

# Summary of BHIVA guidelines HIV treatment for adults: Starting treatment

**BHIVA** (the British HIV Association) is an organisation that represents healthcare professionals working in HIV in the UK. Its [guidelines](#) set out the medical and other care people living with HIV can expect to receive in the UK. You can find out more about the process used to develop the guidelines here: [How BHIVA guidelines are developed](#).

BHIVA's guidelines, [Treatment of HIV-1 positive adults with antiretroviral therapy \(2012\)](#), set out evidence-based clinical practice for treating and managing HIV in adults through the use of antiretroviral therapy (ART, or HIV treatment). HIV clinic staff, following recommendations in these guidelines, will be providing the best possible treatment and care to their patients, taking into account individuals' situations as well as what is known about the most effective treatments.

- This symbol identifies a strong BHIVA recommendation for treatment or care.
- This symbol identifies treatment or care that BHIVA suggests is appropriate: a recommendation with weaker evidence or some conditions attached.

**GPP** identifies a 'good practice point' – a recommendation drawn from everyday clinical experience rather than research-based evidence.

This factsheet summarises the recommendations for people starting HIV treatment.

## Getting involved in decisions on treatment

**GPP** You should be given the opportunity to be involved in making decisions about your treatment. Doctors should discuss the pros and cons of starting HIV treatment now, and the treatment options available to you.

### More information and help from NAM

Information and support can help you make decisions about your health and treatment. You can find out more about HIV treatment and what it involves [on NAM's HIV treatment topics page](#). You can assess how HIV treatment might fit into your life at present with the online tool, [Get set for HIV treatment](#). Use the [Talking points](#) tool to help you prepare for the discussion about starting treatment with your doctor. And if you'd like to talk to someone about your decision, you can find HIV support and other services near to you by using our [e-atlas](#).

## When to start treatment: chronic infection

People who have had HIV for more than six months have 'chronic HIV infection'.

- If you have chronic HIV infection, you should start HIV treatment if your [CD4 cell count](#) is at or less than 350.
- If your CD4 cell count is getting close to 350, it's important not to delay starting treatment.
- You should start HIV treatment, whatever your CD4 cell count, if:
  - you have been diagnosed with another illness known to be related to having HIV, including AIDS-defining conditions, such as tuberculosis, HIV-related nephropathy (kidney disease) or HIV-related neurocognitive (brain) illnesses.
  - you are on radiotherapy or chemotherapy that will suppress your immune system.
- If you have had an [AIDS-defining infection](#) (such as pneumonia), or you have a low CD4 cell count (less than 200) and have had a serious bacterial infection, you should start HIV treatment two weeks after starting antibiotic treatment for the infection.
- If you have [hepatitis B or hepatitis C](#), you should start treatment when your CD4 cell count falls below 500.

○ If you need treatment because of liver damage being caused by hepatitis B, you should start HIV treatment with a drug combination containing tenofovir (*Viread*) and FTC (emtricitabine, *Emtriva*), even if your CD4 cell count is above 500. These drugs work against both HIV and hepatitis B.

There is more about HIV treatment for people with hepatitis in [Factsheet 2: Starting treatment when you have another health condition](#).

**GPP** Your doctor should discuss the [scientific evidence](#) about effective HIV treatment making people less likely to pass on HIV as part of your discussion about starting treatment.

**GPP** If you decide you would like to start HIV treatment to reduce the risk of transmission to partners, your doctor should respect this decision and prescribe HIV treatment.

## HIV treatment in primary HIV infection

People who have had HIV for less than six months have 'primary HIV infection'.

- Usually, people don't need to start HIV treatment during [primary HIV infection](#). However, you should start HIV treatment straightaway when you are still in the primary infection period if:
  - your nervous system (the brain, spine and nerves) is affected by HIV, or
  - you have had an AIDS-defining illness, or
  - your CD4 cell count is less than 350.

Your doctor can discuss the pros and cons of starting treatment during primary infection with you, including the possibility of you taking a short course of treatment. But the guidelines recognise that this may be a difficult time and may not be the right time for you to start HIV treatment.

## What anti-HIV drugs will you start with?

Anti-HIV drugs are grouped into types, or 'classes'. There are currently six classes. You can find out more about the drugs and classes in NAM's booklet, [Anti-HIV drugs](#). In most cases, HIV treatment will consist of three drugs taken in combination.

- If you have not been on HIV treatment before, you should start on a combination containing two [nucleoside reverse transcriptase inhibitors](#) (NRTIs) and one drug from another class: a ritonavir-boosted [protease inhibitor](#) or a [non-nucleoside reverse transcriptase inhibitor](#) (NNRTI), or an [integrase inhibitor](#).

