



HIV Treatment

The choice of when to start HIV treatment can be a challenge. Many people live a long time with no symptoms of HIV. This is true even when they do not use anti-HIV medications (meds). A doctor who you trust and who has worked with other people with HIV can help you decide when to start. It is good to know about how treatment can help you and what the effects are before you begin.

When you decide to start HIV treatment, you should think about these things:

- How do you feel about HIV treatment?
- How will you remember to take your medication?
- How will treatment affect your life?

Treatment of HIV and AIDS

There has been much progress made since the first HIV treatment was approved in 1987. Now more than 30 meds have been approved by the FDA to fight HIV.

HIV treatment does not cure HIV or prevent the spread to other people. They can slow the progress of HIV and help you live a healthy life for longer.

There are eight classes of HIV drugs:

- Nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs or Nukes)
- Non-nucleoside reverse transcriptase inhibitors (NNRTIs or Non Nukes)
- Protease inhibitors (PIs)
- Fusion inhibitors (FIs)
- CCR5 antagonists
- Integrase inhibitors

- Post-attachment inhibitors
- Pharmacokinetic enhancers

The first three classes work to block the process where HIV makes copies of itself inside a cell. Fusion inhibitors work to stop HIV from entering a cell. Integrase inhibitors do not allow HIV to put its genes (parts of itself) into human cells.

In highly active antiretroviral therapy (HAART), three or more drugs from the three classes are combined to fight HIV. Now, some combination pills have more than one medication in a single pill. When treatments are combined, it is less likely that HIV will increase in your body.

It is best to take the HIV meds as the doctor prescribes every day so they can work as well as possible. Each treatment plan is special. Just because you know someone on a certain plan does not mean that the same plan will work for you.

Over the course of treatment, the mix of meds may need to change. Changes in a treatment program are usually done when:

- CD4 counts or viral load tests show the virus is not controlled
- Side effects become a problem
- One or more meds no longer work well against the virus.

HIV treatment involves many meds taken over a long time. Some of these pills must be taken many times in a day. Others are only taken once a day. There may be special rules to take with food or take a few hours before or after meals.

A doctor will tell you to take your meds every day. If your doctor stops treatment it is only for a little while. This is because of side effects, drug resistance, or if you are pregnant. Only a doctor should decide if you should stop your HIV treatment.

Side Effects of HIV Treatment

Anti-HIV meds do cause side effects. Just because a drug has side effects does not mean that they affect all people the same way. If you have side effects from a med, that does not mean you should stop its use. Talk to your doctor if you have side effects that make you feel bad or don't go away over time.

When you take meds the way they are prescribed, it helps keep side effects low. When side effects do happen, it is usually in the first two to four weeks after you begin a certain treatment. Many side effects go away on their own as the body adapts to them.

Common side effects from anti-HIV meds include:

- Feeling tired
- Nausea (upset stomach)
- Vomiting
- Fever
- Diarrhea
- Kidney problems

Drug Interactions

HIV treatment uses three or more drugs. You may also take meds for other health problems at the same time. There is a risk that these meds may not mix well with each other.

Your doctor may change the dose of certain treatments to help with side effects. You should tell each of your doctors all of the meds you take so they can decide how to best combine them.

Drug Resistance

One of the concerns about HIV treatment over the long term is how the virus can change. When this happens, it no longer responds to treatment. This is called drug resistance.

Many times when an HIV med no longer works, the virus will resist all meds in that class. This is known as cross-resistance.

For this reason HIV treatment includes medications from many of the classes. If the virus resists one med, it is still controlled by the meds from other classes. Your doctor may change your meds to offset the ones that no longer work.

New tests can measure whether a person with HIV will likely be resistant to a certain treatment. This can help make choices about which meds to take.

How to Keep up with Your Treatment

All people with HIV need tests to check how the virus affects their body over time. These tests check for CD4 cell count levels, viral load and markers in the blood that show how well HIV treatment works. The goal is to get the viral load so low it will not show up on a test. This does not mean that you are free from the virus.

You should follow your doctor's advice on how often to get these tests. They help keep the virus under control and avoid the harsher side effects of HIV treatment.

There are many types of viral load tests. Some show higher viral loads than others. Have your tests done at the same lab and use the same test. This allows you to compare results over time.

For more information

Contact your Registered Nurse Care Manager, or call PHP Nurse Advice Line at (800) 797-1717.

