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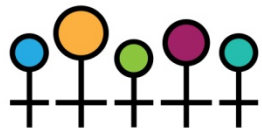
HIV Treatment Guidelines

Together, we can change the course of the HIV epidemic...one woman at a time.

#onewomanatatime

www.thewellproject.org

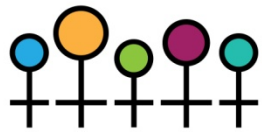
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What Are Treatment Guidelines?

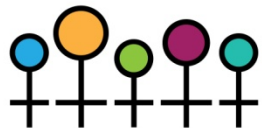
- Issued by variety of global and country-based agencies
 - Intended to help providers, people living with HIV make decisions about when to start, stop, change HIV medications
 - Written, regularly reviewed by HIV experts (researchers, healthcare providers, community activists, etc.)
 - Help providers and people living with HIV with guidelines to best manage and treat HIV
- Global HIV treatment guidelines are issued by the World Health Organization (WHO)
- US HIV treatment guidelines are issued by Department of Health and Human Services (DHHS)



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When to Start Treatment?

- Over the years, there has been lots of discussion about when to start treatment, especially for people living with HIV who are relatively healthy:
 - High CD4 counts
 - No signs of ill health
- Guidelines have been changed a number of times
- Earlier versions recommended people wait longer before starting HIV treatment
 - Due to concerns that side effects might be more harmful to people with higher CD4 counts than HIV itself
 - **We now understand that this is not true**

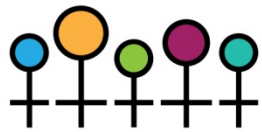


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Starting Sooner Rather than Later

The START trial:

- **Definitively showed:** people living with HIV who start treatment early, while CD4 counts are still high, have a much lower risk of illness and death
 - Including people living with HIV who may have no outward signs of ill health
 - Taking HIV drugs earlier reduced likelihood of developing AIDS-related *and* non-AIDS related illnesses
- **Made clear:** benefits of starting early outweigh any potential risks
- Scientific experts and policy makers issued statement declaring all people living with HIV should have access to HIV treatment as soon as they're diagnosed

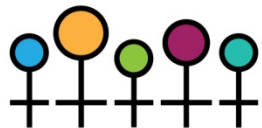


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Current U.S. Guidelines (as of July 2016)

HIV treatment is recommended for all persons living with HIV regardless of CD4 cell count

- HIV treatment should only be started when individual understands risks/benefits of treatment; is willing/able to commit to taking HIV drugs as prescribed
- People living with HIV and on treatment are much less likely to transmit virus



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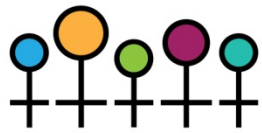
Global Guidelines (as of September 2015)

***World Health Organization (WHO) recommends
HIV drugs for all people living with HIV at any
CD4 count***

By October 2015, all internationally-written guidelines were in agreement for the first time since 2006. The DHHS, WHO, EACS (European AIDS Clinical Society), BHIVA (British HIV Association), and the IAS-USA (International Antiviral Society-USA) all recommend that HIV treatment be offered to all people living with HIV, regardless of their CD4 count.

Benefits of Starting Early

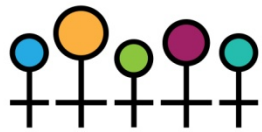
- Having a higher CD4 cell count and keeping it high
- Preventing further damage to the immune system
- Decreasing risk for HIV-related and non-HIV-related health problems
- Reducing your risk of transmitting HIV to others:
 - Sexual partners
 - Babies (through perinatal transmission – also called vertical transmission or mother-to-child transmission)
 - This is known as ***Treatment as Prevention or TasP***



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Risks of Starting Late

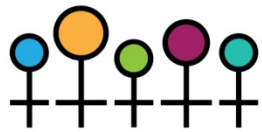
- Severely weakened immune system
 - Can take longer to restore your immune system to full strength, and you to full health.
 - Recent studies have shown that delaying treatment can increase the chances that people living with HIV will develop AIDS and other serious illnesses
- Increased chance of immune reconstitution syndrome when you begin taking HIV drugs
- Transmitting HIV to others, including sexual partners and babies (if you become pregnant)



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What to Start With?

