Although switches to 2DC occurred more frequently in recent years, over 80% of participants with a VL ≤50 copies/mL in our analysis switched to another standard TT. In our study population of people seen for care in Italy, patients appear to be selected for 2DC strategies based on older age, less evidence of previous virological failure, more stable HIV disease and higher risk for renal complications. Further research is necessary to properly assess the clinical and long-term outcomes of these strategies.

**CONCLUSIONS**

**Table 1** – Main characteristics of participants

**Table 2** – Adjusted OR of switching to 2DC regimens instead of another triple from fitting a multinomial logistic regression analysis

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**CONTACT INFORMATION**

- Alessandro Cozzi-Lepri
- Centre for Clinical Research, Epidemiology, Modelling and Evaluation (CREME) Institute for Global Health UCL
- Rowland Hill St London NW8 9PP UK
- Tel: 0774 5050 4498
- Email: a.cozzi-lepri@ucl.ac.uk

**REFERENCES**