HIV Treatment Guidelines

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

#onewomanatatime #thewellproject

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What Are Treatment Guidelines?

• Issued by variety of global and country-based agencies
  – Help providers, people living with HIV make decisions about when to start, stop, change HIV medications
  – Regularly reviewed by HIV experts
  – Help providers and people living with HIV choose among different HIV drugs

• 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)
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*
Starting Sooner Rather than Later

The START trial:

- **Definitely 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
  Newer drugs have **fewer side effects**

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

- HIV drugs can prevent both AIDS-related and non-AIDS-related illness in people living with HIV
- People living with HIV and on treatment are much less likely to transmit the virus
  - People with undetectable viral loads have effectively no risk of transmitting HIV to their sexual partners
- HIV treatment should only be started when a person can commit to taking HIV drugs as prescribed
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 AIDS Society USA) all recommend that HIV treatment be offered to all people living with HIV, regardless of their CD4 cell 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 (risk is zero)
  – Babies (through perinatal transmission – also called vertical transmission)
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)
What to Start With?

• No HIV drug should ever be used by itself
  – Several drugs may be combined into one pill
• HIV drugs stop the virus at different points in its lifecycle
• HIV drugs are divided into classes:
  – Nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs)
  – Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
  – Protease inhibitors (PIs)
  – Integrase inhibitors
  – Entry and fusion inhibitors
  – Attachment inhibitor
  – Post-attachment inhibitor
  – Boosting agents
What to Start With?

• Guidelines for first HIV regimens include:
  – Integrase inhibitor + 2 NRTIs *or, possibly* ...
  – PI (boosted with a small dose of a second drug that makes the PI work better) or NNRTI + 2 NRTIs

• 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.
DHHS Recommended Initial Regimens

- For people who have never taken HIV drugs before
  - Biktarvy (bictegravir/tenofovir alafenamide/emtricitabine)
  - Triumeq (dolutegravir/abacavir/lamivudine), but only after testing for a genetic variation and only in people who do not also have hepatitis B (HBV)
  - Tivicay (dolutegravir) + Truvada (tenofovir disoproxil fumarate/emtricitabine) or Descovy (tenofovir alafenamide/emtricitabine)
  - Dovato (dolutegravir/lamivudine), except for people with high viral loads or hepatitis B, or people who have not been tested for drug resistance or HBV

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WHO Guidelines

- New consolidated guidelines in July 2021
  - Cover prevention, testing, treatment, service delivery and monitoring
  - Combine various earlier guidelines
  - Include recommendations on safely providing HIV care during the COVID-19 pandemic
Regimens for Pregnant People (February 2021)

- Tivicay (dolutegravir) preferred, but discuss risks with health care provider
- Kaletra (lopinavir + ritonavir) only under special circumstances
- Drugs containing tenofovir alafenamide (Odefsey, Genvoya) are alternative to NRTI
- Drugs containing cobicistat (Tybost) OK, if viral loads monitored often
- Too little data on Rukobia (fostemsavir) to know whether it’s safe
- Language updated to include transgender and gender non-binary people
Changing or Stopping Treatment

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

- DHHS recommends focusing on maintaining 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 speaking to your health care provider.
DHHS guidelines recommend drug resistance testing for:
  - People who have just acquired HIV
  - People who have never been on HIV drugs and are planning to start
  - People on HIV drugs who see their viral load go up
  - People who recently started HIV drugs whose viral load is not coming down to undetectable
  - Pregnant people living with HIV

Testing is *not usually recommended* for people who have stopped HIV drugs for four weeks or more
  - Might have too much “wild type” virus to pick up the resistant virus
  - *Do not stop or switch your HIV drugs* to get rid of drug-resistant virus. Instead, talk to your health care provider.

If viral load not well controlled, may test for integrase resistance

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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!
- OK for you and your health care provider to choose therapies for your specific situation
• 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