



the**well**project

HIV Treatment Guidelines

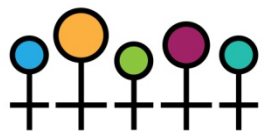
Last updated: August 22, 2024

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

#onewomanatatime

www.thewellproject.org

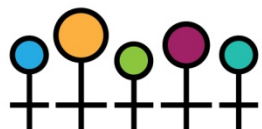
#thewellproject



thewellproject

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 (HHS)

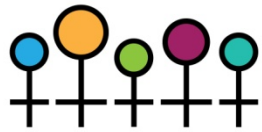


thewellproject

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.**



Treatment Goals

The goal is to keep you healthy. Specifically,

- Preserve/improve health of your immune system by increasing CD4 cells
- Get viral load as low as possible for as long as possible
- Improve quality of life and reduce illness and death
- Reduce risk of transmitting HIV to others
 - Sexual partners
 - Babies (perinatal or vertical transmission)

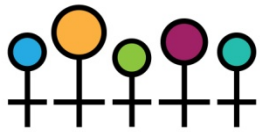


the**well**project

Revised U.S. Guidelines (as of April 2024)

Important updates to the revised US guidelines:

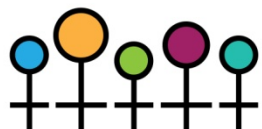
- **Use of statins to prevent heart disease**
 - Given sooner than in general population because of higher risk of heart disease
 - Frequency of major cardiovascular events lowered by 35%
 - Consider even if general heart disease risk low
 - Recommended drugs:
 - Pitavastatin
 - Atorvastatin
 - Rosuvastatin



thewellproject

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**



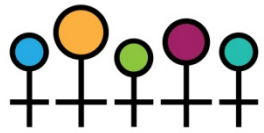
thewellproject

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**

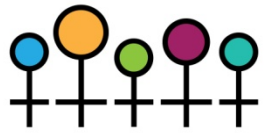


thewellproject

Current U.S. Guidelines

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

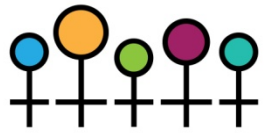
- Can prevent AIDS-related and non-AIDS-related illness
- People on treatment are much less likely to transmit the virus
 - People with undetectable viral loads have ***effectively no risk of transmitting HIV*** to their sexual partners
- Treatment should only start when a person can commit to taking HIV drugs as prescribed



thewellproject

Current U.S. Guidelines

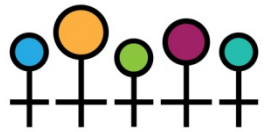
- Starting treatment **especially urgent** if you:
 - have or had symptoms of AIDS
 - are pregnant
 - have HIV-related kidney disease
 - are also living with hepatitis B and/or hepatitis C
 - have a CD4 count <200 cells/mm³
 - have acute/early infection
- Offer to people who may transmit HIV to their partners, to reduce their viral load



thewellproject

Benefits of Starting Early

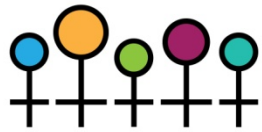
- Having a higher CD4 cell count and keeping it high
- Preventing further damage to the immune system
- Decreasing risk of HIV-related and non-HIV-related health problems
- Reducing chances of transmitting HIV to others:
 - Sexual partners (risk is **zero**)
 - Babies (through perinatal transmission – also called vertical transmission)



thewellproject

Risks of Starting Late

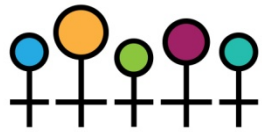
- Severely weakened immune system
 - Can take longer to restore your immune system to full strength, and you to full health.
 - Recent studies have shown that delaying treatment can increase the chances that people living with HIV will develop AIDS and other serious illnesses
- Increased chance of immune reconstitution syndrome when you begin taking HIV drugs
- Transmitting HIV to others, including sexual partners and babies (if you become pregnant)



thewellproject

What to Start With?

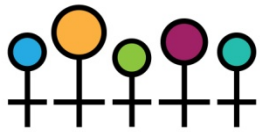
- No HIV drug should ever be used by itself
 - Several drugs may be combined into one pill
- HIV drugs stop the virus at different points in its lifecycle
- HIV drugs are divided into classes:
 - Nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs)
 - Non-nucleoside reverse transcriptase inhibitors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



thewellproject

What to Start With?

- Guidelines for first HIV regimens include:
 - Dolutegravir or bictegravir + tenofovir + emtricitabine or lamivudine
 - Long-acting treatment only after viral load is undetectable
- HHS guidelines rank specific drug combinations as recommended or alternative
 - Recommended regimens may not be ideal for everyone
 - Drugs should be chosen based on specific situation
- Regardless of regimen, adherence is very important



thewellproject

HHS Recommended Initial Regimens

- **For people who have never taken HIV drugs before and have NOT used long-acting cabotegravir for PrEP:**
 - Biktarvy (bictegravir/tenofovir alafenamide/emtricitabine)
 - Triumeq (dolutegravir/abacavir/lamivudine), only after testing for a genetic variation and without chronic hepatitis B
 - 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



thewellproject

HHS Recommended Initial Regimens

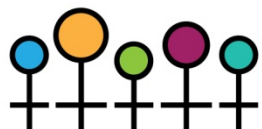
- **For people who have never taken HIV drugs before and HAVE used long-acting cabotegravir to prevent acquiring HIV:**
 - Symtuza (darunavir + cobicistat + emtricitabine + tenofovir alafenamide)



thewellproject

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
- Different recommended regimens for certain situation
 - Discuss regimen with your healthcare provider



thewellproject

Changing or Stopping Treatment

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

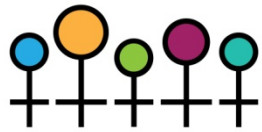
- DHHS recommends focusing on maintaining viral suppression without reducing future treatment options
- Reasons for changing one's HIV drug regimen include:
 - Side effects
 - Viral load not controlled
 - Simplifying the regimen
 - Trouble with adherence
- Once HIV treatment is begun, it should not be stopped without speaking to your healthcare provider



thewellproject

Resistance Testing

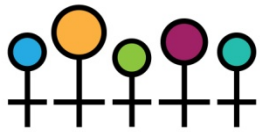
- HHS guidelines recommend drug resistance testing for:
 - People who have just acquired HIV
 - People who have never been on HIV drugs and are planning to start
 - People on HIV drugs who see their viral load go up
 - People who recently started HIV drugs whose viral load is not coming down to undetectable
 - 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 healthcare provider.
- If viral load not well controlled, may test for integrase resistance



thewellproject

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 healthcare provider to choose therapies for your specific situation



the**well**project

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
 - www.facebook.com/thewellproject
 - www.x.com/thewellproject
 - www.instagram.com/thewellprojecthiv
 - www.youtube.com/thewellprojecthiv