

Sex/gender disparities in dolutegravir uptake persist despite WHO OK for women of reproductive age with HIV

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An observational study found that gender/sex disparities in the use of dolutegravir-containing antiretroviral therapy (ART) persist despite World Health Organization (WHO) endorsement for its use among women with HIV of reproductive age. The study authors say this disparity greatly limits the population health benefits of dolutegravir for a substantial number of women with HIV around the world. Their findings are published in *Annals of Internal Medicine*.

The transition to dolutegravir in low- and [middle-income countries](#) was complicated by an initial safety signal in May 2018 suggesting that exposure to dolutegravir at conception was possibly associated with infant neural tube defects. Based on additional evidence, the WHO recommended dolutegravir for all adults and adolescents living with HIV in July 2019.

Researchers from the City University of New York studied health records for 134,672 patients aged 16 years or older who received HIV care from January 2017 through March 2020 to describe dolutegravir uptake and disparities by sex and age group in 11 low- and middle-income countries. They found that Substantial disparities in dolutegravir uptake affecting females of reproductive age through early 2020 are documented. They found that differences in dolutegravir uptake among females of reproductive age emerged after the safety signal. By the end of follow-up, the cumulative incidence of dolutegravir uptake among

females 16 to 49 years old was 29.4% compared with 57.7% among males in the same age group. This disparity was greater in countries that began implementing [dolutegravir](#) before the safety signal and initially had highly restrictive policies versus countries with a later rollout.

The researchers note that although this disparity was anticipated because of country-level restrictions on access, the results highlight its extent and initial persistence. The WHO's revised has policy implications and program implementation considerations for national AIDS programs and large initiatives, such as the US PEPFAR program, which are striving to ensure that women with HIV get the most health benefit from their HIV treatment regimen.

More information: Matthew L. Romo et al, Disparities in Dolutegravir Uptake Affecting Females of Reproductive Age With HIV in Low- and Middle-Income Countries After Initial Concerns About Teratogenicity, *Annals of Internal Medicine* (2021). [DOI: 10.7326/M21-3037](#)

Andrea Ciaranello et al, Time for a Change: Optimizing Drug Data and Informed Choice in Pregnancy, *Annals of Internal Medicine* (2021). [DOI: 10.7326/M21-4338](#)

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