

Summary of BHIVA guidelines HIV treatment for adults: Stopping treatment

BHIVA (the British HIV Association) is an organisation that represents healthcare professionals working in HIV in the UK. Its [guidelines](#) set out the medical and other care people living with HIV can expect to receive in the UK. You can find out more about the process used to develop the guidelines here: [How BHIVA guidelines are developed](#).

BHIVA's guidelines, [Treatment of HIV-1 positive adults with antiretroviral therapy \(2012\)](#), set out evidence-based clinical practice for treating and managing HIV in adults through the use of antiretroviral therapy (ART, or HIV treatment). HIV clinic staff, following recommendations in these guidelines, will be providing the best possible treatment and care to their patients, taking into account individuals' situations as well as what is known about the most effective treatments.

- This symbol identifies a strong BHIVA recommendation for treatment or care.
- This symbol identifies treatment or care that BHIVA suggests is appropriate: a recommendation with weaker evidence or some conditions attached.

GPP identifies a 'good practice point' – a recommendation drawn from everyday clinical experience rather than research-based evidence.

This factsheet summarises the recommendations relating to stopping HIV treatment once you have started on an HIV treatment regimen.

Can you stop HIV treatment?

● You *should not* stop HIV treatment once you have started treatment, are stable on treatment, and have an undetectable viral load. Having a break from HIV treatment is often described as a 'treatment interruption'.

● You should not undertake 'intermittent therapy'.

This is an experimental approach to HIV treatment that has been tried out in some clinical trials. Participants stopped and started HIV treatment according to their CD4 count; results from these trials showed that continuous HIV treatment is more effective than CD4-guided treatment breaks and that people taking intermittent treatment were at least twice as likely to become ill.

The guidelines recognise that on occasion you may miss a day or two of your anti-HIV drugs.

○ This sort of interruption can be managed and is unlikely to mean that you will do less well on treatment.

There are some situations where it can be appropriate or necessary for someone to stop taking HIV treatment for a longer period.

After having a baby

Being on effective HIV treatment during pregnancy is an important part of [preventing HIV from being passed on to your baby during pregnancy or birth](#). If you have started HIV treatment during a pregnancy, but you don't yet need HIV treatment for your own health (i.e. your CD4 count is above the threshold for starting treatment), you may be able to stop treatment after your baby is born.

HIV treatment during pregnancy is covered in another set of guidelines: the [BHIVA guidelines for the management of HIV infection in pregnant women 2012](#).

After taking treatment during primary infection

If you started HIV treatment during the period of [primary infection](#), you may, in some situations, take only a short course of HIV treatment and then stop treatment for some time. Find out about starting HIV treatment during primary infection in [Factsheet 1: Starting treatment](#).

To deal with other health problems

If you develop very serious side-effects as a result of taking anti-HIV drugs, you may need to come off HIV treatment for a period in order to allow your body to recover from the effect of the

drug(s). The risk of this is increased if you are also being treated for tuberculosis (TB), or if you have a pre-existing problem with your liver, such as having hepatitis B or hepatitis C.

Very rarely, if you are experiencing serious psychological difficulties, you may need to have a break from HIV treatment. The guidelines recognise that your emotional or mental wellbeing can affect your ability to take anti-HIV drugs as prescribed (often called [adherence](#)).

There may be situations where the benefit of being on HIV treatment is outweighed by the side-effects of treatment or the risk of problems caused by poor adherence. BHIVA recognises in these guidelines that sometimes someone will choose to come off HIV treatment. However, the guidance emphasises that its recommendation is that, once you have started on treatment, you should continue.

How to stop treatment

Pharmacological factors (that is, factors relating to how each anti-HIV drug works in the body) need to be taken into account if you are coming off HIV treatment.

Drugs are processed by the body at different rates, which means the body clears them from the blood at differing speeds. With some anti-HIV drug combinations, stopping all HIV treatment at the same time can mean that there are some drugs left in the body while others are no longer present. The lowered drug levels allow HIV to start reproducing again, which can cause [resistance](#) to develop – the new HIV may be resistant to some anti-HIV drugs.

Resistance can have serious consequences for your future options for treatment. You should only stop treatment while following a doctor's advice.

● If you take HIV treatment that includes a [non-nucleoside reverse transcriptase inhibitor](#) (NNRTI, such as efavirenz or nevirapine) plus a [nucleoside reverse transcriptase inhibitor](#) (NRTI, such as abacavir or FTC), the guidelines recommend that you replace all your current anti-HIV drugs with a protease inhibitor, [Kaletra](#). (This is lopinavir and ritonavir in a single tablet.)

Take this new drug for four weeks, before stopping anti-HIV drugs completely.

● If you are on a regimen already containing a [protease inhibitor](#), you can stop all your anti-HIV drugs at the same time, without any need to take another drug for a short period.

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This patient-friendly version is based on information contained in the BHIVA guidelines *Treatment of HIV-1 positive adults with antiretroviral therapy (2012)*, 13 (Suppl. 2), 1–85, which were produced using the NICE-accredited process.

The full version of the guidelines is available to download from the BHIVA website at: www.bhiva.org/TreatmentofHIV1_2012.aspx

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