

Early temporary treatment for HIV can delay the time to long-term treatment

March 27 2012

A study in this week's *PLoS Medicine* suggests that when people are first infected with HIV (primary HIV infection), temporary treatment with antiretroviral drugs (cART) for 24 weeks can delay the need to restart treatment during chronic HIV infection. These findings are important as currently, treatment for people with HIV is often deferred until the CD4 count falls below a certain level (350) or is based on clinical symptoms.

In a study led by Marlous Grijzen from the Academic Medical Center, University of Amsterdam in the Netherlands, 168 patients with primary HIV infection were randomized to receive no treatment, 24 weeks of cART, or 60 weeks of cART. They found that the average viral setpoint (the stable point that is reached in the amount of virus in the blood after the immune system begins to make [antibodies](#) to HIV) was lower in the patients who received early cART than in those who had no treatment.

Furthermore, on average, patients who received no treatment started long term treatment with cART before those who received early temporary treatment—0.7 years after randomization whereas those receiving 24 and 60-week treatment restarted cART after 3 years and 1.8 years, respectively.

The authors say: "This randomized study demonstrates a clear clinical benefit of temporary cART initiated during [primary HIV Infection]. Early cART transiently lowered the viral set point and deferred the need for restart of cART during chronic HIV infection."

They continue: "Although extended follow-up studies are needed to evaluate the long-term benefits of such early treatment, starting cART when the patient is ready to do so seems the most reasonable advice for patients with [primary HIV Infection]."

More information: Grijsen ML, Steingrover R, Wit FWNM, Jurriaans S, Verbon A, et al. (2012) No Treatment versus 24 or 60 Weeks of Antiretroviral Treatment during Primary HIV Infection: The Randomized Primo-SHM Trial. PLoS Med 9(3): e1001196.
[doi:10.1371/journal.pmed.1001196](https://doi.org/10.1371/journal.pmed.1001196)

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