

Considering HIV Treatment ^[1]

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Are You Ready?

Treatment with HIV drugs can improve quality of life and help people living with HIV (HIV+) stay healthier longer. But starting treatment is a big decision. In order to get the most benefit from HIV drugs, they must be used just the way they are prescribed. Taking your treatment correctly is as important as which drugs you and your health care provider choose. So before you get started, it is important that you be able to commit to taking your HIV drugs the right way, every day for your own health! This takes a combination of the right health care provider, enough knowledge about HIV, and a positive attitude.

The Right Health Care Provider

In an ideal world, you and your health care provider are a team working together to make the best treatment decisions for you. You may want to ask yourself a few questions about your relationship with your health care provider: Do I have confidence in my provider? Can I be totally honest with him or her? Is she or he available when I have questions? Does he or she take my concerns seriously? If so, great!

If not, you may want to make some changes. Although it can be difficult, you may want to ask your provider directly if she or he will be available for questions. If you do not feel fully respected or taken seriously, you may consider telling your provider that you are concerned that your relationship is not as strong as it could be because of how you feel. It may help to write down the questions you would like to ask your health care provider before you go to visits. Finally, it is always important to answer your provider's questions with the truth, not with what you think she or he wants to hear. If these steps still do not work, it may be time to look for another provider.

It is also wise to have a health care provider who is an HIV specialist. Health care providers who devote most of their time to HIV are best able to manage this condition. Helpful suggestions for HIV specialists near you can come from friends and/or ASOs (AIDS Service Organizations), or by checking with the American Academy of HIV Medicine (AAHIVM). To find an ASO in your area, [click here](#) [2] or look at the [AAHIVM's Referral Link](#) [3]. For services worldwide, please use AIDSmap's [e-atlas](#) [4].

Knowledge About HIV

The Basics

HIV is a virus that infects and destroys [CD4 cells](#) [5]. CD4 cells are part of the body's [immune system](#) [6]. The immune system protects the body from germs such as bacteria, fungi, and other viruses. When the immune system loses too many CD4 cells, it becomes weak and is unable to fight off germs. At this point, HIV+ people are at risk of getting [opportunistic infections](#) [7] (OIs) that can cause serious illness or death.

HIV Treatments

Scientists have developed drugs that stop HIV from making copies of itself (multiplying). These drugs are grouped into classes. Each class of drugs works to stop HIV at a certain point in its life cycle. So far there are five classes of drugs:

- Entry inhibitors (including fusion inhibitors and CCR5 antagonists)
- Integrase inhibitors
- Nucleoside/nucleotide reverse transcriptase inhibitors ("nukes" or NRTIs)
- Non-nucleoside reverse transcriptase inhibitors ("non-nukes" or NNRTIs)
- Protease inhibitors (PIs)

HIV drugs are always used in combination to attack the virus at different points in its life cycle [8]. This usually means using drugs from at least two different classes. Combining HIV drugs is the best way to reduce the amount of HIV in your blood (viral load [9]).

Baseline Blood Tests

Before you start HIV treatment, your health care provider should have you take a number of blood tests. These are your original, or baseline tests. Future test results will be compared to your original or baseline results to see how you are doing and how well your treatment is working.

1. **CD4 cell (T-cell) count:** The CD4 count checks the strength of your immune system [6]. After you start HIV treatment, you should see your CD4 count go up. Your CD4 count should be checked every three to four months, if possible, then every six months to one year, once it has become stable.
2. **Viral load test:** The viral load test measures the amount of HIV in your blood. After you start HIV treatment, you should see your viral load go down. Your viral load should be checked about a month after you start or change HIV drugs. After that, it should be checked every three to four months, then every six months, once it has become undetectable in your bloodstream and stays undetectable.
3. **Resistance test:** The resistance test [10] helps determine which drugs are likely to work against the strain of HIV you have. Experts recommend that everyone get a resistance test before starting or changing HIV treatments, even if you do not plan to start HIV treatment for a while.
4. **Other tests to check your overall health:** These include complete blood count (CBC) [11], chemistry screen, lipid profile (cholesterol and fat), liver tests, and glucose (blood sugar). Your health care provider should talk with you about how often these tests need to be done.

Treatment Goals

- To get your viral load as low as possible for as long as possible
- To preserve or improve the health of your immune system by increasing your CD4 cells
- To improve your quality of life and reduce illness
- To reduce your risk of spreading HIV to others

Treatment Guidelines

A branch of the US government called the Department of Health and Human Services (DHHS) has put together a set of HIV treatment guidelines [12]. The guidelines provide a lot of useful information to help health care providers and people living with HIV make decisions about when to start, when to stop, and when to change HIV medications. It also helps providers and HIV+ people choose among the many available HIV drugs.

The guidelines are written and reviewed regularly by a group of HIV experts, including researchers, health care providers, and community activists. The DHHS's panel of experts now recommends that all people living with HIV (HIV+) take HIV drugs, no matter what their CD4 count.

