2 previous ART regimens
- Minimising long-term treatment impact, avoidance of side-effects and reducing the build-up of drugs were ranked as the most important reasons for starting DTG/3TC (**Figure 2**, n=226)

Figure 2. Participant-Reported Factors for Initiating DTG/3TC



"The main reason was that it only has two active substances... much better for my health and not so aggressive for my body."

Satisfaction was high with DTG/3TC, driven by effectiveness perceptions, safety, and tolerability

- Using the HIV-TSQs, people reported a **high overall satisfaction** with DTG/3TC (total score 53.3 ± 7.5 [out of 60]), with high ratings in both the **clinical** (27.2 ± 3.6 [out of 30]) and **lifestyle / ease** (26.0 ± 4.3 [out of 30]) domains
 - At survey completion, 76% had been on DTG/3TC for more than 12 months
- Most (90%) were 'somewhat' or 'very' likely to continue DTG/3TC long-term, and 70% reported that the reduced number of medicines in the formulation had 'very' or 'extremely' improved their satisfaction

"I'm very satisfied. I no longer have any side effects at all, the viral load is controlled and there are fewer active ingredients, so it's better for me."

Convenience of DTG/3TC allows freedom and autonomy, supporting normalcy in daily life

- Qualitative interviews showed participants valued DTG/3TC's simplicity, small tablet size, and dosing flexibility around meals
- Most (83%) described their current general health over the prior 4 weeks as 'good' or better**, while 91% reported no severe activity limitation in the past 6 months using the Global Activity Limitation Indicator
- Overall QoL measured by a cross-average summary (PozQoL score) was 3.39 ± 0.80 (out of 5), indicative of moderate QoL

"All I have to do is just remember to take a tablet in the morning... and that is the entire impact it has on my life."

Strong adherence to DTG/3TC was supported by long-established routines and commitment to health