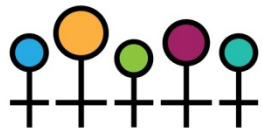
- No HIV drug should ever be used by itself
- HIV drugs work in different ways to stop the virus at different points in its lifecycle
- HIV drugs are divided into classes as follows:
 - Nucleoside/nucleotide reverse transcriptase inhibitors ("nukes" or NRTIs)
 - Non-nucleoside reverse transcriptase inhibitors ("non-nukes" or NNRTIs)
 - Protease inhibitors (PIs)
 - Integrase inhibitors
 - Entry inhibitors (fusion inhibitors and chemokine receptor 5 [CCR5] antagonists)
 - Boosting agents



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What to Start With?

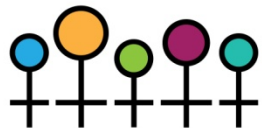
- Guidelines for first HIV regimens include:
 - Integrase inhibitor + 2 NRTIs *or*
 - PI + 2 NRTIs [PI should be "boosted" with small dose of Norvir (ritonavir), which makes first PI work better]
- DHHS guidelines rank specific drug combinations as recommended or alternative
 - Recommended regimens may not be ideal for everyone
 - Drugs should be chosen based on specific needs, lifestyle, schedule, other medications, resistance test results, etc.



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DHHS Recommended Regimens

- Integrase inhibitor-based regimens:
 - Tivicay (dolutegravir) + Epzicom (abacavir + lamivudine)
 - Tivicay + Truvada (tenofovir disoproxil fumarate + emtricitabine)
 - Tivicay and Descovy (tenofovir alafenamide + emtricitabine)
 - Stribild (elvitegravir + cobicistat + emtricitabine + tenofovir)
 - Isentress (raltegravir) + Truvada
 - Isentriess and Descovy
 - Genvoya (elvitegravir + cobicistat + tenofovir alafenamide fumarate + emtricitabine)
- Boosted PI-based regimen:
 - Prezista (darunavir) + low-dose Norvir (ritonavir) + Truvada (tenofovir + emtricitabine)

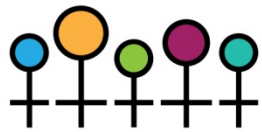


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WHO Recommended Guidelines

- **NNRTI + 2 NRTIs**
 - Atripla (efavirenz + tenofovir disoproxil fumarate + emtricitabine)
 - Sustiva (efavirenz) + Viread (tenofovir disoproxil fumarate) + Epivir (lamivudine)
 - *These regimens are recommended for women who are pregnant or breastfeeding*
- **INSTI + 2NRTIs***
 - Tivicay + 2NRTIs

*Final guideline pending

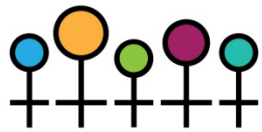


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Changing or Stopping Treatment

If one needs to make *changes in their regimen*:

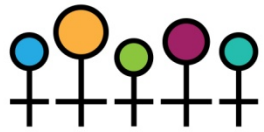
- DHHS recommends focusing on maintaining of viral suppression without reducing future treatment options
- Reasons for changing one's HIV drug regimen include:
 - Side effects
 - Viral load not controlled
 - Simplifying the regimen
 - Trouble with adherence
- Once HIV treatment is begun, it should not be stopped without consulting a health care provider



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Resistance Tests

- DHHS guidelines recommend drug resistance testing for people who:
 - have just acquired HIV
 - have never been on HIV drugs and are planning to start
 - are on HIV drugs and see their viral load go up
 - recently started HIV drugs and their viral load is not coming down enough
 - are pregnant and living with HIV
- Testing is ***not usually recommended*** for people who have stopped HIV drugs for four weeks or more
- People whose viral loads are not well controlled using an Integrase inhibitor-based drug combination:
 - Should receive genotype test for Integrase resistance
 - May also need regular genotype test



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Taking Care of Yourself

- There is ***much more information in the guidelines***, including:
 - Other possible drug regimens
 - What drugs not to take
 - What types of resistance tests to use
 - Information on pregnancy and women-specific treatment issues
 - Other aspects of HIV care and treatment
- Guidelines are always changing and based on the most up-to-date information from studies and clinical trials
- They are only general suggestions!



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Learn More!

- To learn more, please read the full fact sheet on this topic:
 - [HIV Treatment Guidelines](#)
- For more fact sheets and to connect to our community of women living with HIV, visit:
 - www.thewellproject.org
 - www.facebook.com/thewellproject
 - www.twitter.com/thewellproject