

# 2016 recommendations for antiretroviral drugs for the treatment and prevention of HIV infection

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In a report appearing in the July 12 issue of *JAMA*, an HIV/AIDS theme issue, Huldrych F. Gunthard, M.D., of University Hospital Zurich, Switzerland, and colleagues with the International Antiviral Society-USA panel, updated recommendations for the use of antiretroviral therapy in adults with established HIV infection, including when to start treatment, initial regimens, and changing regimens, along with recommendations for using antiretroviral drugs for preventing HIV among those at risk, including preexposure and postexposure prevention.

There have been substantial advances in the use of [antiretroviral drugs](#) (ARVs) for the treatment and prevention of HIV infection since the last version of these recommendations in 2014, warranting an update to the recommendations. A panel of experts in HIV research and patient care convened by the International Antiviral Society-USA reviewed data published in peer-reviewed journals, presented by regulatory agencies, or presented as conference abstracts at peer-reviewed scientific conferences since the 2014 report, for new data or evidence that would change previous recommendations or their ratings. Comprehensive literature searches were conducted. Recommendations were by consensus, and each recommendation was rated by strength and quality of the evidence.

## Recommendations

Newer data support the widely accepted recommendation that [antiretroviral therapy](#) should be started in all individuals with HIV infection with detectable viremia regardless of CD4 cell count. Recommended optimal initial regimens for most patients are 2 nucleoside reverse transcriptase inhibitors (NRTIs) plus an integrase strand transfer inhibitor (InSTI). Other effective regimens include nonnucleoside reverse transcriptase inhibitors or boosted protease inhibitors with 2 NRTIs. Recommendations for special populations and in the settings of opportunistic infections and concomitant conditions are provided.

Reasons for switching therapy include convenience, tolerability, simplification, anticipation of potential new drug interactions, pregnancy or plans for pregnancy, elimination of food restrictions, virologic failure, or drug toxicities. Laboratory assessments are recommended before treatment, and monitoring during treatment is recommended to assess response, adverse effects, and adherence. Approaches are recommended to improve linkage to and retention in care are provided. Daily tenofovir disoproxil fumarate/emtricitabine is recommended for use as preexposure prophylaxis to prevent HIV infection in persons at high risk. When indicated, postexposure prophylaxis should be started as soon as possible after exposure.

"Antiretroviral agents remain the cornerstone of HIV treatment and prevention. All HIV-infected individuals with detectable plasma virus should receive treatment, with recommended initial regimens consisting of an InSTI plus 2 NRTIs. Preexposure prophylaxis should be considered as part of an HIV prevention strategy for at-risk individuals. When used effectively, currently available ARVs can sustain HIV suppression and can prevent new HIV infection. With these treatment regimens, survival rates among HIV-infected adults who are retained in care can approach those of uninfected adults," the authors conclude.

"The current IAS-USA guidelines reflect the hard-won success of 35 years of clinical research," write Kenneth H. Mayer, M.D., and Douglas S. Krakower, M.D., of Fenway Health, Boston, in an accompanying editorial.

"Although challenges remain to optimize the cascade of care and to prevent new infections, and an aging epidemic will present new challenges, these concerns reflect the successes of highly effective antiretroviral therapy. Historians may wonder whether the pace of discovery in the early days of the epidemic could have been accelerated, but no one can doubt the signal accomplishments of biobehavioral research and community engagement in forging a common strategy to deal with this global pandemic, one that continues to pose new challenges."

**More information:** *JAMA*, [DOI: 10.1001/jama.2016.8900](https://doi.org/10.1001/jama.2016.8900)

*JAMA*, [DOI: 10.1001/jama.2016.8902](https://doi.org/10.1001/jama.2016.8902)

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