Prescription of anti-retroviral agents in Catalonia
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Record Status
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Citation

Authors' objectives
The aims of this report are:

1. To summarise the main policies or recommendations of the anti-retroviral treatment at international level, as well as the appropriateness of this type of therapeutical in HIV patients according to the current scientific evidence.

2. To summarise the prescription pattern of anti-retroviral agents in different hospital centres of Catalonia during the years 1997 and 1998, and to identify the possible sources of variability.

Authors' conclusions
New epidemiological factors may reasonably explain altogether the higher cost of anti-retroviral treatments in recent years: a lower mortality associated to AIDS, life expectancy increases in these patients, or the increase in the number of alive patients with AIDS, an earlier detection, the benefit derived from new therapies, the advent of new anti-retroviral agents quickly incorporated into these patients' treatment, and the high drug treatment costs. This setting takes place not only in Catalonia, but it has been identified in the literature as common to most countries in our context.

It is thus foreseeable that the number of subjects requiring anti-retroviral treatment keeps to increase. On the other hand, an increase in the percentage of patients switching from double to triple therapy, and from triple to quadruple therapy is likely to increase as well, mainly due to therapeutical failure. Therefore, a strong increase in the use of anti-retroviral agents should be expected in next years.

Finally, although the utilisation of anti-retroviral agents will be influenced in the years to come by the different items mentioned, two main aspects may be underlined. First, a great effort should be undertaken to limit the number of new infections, that is, insisting on and fostering the most effective preventive and health promoting measures should be noted. Second, serious steps should be taken to improve treatment compliance. Both alternatives require necessarily multi-disciplinary and multi-centric approaches, since the nature of this clinical condition and the social problem often carried with it are far from the competencies of the strictly health care context.

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