Starting HIV Treatment

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

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When you and your health care provider decide time is right for you to start treatment ... 

... there are ways to set yourself up for success

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First Things First

Positive Thinking

• May be helpful to focus on how:
  – Starting treatment is the right decision for your health
  – HIV drugs will help you fight the virus
  – You can take your medications the right way

• Finding support for your commitment:
  – You don’t need to go it alone in sticking to your treatment regimen
  – Providers, nurses, social workers, therapists, case managers, support group, online community, family, friends can help

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First Things First

Life Issues

• Can be tough to stick with a treatment regimen if you need to work on other issues in your life
• Talk with your provider and get support if you:
  – Feel down a lot of the time and don’t enjoy things that you once did – you may be depressed
  – Feel stigmatized or fear stigma
  – Have issues with substance use
  – Are not feeling safe in your home, or are experiencing violence

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If you are feeling threatened right now, call 911 or the National Domestic Violence hotline in the US at 800-799-SAFE [1-800-799-7233; or 1-800-787-3224 (TTY)]. You can also search for a safe space online at Domestic Shelters.

Domestic Shelters: www.domesticshelters.org
First Things First

Health Issues – talk to your health care provider about:

• Other health problems
• Other drugs you take, including over-the-counter medications, vitamins, street drugs
• Alternative or complementary therapies (herbals) you use
• If you are in any recovery programs

Family planning

• HIV drugs can interfere with some birth control methods
• Women who are pregnant or plan to become pregnant may want to avoid certain HIV drugs

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Choosing an HIV Drug Regimen

- Classes of drugs approved for HIV treatment:
  - Nucleoside and nucleotide reverse transcriptase inhibitors (NRTIs)
  - Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
  - Integrase inhibitors
  - Protease inhibitors (PIs)
  - Entry and fusion inhibitors
  - Attachment inhibitor
  - Post-attachment inhibitor
  - Combination pills
  - Boosting agents

- Some pills include several drugs

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• When HIV makes copies of itself (reproduces), it can mutate
• Some mutations prevent certain HIV drugs from working, causing HIV to become resistant to a particular HIV drug
• If resistance occurs, your viral load can increase quickly and you may have to switch drug regimens
• Your provider should do a resistance test to find out if you have drug-resistant HIV before you start HIV treatment
One strategy in HIV treatment is to **think ahead**

- Drugs may stop working because of resistance and cross-resistance
- When choosing your regimen, think about which drugs could be used in the future if first HIV drug regimen stops working
- This process is called **sequencing your treatment**
  - Ensures that you will have other treatment options available if resistance develops
Adherence

The best way to prevent resistance is with good adherence!

- Adherence means taking your HIV drugs exactly as directed
  - Gives drugs the best chance of working well to block HIV reproduction
  - The less HIV can reproduce, the less likely it will develop mutations
Dosing Schedule

- Questions to ask health care provider:
  - How many pills in a dose? How many drugs in a pill?
  - How many times a day should each dose be taken?
  - Any food requirements?
  - Any drugs/supplements that may interfere with this drug?

- Create a plan:
  - If once-daily regimen, pick an activity to remind you to take HIV drugs like having a cup of coffee in the morning

- If you miss a day, don’t take double dose the next day
Dosing Schedule

• If you have children, make sure your pill-taking schedule fits in with their routine, but keep your drugs out of their reach
• Plan for weekends/holidays or trips out of town
• Keep a journal or chart, or use a reminder app on your phone to track how well you are taking your pills
  – Remember that everyone makes mistakes
  – When it happens, start again and commit to staying on track
  – If you start to miss doses regularly, tell your provider
Taking Your Pills

• If no one knows about your HIV status, you may feel like you have to hide your pill taking
  – Can make it harder to take your drugs
  – If you remove the original labels from pill bottles, re-label them in a way that helps you remember what to take and when to take it

• May be a good time to tell the people close to you about your HIV status

• Not ready? Put your meds in a pillbox and tell people you take vitamins/medicine for another condition
Side Effects

• All HIV drugs have some side effects; not all people get them
• Be prepared: Ask your provider about possible short- and long-term side effects and how to manage them
• If you may need medication to manage side effects, have a supply on hand before starting HIV drugs
• If you are having side effects:
  – Don’t stop HIV drugs unless your provider tells you to stop
  – But don’t “grin and bear it” – talk to your provider
Putting It All Together

• Believe in your ability to stick with your drug regimen
• Important to discuss with health care provider:
  – Other medications
  – Substance use issues
  – Pregnant or plan to get pregnant
  – Depression, other mental health issues
  – Support system
  – Resistance testing
  – Issues/barriers to taking your drugs on time every day
  – Dosing schedule

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• To learn more, please read the full fact sheet on this topic:
  – Starting HIV Treatment
• 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