

# HEALTH PROMOTION

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British Columbia  
Centre for Excellence  
in HIV/AIDS

# Highlights from the Fall HIV/ARV Update

by *Chrystal Palaty*

The BC Centre for Excellence (BC-CfE) held its Fall HIV/Antiretroviral Update on December 3, 2010. Tucked in the three-pound package of abstracts, slides, updates, and newsletters was a copy of the new adult HIV therapeutic guidelines. Dr. Julio Montaner, BC-CfE's director, introduced the changes. The guidelines, based on the therapeutic guidelines of the International Aids Society, are refreshed about every two years to incorporate new findings and the best knowledge in the field.

While these guidelines reflect the consensus of authors and reviewers, they're flexible enough to be adapted to different treatment circumstances. If you've been following the course of research, you won't be surprised by any of the changes or recommendations. Some highlights:

### Start treatment earlier

According to the guidelines, the risks associated with antiretrovirals (ARVs) have decreased, whereas concerns regarding the risks of the long-standing virus being untreated have increased. HIV can prematurely age your body, even in individuals without any symptoms.

The new guidelines recommend starting highly active antiretroviral treatment (HAART) earlier to help reduce some of the long-term health impacts of the virus. There's no longer a CD4 threshold at which treatment should start. The guidelines recommend starting treatment for anyone with HIV in the following situations:

- ▷ People over age 50, regardless of CD4 count. This is a change from the previous guidelines, which recommended treatment for anyone over age 60

- ▷ People with other non-AIDs related conditions such as high cardiovascular risk, hepatitis, and tuberculosis
- ▷ People with symptoms of HIV, regardless of CD4 counts
- ▷ People with no symptoms, but CD4 counts under 500
- ▷ Pregnant women
- ▷ People at risk of HIV transmission, for example in HIV sero-discordant couples

Because HAART can now render the disease undetectable in many cases, the guidelines recommend that doctors discuss HAART with all patients with CD4 counts over 500, even if they have no symptoms or other risk factors.

There's only a very small group of people with HIV who don't require ARVs—those with CD4 counts in the normal range or those who have a stable, high CD4 count with clinically undetectable or a very low viral load.

### Initial regimens for treatment-naïve people

Selecting an initial regimen has longstanding consequences, especially for future therapy options if the initial regimen doesn't work.

Dr. Montaner strongly recommends sticking to the preferred choice of a dual nucleoside for initial therapy in people with a drug-susceptible virus. The therapeutic guidelines recommend tenofovir/emtricitabine (Truvada) as the preferred treatment for treatment-naïve individuals. Abacavir/lamivudine (Kivexa) is recommended as an alternative if tests show that the person isn't sensitive to abacavir. Other options include efavirenz (Sustiva) or atazanavir (Reyataz) boosted with ritonavir (Norvir); unboosted atazanavir isn't recommended.

Dr. Montaner emphasizes the importance of sticking to the nucleoside and nucleotide HIV reverse transcriptase inhibitors (NRTIs) regimen, because it's less expensive and in order to preserve other drug classes for later down the road. He stated that doctors who prescribe anything other than the recommended approach will be required to carefully document the reasons why they made that decision.

Like many drugs, the recommended options have some side effects to watch for. People taking tenofovir/emtricitabine (Truvada) sometimes have kidney problems and thus their kidney function needs to be monitored.

Although drug toxicity is less of a concern now than before, it's still a significant problem. People and their physicians need to be careful about interference between different types of medications. This can happen when different physicians prescribe different medications for the same person, without knowing what other conditions their patient is being treated for. For example, ritonavir can boost corticosteroids, even from skin products like creams.

### Changes to patient monitoring

Dr. Montaner encourages physicians to identify successful regimens and people who are being successfully treated, and then move their patients to a three- or four-month follow-up schedule if the virus is stable. CD4 counts and HIV RNA levels can be monitored at intervals of up to six months in select people who have CD4 counts over 350 for more than a year and a suppressed virus.

The BC-CfE has changed the test it uses for HIV monitoring. Unfortunately, the new test has a large level of uncertainty, so physicians are advised to closely monitor people who have a rising viral load.

Many other types of monitoring need to be done before starting treatment on an ongoing basis. Monitoring needs to be tailored to the individual, as it depends on the type of medication being used and other conditions.

### Changing therapy: when and what

If a person's viral load increases after it has been suppressed, doctors should consider the possible reasons for the viral rebound—including poor adherence, drug-to-drug interactions, concurrent infections, and recent vaccinations—before they change therapies.

Multi-drug experienced people are no longer the challenge they used to be, and for the most part, virologic failure can be successfully treated. That said, the drug pipeline isn't likely to yield any revolutionary new anti-HIV therapies in the next while.

People may need to change therapies when there's drug intolerance, toxicity, or virologic failure. The guidelines provide many recommendations for different courses of action to address treatment failure. Typically, one drug can be safely changed for a single other drug, however changes need to be made very carefully; the backbone needs to be maintained and drug interactions need to be managed.

Dr. Montaner emphasizes that new drugs need to be used carefully, so that people have available options down the road. ☹

### Download the updated guidelines

A copy of the new adult therapeutic guidelines can be downloaded from the BC-CfE's website,

<http://www.cfenet.ubc.ca/sites/default/files/uploads/BC-CfE%20Therapeutic%20Guidelines.pdf>.

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