

A Practical Guide to HIV Drug Treatment

for People Living with HIV

UPDATE 2015

We have learned a lot about HIV treatment (also known as antiretroviral therapy, or ART) in the past few years. And it's largely a good news story! This text provides an update on some key issues.

StART as soon as possible

For years one of the biggest questions for people diagnosed with HIV was: When is the best time to start treatment? We now know that people with HIV should start as soon as possible after their diagnosis. It's good for your long-term health and for your lifespan. Research has shown definitively that delaying the start of treatment increases your risk of developing serious illnesses, such as cancer, cardiovascular disease and life-threatening infections. This is true whether your CD4 count is high or low. It is best to start treatment as soon as possible, before the virus has had a chance to do much damage to your immune system.

A large study, called the START trial, enrolled 4,685 participants from 35 countries. The study participants were randomly assigned to two groups: The first group started treatment immediately and the second group waited until their CD4 counts dropped to below 350. Participants from the first group saw significant health benefits, regardless of their sex, age, race, ethnicity or where they lived. Moreover, serious side effects affected less than 1 percent of participants. The benefits of starting treatment early clearly outweighed the possible risks.

Since these groundbreaking findings were announced, treatment guidelines from the World Health Organization and countries such as the United States and the UK have been updated to recommend that HIV treatment be offered immediately to *all* people diagnosed with HIV.

It is especially important to start treatment as soon as possible if you:

- are pregnant or thinking of becoming pregnant (with effective treatment and proper care, the chance of your baby being HIV positive can be less than 2 percent)
- are over 50 years old
- have had a serious HIV-related illness—such as problems affecting the heart, bones, kidneys or lungs; cancer; or AIDS
- have had serious problems with memory or thinking clearly
- have a low CD4 count or a CD4 count that is dropping rapidly
- have a high viral load (above 100,000)
- are co-infected with hepatitis B, hepatitis C or tuberculosis

Nobody should ever be pressured to start treatment—you need to start when you are ready—but all people living with HIV should have access to ART as the benefits are undeniable.

Adherence still key

Treatments today can be very simple: many people need to take just one pill a day. But one thing that hasn't changed is the reality that HIV treatment is a lifelong commitment that requires taking medication every day, exactly as prescribed. (This is called adherence.)

Adherence is key to the success of your treatment. Knowing about the benefits of treatment can help inspire you to pop your pills. There are also many tips, tools and supports out there that can help you stick to your pill-taking schedule. Talk to your doctor or nurse, to people at your local HIV or community health centre or to an educator at CATIE (1-800-263-1638) for support and practical advice.

ART=treatment *and* prevention

Research has shown that taking ART every day as prescribed and having an undetectable viral load not only protects your health but it can also help prevent HIV transmission. We've known for some time that it can prevent transmission from a pregnant person to their fetus or newborn. More recently we've learned that when ART is used consistently and correctly, an undetectable viral load can reduce the risk of sexual transmission of HIV by 90 percent or more.

In other words, if you are taking HIV medications consistently and viral load tests cannot detect HIV in your blood for several months (the virus is still there but at levels too low to be detected), you have a very low chance of passing HIV to others. If your viral load rises due to poor adherence (missed doses) or a sexually transmitted infection, this could potentially increase the risk. But the evidence is clear: Effective HIV treatment can lower the amount of HIV in your body and prevent the sexual transmission of the virus.

To learn more about HIV transmission and what this means for you, talk to your HIV doctor or call CATIE. You can also check out the fact sheet "HIV viral load, HIV treatment and sexual HIV transmission" at www.catie.ca.

PrEP works

Certain HIV medications can be taken by HIV-negative people to prevent HIV transmission. This is called pre-exposure prophylaxis (or PrEP). PrEP involves a person who is HIV-negative taking the HIV medication Truvada every day to reduce their risk of getting HIV. When used consistently and correctly, the use of Truvada as PrEP can reduce the risk of sexually transmitting HIV by 90 percent or more.

So, if you are HIV-positive and having sex with someone who is HIV-negative, your sex partner can talk to their doctor about taking Truvada to significantly reduce their risk of getting HIV.

PrEP is typically prescribed for HIV-negative people who are at higher risk of for HIV. For example:

- people whose sex partner(s) are HIV-positive
- men who have sex with men and do not routinely use condoms (though, unlike condoms, PrEP does not protect you from other STIs)
- people who inject drugs
- heterosexual people who do not routinely use condoms

Once on PrEP, it's important that a person see their healthcare provider every three months for adherence counselling (if necessary), to test for HIV and other STIs, and to screen for side effects.

Many people who take Truvada experience no side effects. For people who do, the side effects tend to go away as their body adjusts to taking the medication. (Because the use of Truvada for PrEP is relatively new, the long-term effects have not yet been well studied.) To learn more, check out the CATIE fact sheets on "Truvada" and "PrEP."

Your first combo

HIV treatment guidelines are constantly evolving. At the time of publication, the U.S. Department of Health and Human Services (DHHS) guidelines recommend that a first regimen include either integrase inhibitors or a protease inhibitor. For the latest recommended treatment combos, contact CATIE and talk to your doctor.

HIV drugs in Canada

New HIV drugs are constantly being developed. For a complete and up-to-date list of drugs available in Canada, go to www.catie.ca/hivdrugchart.

As always, make sure you have the most up-to-date information on HIV treatment: visit www.catie.ca or call us at 1-800-263-1638 and talk to your doctor.