

## **BHIVA guidelines on antiretroviral treatment for adults living with HIV-1 2022: non-technical summary**

### **Antiretroviral treatment (ART)**

The British HIV Association (BHIVA) produces medical guidelines about HIV treatment. There are detailed guidelines on many aspects of living with HIV. All the BHIVA guidelines review the evidence for the best care. They can be found at: <https://www.bhiva.org/guidelines>.

Although these guidelines are for clinicians, it is important that you know what is in them. The aim of this non-technical summary is to provide the main points from the BHIVA guidelines on antiretroviral treatment for adults living with HIV-1 2022.

The full guidelines can be found at: <https://www.bhiva.org/HIV-1-treatment-guidelines>.

The aim of HIV treatment is to prevent death or serious illness due to HIV. Treatment should improve the overall health and well-being of people living with HIV. Today, treatment consists of a range of drugs that are very effective, easy to take and well-tolerated in most people. This treatment is called antiretroviral therapy (ART). It works by reducing the levels of HIV in your blood to such low levels that they are undetectable. For most people, taking effective ART as prescribed will mean that you can stay well and live a full life span.

A further benefit of ART is the reduction in HIV transmission. If you are on effective ART with undetectable levels of HIV, you cannot pass the virus on to sexual partners. Effective ART also allows mothers with HIV to give birth naturally with virtually no risk of HIV to the newborn baby.

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### **Key messages**

- Antiretroviral treatment (ART) reduces HIV in your body to levels that are so low that they are undetectable. This will keep you well and will also prevent you passing on your HIV through sexual activity.
  - You should be as involved as you want to be in all decisions about your treatment and which medicines you take.
  - It is recommended that you tell your GP (and other healthcare professionals, if needed) that you are living with HIV. This will be best for your overall health.
  - You should get the support you need to be able to take your ART as directed.
  - You should start ART as soon as possible after your HIV diagnosis, but only when you feel ready.
  - There are a number of different HIV drugs available. Your HIV doctor will give you advice about which HIV medication is recommended for you.
  - You will need to have regular check-ups to be sure that the HIV medication is working well for you. This is called 'monitoring'. There are separate BHIVA guidelines on monitoring.
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## Involving you in decisions

You should be as actively involved as you want to be in all decisions about your HIV treatment. Your healthcare team should help you to understand your treatment options and what they mean for you. They should clearly explain the benefits of ART, both for you and for others. You might have questions such as:

- What ART drugs are available and what are the differences between them?
- Are there any side effects of taking ART?
- Why is it important to take your HIV medication on time every day (this is known as adherence)?
- Are there any restrictions, such as not eating certain types of food with ART?
- Will they interact with any other drugs (medical or social) that you take?

In order to make sure that you are given the best ART options for you, your healthcare team will need to know about your current lifestyle. They should help you feel comfortable in discussing all aspects of your life, even those aspects that you might feel a bit awkward discussing (for example your sex life). They are not here to judge you, only to give you the best treatment options for you.

Your overall health is important. You may have (or may develop) other health conditions that require treatment from a GP or another healthcare practitioner. In order for you to have the best possible overall health outcomes, it is important that these healthcare practitioners know about your HIV. So it is recommended that you tell your GP about your HIV. This means that your GP (or other healthcare practitioners) and your HIV healthcare team can make joint decisions about your care, especially if you have other illnesses. You should receive a copy of any letters sent to your GP.

You should ask your HIV healthcare team to explain anything that is not clear, or that you do not understand. They should be able to answer your questions or let you know where you can get further information and help. Your HIV doctor understands that you can only make good decisions about your care if you have the right information. It may be helpful to talk to other people living with HIV. This is known as peer support. Your HIV healthcare team should tell you where you might be able to find peer support, either in person or online.

## When to start

It is now recommended that all people with HIV start ART as soon as they can after their diagnosis. There are proven medical benefits of being on ART even if you are feeling well at present.

For some people, this might mean starting medication straight away. You may be offered treatment on the same day as your diagnosis. For other people it may be a little later, once they have had time to let the news 'sink in', find some support or do some research. You should not feel pressurised to start medication before you are ready. Your healthcare team should help you assess your readiness to take ART. This will involve discussing your current situation. There may be some issues that might make it difficult for you to start ART. Tell your HIV healthcare team about these. It is best to be open and honest. Your HIV healthcare team may be able to offer help, or suggest where you can get help, to address any issues that may prevent you from starting ART.

Your doctor may want to conduct some further tests before recommending the best treatment for you. In some circumstances, other medical issues may need to be treated before you start ART. But if you are already ill because of HIV, it is even more important that you start ART as soon as it is offered to you. In most cases, treating your HIV with ART as soon as possible will have a significant beneficial impact on any other health conditions that you may have.

Another reason to start ART as soon as you are diagnosed is that you cannot pass on HIV to sexual partners if you are on effective ART. If you are pregnant or planning to have a child, being on effective ART greatly

reduces the risk to your child. There is further information about HIV and pregnancy in separate BHIVA guidelines: <https://www.bhiva.org/pregnancy-guidelines>.

ART is considered to be effective when the amount of virus in your blood reaches very low levels. This is called viral suppression, and your viral load (the amount of virus in your blood) is then said to be undetectable. The time taken to become undetectable depends on a number of factors, including how high your viral load was when you started ART, and the type of HIV medicine you are taking. With modern HIV medicines, your viral load should be low or undetectable after 1 month on treatment and it is unusual for it to take longer than 3 months. Once you have started taking ART, you should continue to take it as prescribed. Stopping and starting ART is not recommended. Stopping ART, or not taking it every day as prescribed, will mean that the HIV will start to reproduce again, and your viral load will no longer be undetectable. This may lead to a poorer health outcome for you and will also mean that you may be able to pass on HIV to any sexual partners. It may also mean that you might develop resistance to the HIV drugs used, which could limit your treatment options in the future.

## What to start

Many studies have investigated the effectiveness of different HIV drugs. A new HIV drug is compared to existing drugs to make sure it is safe and effective at controlling the virus, and with few side effects. Many different HIV drugs are now available.

Before your HIV healthcare team can recommend which options might be best for you, they will need to assess your situation. For example they might consider:

- How much virus is in your bloodstream (HIV viral load)
- The condition of your immune system (CD4 count)
- What particular type of HIV you have
- If the virus is resistant to any of the HIV drugs
- If you have other infections or illnesses (such as hepatitis B, hepatitis C or TB)
- Your general state of health
- If you are taking any other medications
- If you are being treated for depression or other mental health issues
- If you are, or are you planning to become, pregnant

Your HIV healthcare team should also take into account any work or social factors (for example shift work) that might influence which type of ART is best for you. Based on all these considerations, your HIV healthcare team will then recommend which combination of HIV drugs might be best for you.

For most people, the recommendation should be to start one of the following combinations:

- Tenofovir/emtricitabine (unbranded 'Truvada' or branded Descovy) with dolutegravir (Tivicay) - two tablets, once per day
- Abacavir/lamivudine/dolutegravir (Triumeq) - one tablet per day
- Tenofovir/emtricitabine/bictegravir (Biktarvy) - one tablet per day
- Dolutegravir/lamivudine (Dovato) - one tablet per day

The drugs named above may be supplied under a different brand name but the active constituents are the same. Your HIV doctor or pharmacist can explain this to you.

There are situations in which your doctor might recommend a different combination depending on your personal circumstances (see below: Specific groups).

There may be times when you need to change your HIV drugs, for example you may switch because your current treatment is no longer effective. A change could also be needed for a number of other reasons even if your current medications have reduced your viral load to undetectable. For example, you might change to

drugs with fewer side effects, or you may have another health condition for which you need to take medication that interacts with the HIV drugs you are currently taking. There are usually good alternative options available, and your HIV doctor will advise you about these, if needed.

All current ART is taken as tablets every day, apart from one combination which is injected into the buttocks every 2 months. This option is not available to everyone at the moment. Further information about injectable HIV drugs can be found in the full guidelines. A non-technical summary about injectable HIV drugs can be found at: <https://www.bhiva.org/file/6356671bcbeed/LA-CAB-RPV-for-ART-NTS.pdf>.

## Taking your medication

Taking medication every day is not always easy. In order for your HIV medication to work effectively, you need a high level of adherence. This means taking your medication in the right way every day. If you do not take your medication correctly, there is a risk that it will not be effective in controlling the virus in your body. This may lead to a poorer health outcome for you, and will also mean that you may be able to pass on HIV to any sexual partners. It may also mean that the virus might develop resistance to the HIV drugs used, which could limit your treatment options in the future.

If you regularly miss doses or have concerns about your medication, make sure you tell your HIV healthcare team. You should discuss any difficulties that you have; they are there to listen and help you. Your HIV healthcare team should work with you to make it as easy as possible for you to take your medication. You may be offered support from other people outside the HIV team, for example a pharmacist, dietician or support worker from an HIV support charity.

It is important to tell your doctor if you are taking any other medicines, health supplements or recreational drugs, because these might interact with and affect how your HIV medication works. Your doctor needs to check for such drug interactions. If you want to check for drug interactions yourself, there is a useful tool produced by the University of Liverpool: <https://www.hiv-druginteractions.org/checker>.

Stopping your HIV medication is not recommended, but if you do want to stop or change to a different combination it is important that this is done in the right way. Do not stop or change your HIV medication without talking to your HIV doctor.

## On-going monitoring

After you start taking HIV medication you will have regular check-ups with your HIV doctor. This is called monitoring and will include blood tests and general health checks such as blood pressure and weight. This regular monitoring is important in order to check that your HIV medication is continuing to work effectively. Once you have an undetectable viral load, and are stable and doing well on your treatment, you will have regular monitoring typically every 6–12 months. There are separate BHIVA guidelines on monitoring: <https://www.bhiva.org/monitoring-guidelines>.

You will need more frequent monitoring when you are starting treatment. For most people, their HIV medication works well after 1 month of starting treatment, though it could take up to 3 months in unusual cases. Working well means:

- Your viral load is undetectable. In other words, the amount of virus in your blood is very low
- Your CD4 count (a blood test) shows that your immune system is performing well
- There are no side effects that you cannot manage

If your viral load becomes detectable, a repeat test will be done. Sometimes, this higher viral load may be a 'blip' (a single low but detectable viral load) and nothing to worry about. But if the viral load stays detectable, it may be a sign that the ART is not working as well as it should. Your HIV healthcare team will do some further tests to find out why. They will then talk to you about the best options. These may involve

supporting you if you are struggling to take your medication regularly, or switching to alternative medications. In most cases, a good alternative can be found.

## Specific groups

Following the guidance described above will result in good health outcomes for most people. But there may be 'specific groups' for whom further consideration may be needed:

- If you have memory problems due to HIV
- If you have poor kidney function or liver disease
- If you have a high risk of heart attack or stroke
- If you are concerned about your weight
- If you have severe mental health problems
- If you are under 25 years old or in later life
- If you have thinning of the bones (osteoporosis) or are at a high risk of fractures
- If you identify as transgender

This list does not cover every situation. For example, if you are female your doctor will also take into consideration issues related to women's health, including whether you are taking oral contraception or going through menopause, as some adjustments to your medication may be necessary. Every person with HIV will be assessed and treated according to their specific needs by their HIV healthcare team.

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## Glossary

**Antiretroviral therapy (ART):** medication taken to keep the virus under control in your blood.

**CD4 count:** the number of a specific type of white cell in the blood. It is a measure of how well your immune system is performing.

**HIV viral load:** the amount of HIV in your blood.

**Undetectable HIV viral load:** laboratory tests cannot detect any HIV in the blood below a certain level. This level can vary between different brands of test but is usually below 20 or 50 (copies/mL).

**Resistance test:** a test to help predict which treatments should be effective in keeping your HIV viral load undetectable.

**Hepatitis B and C:** viral infections that affect the liver. They can be transmitted through contact with body fluids, such as blood, saliva and urine, and can be passed from mother to child.

## Further information and support

Community organisations in the UK that produce information and resources about HIV treatment include HIV i-base (<https://www.i-base.info>), Terrence Higgins Trust (<https://www.tht.org.uk>) and NAM (<https://www.aidsmap.com>).

Further information from HIV i-base about ART can be found at: <https://i-base.info/guides/starting>; <https://i-base.info/guides/art-in-pictures>; and <https://i-base.info/guides/category/arvs>.

## About BHIVA

BHIVA is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines. Information about how BHIVA guidelines are developed can be found at: <https://www.bhiva.org/clinicalguidelines>.