The guidelines set out a 'preferred' set of drugs and an 'alternative' set. 'Preferred' drugs are strongly recommended based on the best available evidence. Usually, doctors and patients will want to follow this advice. 'Alternative' drugs have some conditions attached to the recommendation. However, they are an acceptable treatment option and might, in some circumstances, be a better choice.

	● Preferred	○ Alternative
<b>NRTI</b>	<a href="#">Truvada</a> This is <a href="#">tenofovir</a> and <a href="#">FTC</a> (emtricitabine) combined in one tablet	<a href="#">Kivexa</a> This is abacavir and 3TC (lamivudine) combined in one tablet
<b>Third drug</b>	<a href="#">Atazanavir</a> * ( <i>Reyataz</i> ) <a href="#">Darunavir</a> * ( <i>Prezista</i> ) <a href="#">Efavirenz</a> ( <i>Sustiva</i> ) <a href="#">Raltegravir</a> ( <i>Isentress</i> )	<a href="#">Kaletra</a> (lopinavir/ritonavir) <a href="#">Fosamprenavir</a> * ( <i>Telzir</i> ) <a href="#">Nevirapine</a> ( <i>Viramune</i> , <i>Viramune prolonged-release</i> ) <a href="#">Rilpivirine</a> ( <i>Edurant</i> )

\*These drugs are boosted with another protease inhibitor, [ritonavir](#) (*Norvir*), to boost their levels in the body.

Your doctor should take a range of factors into account when suggesting a first combination for HIV treatment. These will include potential [side-effects](#) of each drug, any other medical conditions or medical history you have, possible [drug interactions](#), and possible drug [resistance](#). Your preferences should also be taken into account.

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## HIV treatment for women

● Treatment choices are the same for men and women unless you are pregnant.

If you are starting treatment for your own health, but also thinking about having a baby, talk to your doctor about whether pregnancy would affect the anti-HIV drugs you start on.

Treatment choices are different if you are already pregnant and starting treatment to prevent mother-to-child transmission. This situation is covered in BHIVA's pregnancy guidelines described in: [Factsheet 5: HIV treatment for pregnant women – HIV treatment](#).

**GPP** Potential interactions between anti-HIV drugs, hormonal contraceptives and hormone replacement therapy should be checked before you start HIV treatment.

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## Taking HIV treatment

BHIVA treatment guidelines recognise that taking HIV treatment will be difficult at times.

**GPP** Healthcare staff should discuss with you the importance of taking all your medication as prescribed ([adherence](#)) and what may happen if you miss doses (HIV may not be kept under control and could develop drug [resistance](#)). They should talk to you about possible reasons why you might not adhere and what help is available.

**GPP** Your doctor should discuss possible [side-effects](#) of different anti-HIV drugs with you, and take these into account when choosing a regimen with you.

If side-effects are affecting your adherence, or your quality of life, it may be possible to manage them, or to change to a different combination of anti-HIV drugs. See [Factsheet 3: Changing treatment](#) for what the guidelines say about this.

There is some evidence that people adhere better to combinations with fewer pills or fewer doses during the day. These combinations are commonly prescribed and might be particularly helpful if you have trouble with adherence, although other factors need to be taken into account as well.

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## Interactions with other medications

● Potential [interactions](#) between drugs must be checked before anti-HIV drugs are prescribed for the first time. This involves looking at possible interactions between different anti-HIV drugs and any other medication you take (including medicines bought at pharmacies, herbal products and alternative remedies, as well as recreational drugs).

It's important you tell your HIV doctor, pharmacist and GP about any drugs you are on whenever you have something new prescribed. You can find out more by using the online charts at [www.hiv-druginteractions.org](http://www.hiv-druginteractions.org).

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## Starting HIV treatment with another health condition

In certain situations, recommendations for when to start HIV treatment are different. This is usually because someone has another health condition that means their HIV treatment should be managed differently. There is more about HIV treatment in these situations in [Factsheet 2: Starting treatment when you have another health condition](#).

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This patient-friendly version is based on information contained in the BHIVA guidelines *Treatment of HIV-1 positive adults with antiretroviral therapy (2012)*, 13 (Suppl. 2), 1–85, which were produced using the NICE-accredited process.

The full version of the guidelines is available to download from the BHIVA website at: [www.bhiva.org/TreatmentofHIV1\\_2012.aspx](http://www.bhiva.org/TreatmentofHIV1_2012.aspx)

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