

Changes in US HIV Treatment Guidelines

This program is presented by the Centers for Disease Control and Prevention.

In March 2012, US HIV treatment guidelines were updated and now recommend initiating antiretroviral therapy, or ART, for all HIV-infected individuals, regardless of their CD4 cell count.

Welcome to CDC Audio Rounds. I'm Dr. Phil Peters from the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention.

The new treatment guidelines will positively impact medical care for people with HIV. Potent combination ART is the standard of care for HIV infection. Although it cannot eradicate or cure HIV, it can durably suppress the plasma HIV viral load, which restores and preserves immunologic function. This can increase longevity and improve the quality of life for patients living with HIV.

Determining the optimal time to initiate ART has been an evolving issue. After HIV infection is acquired, there's typically a clinically quiescent phase of infection that often lasts five to seven years, during which many patients will be relatively asymptomatic.

HIV treatment guidelines have changed because of a growing awareness that during this clinically quiescent stage, HIV viral replication persists and causes a gradual destruction of the individual's CD4 T lymphocytes. This is associated with cardiovascular, kidney and liver disease; neurologic complications; and malignancy. In addition, newer antiretroviral drugs are better tolerated, more convenient, and more effective than older regimens. This has reduced both acute and long-term drug toxicities. In addition, the changes to the guidelines relate to recent studies that demonstrated that initiating ART early was associated with a 96 percent reduction in HIV transmission.

To increase early diagnosis so that ART can be initiated as soon as possible, CDC and other medical organizations recommend that health care providers routinely test patients aged 13 to 64 for HIV. Diagnosis, however, is only the first step. It is also important for health care providers to assess each HIV-infected patient they encounter to determine if they are currently getting routine medical care and receiving ART.

The 2012 HIV treatment guidelines will undoubtedly impact general medical practice. Routine HIV screening; ART for all HIV-infected patients, regardless of their CD4 cell count; and more simplified and effective antiretroviral regimens will shift more HIV care into primary care settings. Today, when diagnosed early and ART is initiated as recommended in the treatment guidelines, HIV can be treated as a chronic medical illness.

To learn more about HIV treatment guidelines and testing recommendations, please visit www.actagainstaids.org.

For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO.