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# HIV Treatment Guidelines

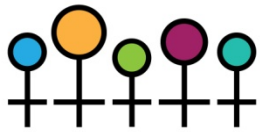
*Last updated: August 3, 2022*

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

#onewomanatatime

[www.thewellproject.org](http://www.thewellproject.org)

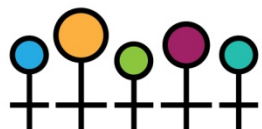
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# What Are Treatment Guidelines?

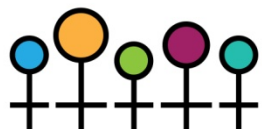
- Issued by variety of global and country-based agencies
  - Help providers, people living with HIV:
    - decide when to start, stop, change HIV medications
    - choose among different HIV drugs
  - Regularly reviewed by HIV experts
- Separate guidelines for pregnant people and infants
- Global guidelines issued by World Health Organization (WHO)
- US guidelines 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**



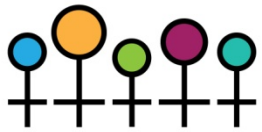
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# Starting Sooner Rather than Later

## 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

Newer drugs have **fewer side effects**

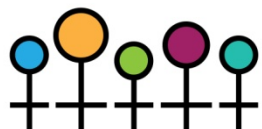


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# Current U.S. Guidelines (as of January 2022)

## ***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

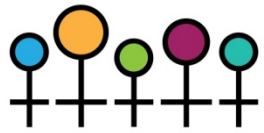


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# Global Guidelines (as of September 2015)

***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 AIDS Society USA) all recommend that HIV treatment be offered to all people living with HIV, **regardless of their CD4 cell count.**



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# 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)

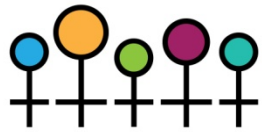


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# Risks of Starting Late

- 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?

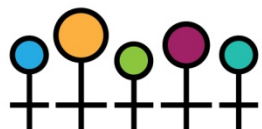
- No HIV drug should ever be used by itself
  - Several drugs may be combined into one pill
- HIV drugs stop the virus at different points in its lifecycle
- HIV drugs are divided into classes:
  - Nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs)
  - Non-nucleoside reverse transcriptase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



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# What to Start With?

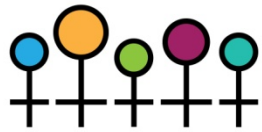
- Guidelines for first HIV regimens include:
  - Integrase inhibitor + 2 NRTIs *or, possibly ...*
  - PI (boosted with a small dose of a second drug that makes the PI work better) or NNRTI + 2 NRTIs
  - Long-acting treatment only after viral load is undetectable
- DHHS guidelines rank specific drug combinations 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 Initial Regimens

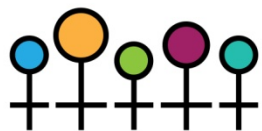
- **For people who have never taken HIV drugs before**
  - Biktarvy (bictegravir/tenofovir alafenamide/emtricitabine)
  - Triumeq (dolutegravir/abacavir/lamivudine), but only after testing for a genetic variation and only in people who do not also have chronic hepatitis B (HBV)
  - Tivicay (dolutegravir)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

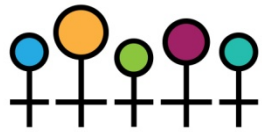


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# Changing or Stopping Treatment

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



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# Resistance Testing

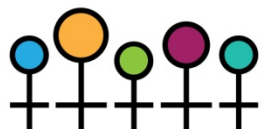
- DHHS guidelines recommend drug resistance testing for:
  - People who have just acquired HIV
  - People who have never been on HIV drugs and are planning to start
  - People on HIV drugs who see their viral load go up
  - People who recently started HIV drugs whose viral load is not coming down to 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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# 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!
  - OK for you and your health care provider to choose therapies for your specific situation



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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](http://www.thewellproject.org)
  - [www.facebook.com/thewellproject](https://www.facebook.com/thewellproject)
  - [www.twitter.com/thewellproject](https://www.twitter.com/thewellproject)