

Starting HIV treatment

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Doctors are learning more about the best way to treat HIV, but it is still not known for certain when is the best time to start taking HIV treatment.

There is no cure for HIV, but many doctors think that HIV treatment could mean that a person with HIV can live a more or less normal lifespan.

Anti-HIV drugs work by lowering the amount of HIV in the blood (viral load). The aim of HIV treatment is an undetectable viral load. This means that the amount of HIV in a blood sample is so low that it cannot be detected using a standard test. Reducing the amount of HIV in your blood allows your immune system (measured by your CD4 cell count) to strengthen. The higher your CD4 cell count, the lower your risk of becoming ill because of HIV (and possibly some other serious illnesses as well).

You should discuss with your doctor the best time for you to start HIV treatment. There are a number of factors you might want to consider, including:

- The benefits of starting treatment now.
- The potential risks if you delay starting treatment.
- Are you ready to start treatment now?
- Are there other factors in your life that affect your ability to start taking HIV treatment?

There may be other things which are relevant to your treatment and care and you may have other questions. It's a good idea to take some time to think about these before you go to an appointment at your clinic. To help you prepare for these conversations with your doctor, we have put together an online tool called Talking points. You can find it at www.aidsmap.com/talking-points.

When to start treatment

It is recommended that you should start HIV treatment if you are ill because of HIV. In most cases it is recommended that you complete treatment for any infection that you have developed before you start HIV treatment.

If your CD4 cell count is around 350, you are recommended to discuss HIV treatment with your doctor, and start treatment as soon as you are ready.

Some people may be recommended to start treatment when their CD4 cell count is still higher than 350, for example, people who have hepatitis B virus or hepatitis C virus. Another group of people who may want to consider treatment earlier are those with an HIV-negative partner. This is because HIV treatment lowers viral load and reduces the risk of HIV transmission.

Which anti-HIV drugs to start with

Standard treatment for people starting HIV treatment for the first time is a combination of three different drugs. Anti-HIV drugs belong to different classes depending on the way they work against HIV. The three main classes of anti-HIV drug are nucleoside reverse transcriptase inhibitors (NRTIs), non-nucleoside reverse transcriptase inhibitors (NNRTIs), and ritonavir-boosted protease inhibitors.

The preferred combination of anti-HIV drugs for people taking HIV treatment for the first time is the NNRTI efavirenz (*Sustiva*) with either the NRTIs tenofovir (*Viread*) and FTC (emtricitabine, *Emtriva*) or 3TC (lamivudine, *Epivir*) and abacavir (*Ziagen*). Tenofovir and FTC come in a combined pill called *Truvada*. 3TC (lamivudine, *Epivir*) and abacavir (*Ziagen*) come in the combination pill *Kivexa*.

Before taking *Kivexa* you need to have a blood test to make sure that you are not allergic to abacavir. *Kivexa* might not be a good choice if you have a risk of heart disease. And tenofovir might not be a good choice if you have kidney problems.

If you're taking efavirenz, tenofovir and FTC, once you've had an undetectable viral load for at least six months you may be able to switch and take all three of these drugs in a single combined pill called *Atripla*.

An alternative to efavirenz is a protease inhibitor boosted with ritonavir. A boosted protease inhibitor could be a good option if your HIV has drug resistance to NNRTIs or NRTIs. The preferred protease inhibitors are lopinavir, atazanavir (*Reyataz*), darunavir (*Prezista*), fosamprenavir (*Telzir*) or saquinavir (*Invirase*). All these protease inhibitors are boosted with a separate dose of ritonavir, except lopinavir, which is only available in a pill combined with ritonavir (*Kaletra*).

The integrase inhibitor raltegravir (*Isentress*) and the CCR5 inhibitor maraviroc (*Celsentri*) have also been approved for people starting HIV treatment.

If you are thinking about having a baby then nevirapine (*Viramune*) is recommended. But women are advised not to start taking nevirapine if their CD4 cell count is above 250 because of a risk of serious side-effects. AZT and 3TC (*Combivir*) are recommended as the other two drugs for women considering pregnancy. These three drugs are recommended during pregnancy because they have been shown to be good at preventing mother-to-baby transmission of HIV.