

Summary of BHIVA guidelines HIV treatment for adults:

Starting treatment when you have another health condition

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.

When you start HIV treatment, and what that treatment is, can be different to the standard recommendations if you also have other health problems. This factsheet summarises the recommendations relating to starting HIV treatment for people with some of the more common health conditions affecting people with HIV.

Treatment choices are different if you are pregnant. This situation is covered in BHIVA's pregnancy guidelines described here: [Factsheet 5: HIV treatment for pregnant women – HIV treatment](#).

Find out about the guidelines' standard recommendations for starting treatment in [Factsheet 1: Starting treatment](#). Factsheet 1 sets out the anti-HIV drugs recommended for use when first starting HIV treatment, as well as advice about [adherence](#), [drug interactions](#) and [side-effects](#). It also talks about the ways in which you should be involved in making decisions about your treatment.

When to start treatment

People who have had HIV for more than six months have 'chronic HIV infection'.

- If you have chronic HIV infection, you should start HIV treatment if your [CD4 cell count](#) is at or less than 350.
- If your CD4 cell count is getting close to 350, it's important not to delay starting treatment.
- You should start HIV treatment, whatever your CD4 cell count, if:
 - you have been diagnosed with another illness known to be related to having HIV, including AIDS-defining conditions, such as tuberculosis, HIV-related nephropathy (kidney disease) or HIV-related neurocognitive (brain) illnesses.
 - you are on radiotherapy or chemotherapy that will suppress your immune system.
- If you have had an [AIDS-defining infection](#) (such as pneumonia), or you have a low CD4 cell count (less than 200) and have had a serious bacterial infection, you should start HIV treatment two weeks after starting antibiotic treatment for the infection.

For people with certain health conditions, there are some differences in the guidelines' recommendations on when to start HIV treatment, or how it might be managed.

If you have a co-infection

Tuberculosis (TB)

[Tuberculosis](#) (TB) is a common co-infection in people with HIV. BHIVA has developed guidelines on the [Treatment of TB/HIV coinfection \(2011\)](#), which set out in detail how doctors should manage the treatment of both HIV and TB.

TB can be cured, but TB treatment has side-effects and can be difficult to take. The recommendation on when to start HIV treatment, if you are also starting TB treatment, will depend on what your CD4 cell count is.

● If your CD4 cell count is under 100, start HIV treatment as soon as practical, usually within two weeks of starting treatment for TB.

● If your CD4 cell count is between 100 and 350, start HIV treatment as soon as practical. The guidelines recognise that it may take some time to settle in to treatment for TB, especially if you are having problems with drug interactions, adherence or side-effects. If this is the case, the guidelines suggest starting HIV treatment once you have completed two months' TB treatment.

● If your CD4 cell count is above 350, you and your doctor should make a decision about the best time for you to start HIV treatment, based on your particular situation.

Hepatitis

[Hepatitis B and hepatitis C](#) are common co-infections in people with HIV. BHIVA has developed guidelines on the [Management of co-infection with HIV-1 and hepatitis B or C virus \(2010\)](#), which set out in detail how doctors should manage the treatment of HIV and hepatitis.

● If you have **hepatitis B**, start HIV treatment when your CD4 cell count falls below 500.

○ If you also need to start treatment for hepatitis B, start HIV treatment even if your CD4 cell count is above 500.

● Wherever possible, start an HIV treatment regimen that includes [tenofovir](#) (*Viread*) and [FTC](#) (emtricitabine, *Emtriva*). These drugs work against hepatitis B as well as against HIV.

GPP If you have both HIV and **hepatitis C**, you should be assessed to see if you would benefit from starting hepatitis C treatment now.

● If you and your doctor decide you will start hepatitis C treatment now, and your CD4 cell count is between 350 and 500, start hepatitis C treatment first, then start HIV treatment.

● If your CD4 cell count is between 350 and 500 and you don't yet need treatment for hepatitis C, start HIV treatment.

● If your CD4 cell count is under 350, start HIV treatment before starting hepatitis C treatment.

GPP A number of anti-HIV drugs have interactions with drugs used to treat hepatitis C. The choice of anti-HIV drugs you take should be made with these possible interactions in mind.

If you have another health condition

Effective HIV treatment has reduced the risk of developing many serious HIV-related health problems for many people. However, they still occur, and other, non-HIV-related conditions can also develop. Some of these will affect the timing or choice of HIV treatment.

Cancer

- Start HIV treatment straightaway, whatever your CD4 cell count, if you also have:
 - [Kaposi's sarcoma](#) (KS).

- [non-Hodgkin lymphoma](#).
- [cervical cancer](#), especially if you are starting chemotherapy or radiotherapy treatment.

These are all AIDS-defining illnesses.

- Start treatment immediately if you have been diagnosed with an AIDS-defining condition.
- If you have a non-AIDS defining [cancer](#), start HIV treatment immediately, especially if you are starting chemotherapy or radiotherapy treatment. This is because these treatments are known to suppress the [immune system](#).

GPP BHIVA emphasises the importance of checking possible drug interactions between anti-HIV drugs and any anti-cancer treatments.

- The anti-HIV drug [ritonavir](#) (*Norvir*) interacts with some chemotherapy drugs. This might mean your HIV treatment will be changed to avoid this.
- Anti-HIV drugs that cause similar side-effects to chemotherapy drugs should be avoided, as this will increase the chances of these side-effects developing.

HIV-related neurocognitive impairment

Serious HIV-related neurocognitive illnesses (those that affect brain function) are now rare in the UK. Less serious neurocognitive changes are more common, but not everyone will have noticeable symptoms as a result.

- If you have an HIV-associated neurocognitive disorder – and you have symptoms as a result – start HIV treatment straightaway, whatever your CD4 cell count.
- In this situation, start a standard treatment combination (see *What anti-HIV drugs will you start with?* in [Factsheet 1: Starting treatment](#)).

GPP If you start a standard treatment combination, and

your neurocognitive condition doesn't get better (or gets worse), BHIVA guidelines set out how this situation should be managed. This will include checking to see if your symptoms could be caused by another condition, which may not be related to HIV, and doing more detailed tests to look at HIV present in the cerebrospinal fluid (the fluid around the brain and spine). The results of these tests might help your doctor decide on a new treatment combination.

Chronic kidney disease

- If you have [kidney disease](#) caused by HIV (also known as HIV-associated nephropathy or HIVAN), start HIV treatment straightaway, whatever your CD4 cell count.
- If you have end-stage kidney disease, and would be considered suitable for a kidney transplant, start HIV treatment straightaway, whatever your CD4 cell count.

GPP Anti-HIV drugs that are linked to the risk of kidney damage should be avoided in your treatment combinations if you have moderate or severe kidney disease, if there is a suitable alternative.

GPP Doctors should consider adjusting the dose of any anti-HIV drugs cleared by the kidneys for people with reduced kidney function.

Cardiovascular disease

The risk of cardiovascular ([heart](#)) disease is increased in people with HIV. There are a number of causes for this, including traditional risk factors such as smoking and the effects of untreated HIV, but some research links it to the [side-effects](#) of some anti-HIV drugs.

- If you already have cardiovascular disease, or are at high risk for it, avoid [abacavir](#) (*Ziagen*), [fosamprenavir](#) (*Telzir*) boosted with [ritonavir](#), and [Kaletra](#) (lopinavir/ritonavir), if acceptable alternative anti-HIV drugs are available.

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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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