

US DHHS ANTIRETROVIRAL TREATMENT GUIDELINES



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Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

December 1, 2009

Developed by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents – A Working Group of the Office of AIDS Research Advisory Council (OARAC)

How to Cite the Adult and Adolescent Guidelines:

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. December 1, 2009; 1-161. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>. Accessed [insert date] [insert page number, table number, etc. if applicable]

It is emphasized that concepts relevant to HIV management evolve rapidly. The Panel has a mechanism to update recommendations on a regular basis, and the most recent information is available on the **AIDSinfo Web site** (<http://aidsinfo.nih.gov>).

- US DHHS Antiretroviral Guidelines Panel convened in 1996
- # of FDA approved antiretrovirals (ARVs) increased from 10 (1996) to 25 (2009)
- Rapid advances in understanding of efficacy & safety of ARVs led to needs for continuous update
- 17 revisions since the first recommendations published in 1998
- Latest revision – Dec 1, 2009



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KEY UPDATES TO THE TREATMENT GUIDELINES – DEC 1, 2009

- When to Start Antiretroviral Therapy?
- What Regimen to Prescribe to Treatment-Naïve Patients?
- Drug Resistance Testing
- Management Considerations in HIV-2 Infected Patients



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WHEN TO START ? – A NEVER ENDING DEBATE

Why Starting Early ?	Why Delaying Therapy ?
<ul style="list-style-type: none">• Uncontrolled HIV replication may cause damage – regardless of the stage of HIV disease• ARV use indirectly assoc. with ↓ in non-AIDS morbidities (cancers, liver, cardiovascular, renal, & neurologic diseases)• “Treatment as Prevention” – A public health approach• Regimens are simpler to use	<ul style="list-style-type: none">• HIV eradication – not attainable with current therapy• No randomized controlled trials to guide when is the right time to start treatment• Safety of long term (decades) continuous ARV – unknown• Cost, side effects, & ↓ quality of life – should be considered• Strict adherence – difficult in asymptomatic pts – may lead to drug resistance



DECEMBER 1, 2009 REVISION

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CD4 Counts or Conditions	Recommendations
CD4 < 350 cells/mm ³ or a history of AIDS defining illness	ART should be initiated (AI)
CD4 350 – 500 cells/mm ³	ART is recommended, 55% voted for a strong recommendation (AII) and 45% voted for a moderate recommendation (BII) .
CD4 > 500 cells/mm ³	50% of Panel members favor starting ART (BIII) and 50% of the members view that this is optional (CIII) .
Pregnancy (AI) HIVAN (AII) HBV requiring HBV tx (AIII)	Should be started on ART regardless of CD4 cell count