ART guidelines for HIV



The British HIV Association (BHIVA) produces medical guidelines about HIV treatment.

This is one of four leaflets about the 2015 guidelines on antiretroviral treatment (ART). This is leaflet 1 of 4.

What is covered in the ART guidelines?

- Starting ART. When to start and the choice of drugs.
- · Changing drugs. For side effects, or if viral load results are not good.
- ART with other health issues, including co-infections and mental health.
- Special groups, including young people, women, and HIV and ageing.

Key for the strength of guideline recommendations

- Strongly recommended. This advice should almost always be followed.
- A recommendation based on less evidence. It might apply in some situations.
- A recommendation based on expert opinion. Even with limited evidence, this is something most doctors should follow. GPP stands for "good practice point".

Important recommendations in the guidelines

Involving you in decision making

The guidelines emphasise that you can be involved in all decisions. Also, that peer support from other HIV positive people and organisations can help.

ART to prevent transmission of HIV

All HIV positive people can use ART to reduce risk of HIV transmission. An undetectable viral load on ART dramatically reduces this risk.

When to start ART

Starting ART is recommended at any CD4 count, including over 500.

Other serious infections and HIV

If you need treatment for another infection and are not yet on ART, then ART should be also be started within two weeks.

Support on treatment

Life is complicated. Personal issues can be difficult at some times.

This includes home life, work, housing, or money problems.

GPP Talk to your doctor if you think ART will be difficult for you.

What to start

ART means taking at least three drugs to treat HIV. Some drug formulations include two or three drugs in a single pill.

For people starting ART, the guidelines recommended using:

- A 1) Tenofovir plus emtricitabine (FTC). These two drugs come in a single pill (Truvada).
- 2) Plus **one** of the following six options:
 - dolutegravir
 - elvitegravir boosted with cobicistat
 darunavir boosted with ritonavir
 - raltegravir

- atazanavir boosted with ritonavir
- rilpivirine
- Abacavir plus lamivudine (3TC) are sometimes used instead of tenofovir and emtricitabine. This single pill is Kivexa.
- Your choice of ART should be individualised based on:
 - Your current viral load, kidney and liver health, and risk of heart disease.
 - Results from a drug resistance test and a genetic test before using abacavir.
 - Any history of depression, anxiety or other mental health problems.
 - Personal choices including likely side effects, shift work, diet requirements.

Changing ART

GPP The guidelines emphasise that you can change drugs because of side effects.

Stopping ART

Stopping ART is not recommended. This is because viral load rebounds quickly in nearly everyone who stops ART and the CD4 count drops.

The other three leaflets on the 2015 guidelines are:

- 2. Changing ART. Including viral rebound, drug resistance and adherence.
- 3. ART with other health issues like cancer, TB and poor mental health.
- 4. What's new in the guidelines. Including young people, women and later life.

Further information and support

Community organisations in the UK that produce HIV treatment information and resources include HIV i-Base (i-Base.org.uk) and NAM (aidsmap.com).

About BHIVA

BHIVA is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV.

BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines: www.bhiva.org/guidelines.aspx

Information about how BHIVA guidelines are developed: www.bhiva.org/ClinicalGuidelines.aspx

