in the data were detected by quantitative data mining algorithms, the reporting odds ratio.
Results A total of 1,763 reports related to efavirenz were analysed. The average age were 46.42 years. Two cases were fatal outcome. Significant signals of the adverse events were detected with hepatitis, exfoliative dermatitis and Stevens Johnson syndrome. Drug eruption was also detected.
Conclusions Serious reactions from efavirenz were hepatitis, exfoliative dermatitis and Stevens Johnson syndrome. They made fatal and life threatening outcome. The recommendation is further specific monitoring to reduce serious risk in efavirenz use.
Disclosure of interest statement Serious reactions from efavirenz were hepatitis, exfoliative dermatitis and Stevens Johnson syndrome. They made fatal and life threatening outcome. The recommendation is further specific monitoring to reduce serious risk in efavirenz use.

P17.34 SURVIVAL TREND AND IMPACT OF ADVERSE DRUG REACTIONS DURING HAART ON SURVIVAL FUNCTION IN HIV/AIDS PATIENTS

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Aims and objective Current study is aimed to observe survival trend in HIV/AIDS patients and to explore the impact of ADRs experienced during HAART on survival trends of the patients.
Method An observational retrospective study of all patients diagnosed of HIV infection and on HAART therapy from Jan 2007 to Dec 2012 was conducted at infectious disease department of Hospital Pulau Pinang, Malaysia. Patient socio-demographic details along with clinical features were recorded. The survival function was observed on Kaplan-Meir survival analysis and Cox-regression for survival function. Data was descriptively analysed by using statistical package for social sciences (SPSS 20).
Results Out of 792 patients that underwent HAART therapy, 607 (76.6%) were male and 185 (23.3%) were female patients. The probability of 6 years survival was compared where the overall median follow up time of all patients was 36 months or 3 years (inter-quartile range 33.5–38.4). On Kaplan-Meir survival function analysis, the survival probability among female patients (52%) was higher than males (48%) until 48 months after which the male patients showed better survival (p 0.194). Better survival probability were observed among non-smokers (p 0.194), non-alcoholics (p 0.002), and non-drug abusers ($p < 0.001$). Overall 338 (42.6%) patients had experienced adverse drug reactions where a total number of 449 (56.7%) adverse drug reactions were reported among which 329 (73.2%) occurred in males and 120 (26.8%) in female patients. The survival probability with significant association ($p < 0.001$) among patients with absence of ADR were reported higher on Kaplan-Meir survival. On Cox-regression survival analysis, Alcoholic patients (HR 1.14, p 0.02), drug abusers (HR 1.38, p 0.01) and patients with ADRs (HR 0.65, $p < 0.001$) shows a higher risk for death with higher Hazard ratio.
Conclusion The study indicates that a patient's life-style and occurrence of ADRs has a direct impact on survival probability in HIV/AIDS patients which shows a greater risk to death and poor survival. However, a multicenter study with a large sample size may provide us with better understanding of this relationship.
Disclosure of interest All authors are aware that current abstract is submitted to World STI and HIV 2015 Congress. The abstract has not been submitted elsewhere. The authors have no conflict of interest.

P17.35 COST-EFFECTIVENESS ANALYSIS OF ABACAVIR-BASED AND TENOFOVIR-BASED REGIMENS IN SINGAPORE

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Introduction Human immunodeficiency virus (HIV) infection has evolved into a chronic disease with the use of highly active antiretroviral therapy (HAART). As survival rates improve and the duration of treatment increases, cost of treatment will be a major factor affecting the choice of HAART.
Objective To assess the cost-effectiveness of abacavir-based and tenofovir-based regimens in Singapore.
Methods This was a single-centre, retrospective study. Data was obtained from online medical records and hardcopy case files. HIV-positive patients on each regimen were matched according to age group, gender, race, body mass index and HAART. An incremental cost-effectiveness ratio (ICER) analysis was performed to evaluate the cost-effectiveness between abacavir (ABC)-based and tenofovir (TDF)-based regimens between the evaluation period of week 12 to 36 and week 37 to week 60. Costs were reported in Singapore dollars (S$).
Results Two hundred and thirty patients were analysed (82.2% Chinese, 91.3% male, age: 46.0 ± 13.0 years old), 115 patients in each group. The most common used combinations were ABC, lamivudine (3TC) and efavirenz (EFV) (76.5%), and TDF, 3TC and EFV (78.2%); followed by ABC, 3TC, boosted atazanavir (ATV/r) (13.0%), and TDF, 3TC and ATV/r (11.3%). Majority of the patients in each arm were at least 95% adherent to their medication regimens (93.0% and 91.3% for ABC and TDF group respectively). For both evaluation periods, more patients in ABC group obtained undetectable viral load (77.4% vs 59.1% and 81.7% vs 76.5%). The ICER value was –S$13348.72 for the period of week 12 to 36 and –S$19085.37 for the period of week 37 to week 60.
Conclusion ABC-based regimen was found to be more cost-effective than TDF-based regimen with similar virologic control rates in HIV patients in Singapore. This can translate to public healthcare cost savings in the near future.

P17.36 EFFECTIVENESS, SAFETY AND TOLAREBILITY PROFILE OF STRIBILD® (ELVITEGRAVIR/COBICISTAT/ EMITRICITABINE/TENOFOVIR DISOPROXIL FUMARATE) IN HIV-1-INFECTED PATIENTS IN THE CLINICAL SETTING

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Introduction The efficacy of Stribild®, an integrase strand transfer inhibitor (INSTI) -based STR, has been evaluated in randomised clinical trials. However, restricted selection criteria, monitoring frequency and selection bias hamper data extrapolation in routine practice. Here we analysed the virologic