The World Health Organization's (WHO) treatment guidelines from 2010 suggest that all HIV+ people in all countries who have CD4 counts less than 350 be treated with a combination of HIV drugs. The WHO also recommends that all pregnant HIV+ women get HIV treatment, regardless of their CD4 count. Similarly, the British HIV Association (BHIVA)'s treatment guidelines, last updated in November 2013, recommend that all HIV+ people who have CD4 counts less than 350 be treated with a combination of HIV drugs. The BHIVA's guidelines also mention several situations in which treatment should begin for people with CD4 counts above 350. This includes instances in which people with CD4 counts greater than 350 wish to start HIV drugs; the BHIVA recommends that these people have their wishes respected and begin treatment.

Benefits of Starting Early:

- Having a higher CD4 cell count and keeping it high
- Preventing further damage to the immune system
- Decreasing risk for HIV-related and non-HIV-related health problems
- Reducing your risk of transmitting HIV to others

Risks of Starting Early:

- Having drug-related side effects, including possible long-term side effects [13] not yet known
- Developing drug resistance (see below), which can limit future options for HIV drug treatment
- Having to stay on treatment for a longer time

When considering when to start treatment, you and your provider will also look at your overall health, and your readiness to start and stick to lifelong treatment. Talk to your health care provider to make sure you understand the importance of adherence (see below) and to make a plan to address any barriers to adherence before starting.

Adherence

Whenever you start treatment, you need to take your drugs on schedule and exactly as prescribed. This is called adherence [14]. In order to get the best benefit from HIV therapy, good adherence is required. This is because HIV drugs need to be kept at a certain level in your body to fight the virus. If the drug level falls, HIV may have a chance to fight back. Skipping doses, not taking the drugs on time, and not following food requirements can all cause your drugs to be less effective or to stop working altogether.

Resistance

After starting HIV drugs, you should see your viral load decrease and your CD4 cells increase. Over time, however, some people see their viral load increase, even though they are still taking HIV drugs.

When a drug is no longer able to fight HIV effectively, we say that HIV has become "resistant" to that drug. If you develop resistance [15], you will likely have to change some of the drugs in your regimen. If your viral load goes up while you are still taking your HIV drug regimen, your health care provider should offer you a resistance test to find out which drugs are not working and to help choose ones that will. For some people with resistance to many HIV drugs, it may be difficult to find a new combination.

The best way to fight resistance is to be adherent to your drug regimen.

A Positive Attitude

If you decide the time is right to start treatment, it is important to have a good attitude. It can be helpful to believe that:

- starting treatment is the right decision for you
- the HIV medications will help you fight the virus
- you can take your medications the right way

It may also help to get in touch with the reason you are starting treatment ? to keep yourself in good health, whether for your own sake or for the good of your family.

Whatever decision you make, it is important not to go it alone. Put together a support system that may include your health care provider, social workers, case managers, family, or friends. You may also consider joining a support group [16] of other HIV+ people.

The more you think and talk about your decision, the better the outcome. Whatever you decide to do, it is important that you keep going to your health care provider for regular check ups and blood work.

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Additional Resources

Select the links below for additional material related to considering treatment.

[When to Start Treatment \(AIDSmap\)](#) [33]

[HIV Treatment Should Start Even Earlier, WHO Says](#) [34]

[HIV and its Treatment: What You Should Know \(NIH\)](#) [35]

[Things You Should Know Before Starting Treatment \(AIDSmeds\)](#) [36]

[Making decisions about treatment \(Project Inform\)](#) [37]

[Starting, Monitoring & Switching HIV Treatment \(Avert\)](#) [38]

[Considering Treatment and Your Health Care \(The Body\)](#) [39]

[Deciding When to Start Treatment for HIV \(womenshealth.gov\)](#) [40]

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Links:

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[2] <http://www.asofinder.com/>

- [3] <http://aahivm.org/>
- [4] <http://www.aidsmap.com/e-atlas>
- [5] <http://www.thewellproject.org/hiv-information/understanding-cd4-cells-and-cd4-cell-tests>
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- [15] <http://www.thewellproject.org/hiv-information/resistance>
- [16] <http://www.thewellproject.org/node/178>
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- [33] <http://www.aidsmap.com/When-to-start-treatment/page/2841911/>
- [34] <http://www.npr.org/blogs/health/2013/07/01/197607702/hiv-treatment-should-start-even-earlier-who-says>
- [35] http://aidsinfo.nih.gov/contentfiles/HIVandItsTreatment_cbrochure_en.pdf
- [36] http://www.aidsmeds.com/articles/Treatment_5031.shtml
- [37] <http://www.projectinform.org/publications/decisions/>
- [38] <http://www.avert.org/antiretroviral.htm>
- [39] <http://www.thebody.com/content/art58159.html>
- [40] <http://www.womenshealth.gov/hiv-aids/treatments-for-hiv-aids/deciding-when-to-start-treatment-for-hiv.html>