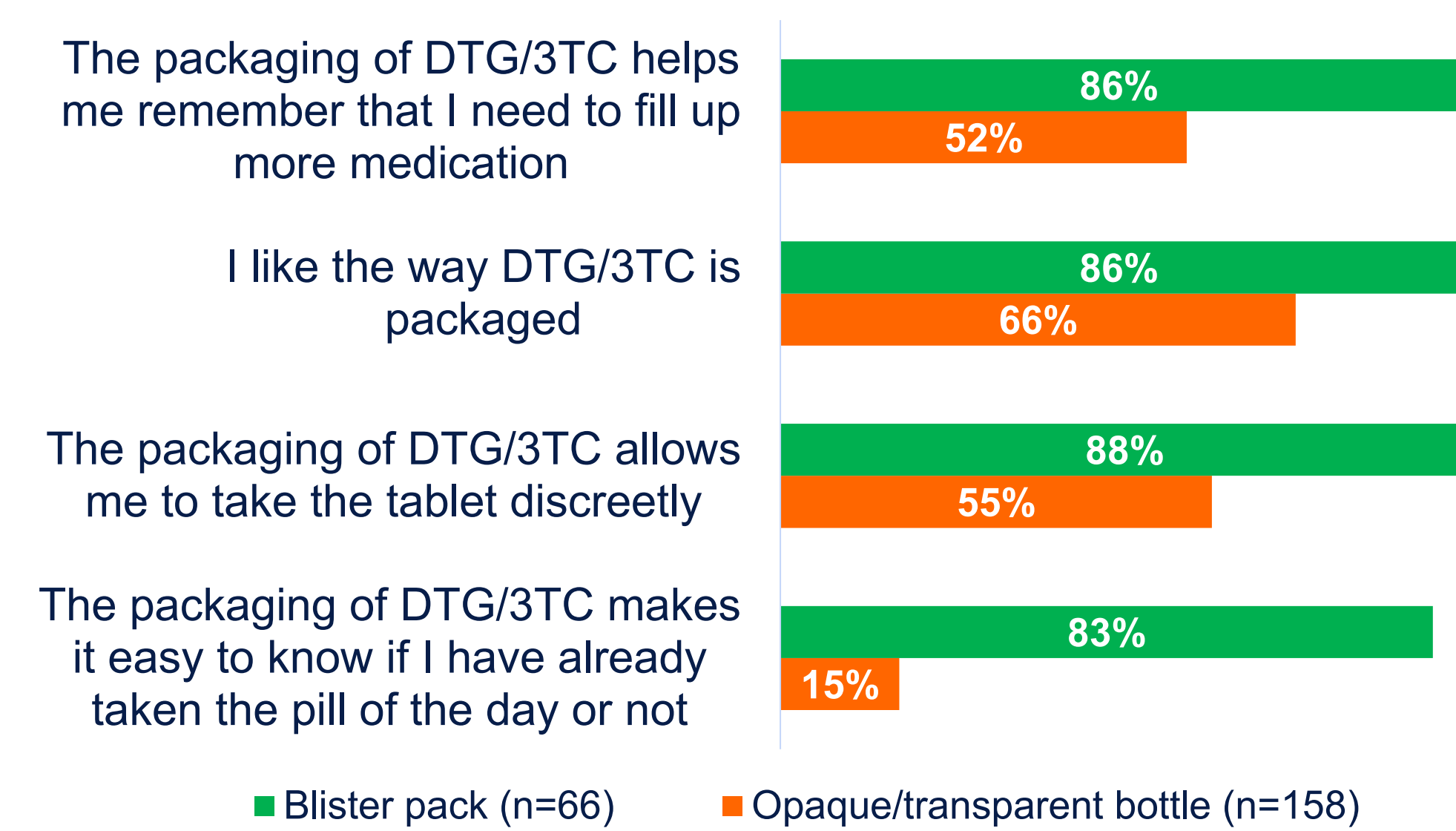
- Very good adherence** to DTG/3TC was observed using the ADAQ (mean score of 0.43 ± 0.43; possible range 0-4 with lower scores indicating better adherence)
- Overall, 41% of participants reported never missing a dose; of those who did (n=134), the most common reasons were forgetting (80%) and not having the medication available (45%)
- Qualitatively, many described adherence as *routine* or *habitual*, and held a strong commitment to maintaining their health with fears of losing viral control or developing resistance

"I was always very strict... I understand that my life depends on this... if I don't take the medication correctly, I could develop resistance to it and my HIV could get worse."

Blister packaging was well received due to its convenience, practicality and easier dose tracking

- Most (70%, n=158) were taking DTG/3TC in opaque or transparent bottle packaging, while 29% (n=66) were using the blister packaging (other packaging, 1% [n=2])
 - Blister packaging was available in France and Portugal, and used by 74% and 30% of participants, respectively
- Most (62%) blister pack users and 36% of bottle users **reported being 'very satisfied' with the packaging**
- Blister pack users agreed that packaging benefits included discreet dosing (88%), easy dose tracking (83%) and easier prescription renewal (86%)
 - Among bottle users these benefits were reported by 55%, 15% and 52%, respectively (**Figure 3**)

Figure 3: Packaging Evaluation



"It's better in blister packs if I want to take it with me... much more practical than large bottles, and easier to remove the tablets without dropping them."

Limitations

- The design was cross-sectional and therefore does not reflect the experiences of People With HIV over time
- Outcomes bias is a potential limitation as all people sampled were receiving DTG/3TC treatment, with no control group
- Recall bias may limit the accuracy of participants' recollection of treatment history, experiences and ART adherence
- A small, non-random qualitative sample focused on individual perspectives; findings may not be widely generalisable

Conclusions

- These findings from Europe complement the US findings and further support consistently high levels of satisfaction and adherence with DTG/3TC in diverse real-world settings, reinforcing its role as an effective, convenient and well-tolerated treatment option
- Insights on packaging preferences, particularly for blister packs, may help inform future ART formulation and distribution strategies

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