HIV Treatments ANSWERS

Question 1

b *It is estimated that a person's life expectancy is doubled if they follow HIV drug treatments. Before effective HIV drug treatment it was said a person could expect to develop AIDS in 10 years.*

Life expectancy

HIV drug combinations have cut AIDS deaths by more than 80% and extended patient life by at least a decade. "Nine out of 10 people could expect to live for 10 years regardless of the age at which they became infected," said Kholoud Porter, of the Medical Research Council. "We haven't reached the medium yet so it could be 17 or 20 years — we can't really say at the moment."

Before combination drug therapy, only about half of people infected faced a life expectancy of up to 10 years. Those odds worsened with patients over 40.

Combination drug therapy is still scarce in poor countries, however, and the U.N. Joint Program on HIV/AIDS estimates that 4.1 million people in Africa desperately need the treatments.

From: *HIV "Cocktails" Shown To Boost Life Expectancy By 10 Years*, Friday, October 17, 2003, available at http://www.unwire.org/UNWire/20031017/449_9545.asp

Question 2

b *As unpleasant as it sounds, continual testing and observation can dramatically affect a person's health. In a good way! With HIV the immune system starts to break down straight away. So, testing for any signs of illness in the blood before they show up means people can prevent serious infections and prevent further damage to the immune system.*

As soon as you test positive, the first thing to do is find the most experienced HIV specialist you can. To do this, ask for referrals at your closest AIDS organisation. Your doctor will take at least two blood tests:

• a viral load test to see how much HIV is in your bloodstream, and
• a T-cell test, also known as a CD4 count, which tests how strong your immune system is.

Based on the test results, you and your doctor will have a clear picture of how HIV has progressed and when you should start taking HIV medications.

Generally, every three to six months you should visit your doctor to find out if the HIV is progressing. The goals of treatment are to:

• Preserve and restore your immune system.
• Maintain a viral load as low as possible.
• Minimize side effects.
• Prolong your life and maintain your quality of life.

From: The Body: *HIV Medications, When to Start and What to Take, A Roadmap to Success*, September 2003, available at http://www.thebody.com/hivmed/hivmed01.html

Question 3

a *Only 5% of the world population can get HIV drug treatment. Ninety-five percent of people living with HIV live in developing countries where there is almost no access to treatments. Even in the developed world, access to treatments is uneven. Chile, for example, runs a lottery to decide who gets treatments. Drug costs vary widely.*

Since 2000, essential AIDS medicines have become more affordable through international competition. AIDS therapy now costs as little as US$295 per patient per year compared to US$10 000 one year ago. What is needed now is a political will to deliver these medicines and care to the millions who need it. Developing countries will need the financial support of wealthy countries to implement meaningful treatment programmes.

Some AIDS facts:

- AIDS cripples the economic development of entire countries, because it often strikes people during their most productive working years.
- The disease has orphaned thirteen million children.
- The high numbers of AIDS patients further strains overburdened health systems.
- AIDS can be slowed with anti-retroviral drugs. This treatment is still not widely available in developing countries.

(*) Source: UNAIDS 2001 statistics
Médecins Sans Frontières (MSF)
Available at http://www.accessmed-msf.org/prod/viewalldetails.asp?catid=1&subcatid=172

Question 4

b *No. HIV drugs are very toxic and cause severe side effects like heart damage and kidney failure. So a person may be able to take them for a long time, but then the side effects of the drug can cause life threatening illnesses. Consequently new drug treatments will be tried.*

How HIV treatment drugs

The drugs control the virus by stopping it from making copies of itself inside the cells of the body. Generally, the virus gets into a body cell and starts to make copies of itself, which then spread out of that cell and into another. Drug treatments interfere with the chemicals that the virus uses to make these copies. The virus can become resistant to the drugs, which means that they won't work as well. The treatment may then have to be changed to a different combination of drugs.

People taking drug treatment for HIV will probably need to take it for the rest of their lives. Stopping drug treatment, even for short periods of time, can cause the virus to become resistant to those drugs. A lot of research is being done in this area, to see if people with HIV will be able to take short breaks from treatment without harmful effects. This may be possible in the future; however, at the moment, it is not recommended.

From: Project Inform, *Anti-HIV Therapy Strategies - Information to consider when deciding to use therapy*, available at http://www.projinf.org/fs/avstrategies.html

Question 5

g *All of the above. HIV drug treatments can cause side effects – but there are also treatments for those side effects. It is important to find out before you start a new drug what the side effects might be, and how to help them. It is also important to tell your doctor if you get any side effects, as you may be able to change your medication.*

HIV drug side effects

Medications are prescribed for a specific purpose, such as to control HIV. Anything else the drug does is a side effect. Some side effects are mild, like a slight headache. Others, like liver damage, can be severe and, in rare cases, fatal. Some last for just a few days, but others might continue as long as you take a medication, or even after you stop.

Most people taking anti-HIV medications have some side effects. In general, higher amounts of drugs cause more side effects. Each medication comes with information on its most common side effects. Don't assume that you will get every side effect! Some people have only minor side effects when they take their HIV medications.

The most common side effects of HIV medications are nausea, fatigue and diarrhea. Not everyone will experience these side effects, but knowing more about them will make them easier to manage if they do arise.

From: *New Mexico AIDS InfoNet Fact Sheet Number 550: Side Effects,* April 29, 2004

Available at http://www.aidsinfonet.org/articles.php?articleID=550

Question 6

a *Yes. Not enough research has been done with women and the effects of medications but differences have been reported.*

Side effects specific to women include:

- Menstrual irregularities, like amenorrhea (no menstrual periods), polymenorrhea (periods come too often) and oligomenorrhea (periods don't come often enough).
- Body composition changes: some women complain of breast enlargement or increased abdominal girth that is not very responsive to increased aerobic exercise.
- Sexual function changes: decreased sexual interest, delayed or difficult orgasm (all of these may be secondary to the psychological issues around transmission and safety).

From: *The Doctors Opinion: Interviews with top doctors treating HIV positive women*

Available at http://www.thebody.com/features/women/docop2.html

Question 7

b *This is not an easy decision. Most people do have some time to consider. Once a person has started drug treatments it may mean a lot of changes in their life, and be difficult to stop and start drug treatment too. The decisions to start HIV drug treatments should be based on how much virus is in a person's blood, how many T-cells they have and disease stage.*

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Question 8

b *The reasons why people find it difficult to keep to a medication range are varied, but research has found that the sheer number of pills a person has to take each day can reduce the likelihood of them taking them.*

Why Is Adherence Difficult for Many People With HIV?

HIV treatment regimens are complicated; most involve taking multiple pills each day. Some anti-HIV drugs must be taken on an empty stomach, while others must be taken with meals. This can be difficult for many people, especially for those who are sick or are experiencing HIV symptoms or side effects.

One of the most important things you can do when starting a treatment regimen is to talk with your doctor about your lifestyle, including:

- Your travel, sleep, and eating habits
- Any side effects of medication
- Other medications you are taking

From: *HIV/AIDS Treatment Information Service, Fact Sheet #9 What Is Treatment Adherence?*, May 2004, available at http://www.thebody.com/hivatis/adherence_what.html

Question 9

a *Drug resistance is when HIV changes or mutates so that the medication is not effective anymore. It's one of the most common reasons why HIV therapy fails. This can mean a person needs a higher dose of the same drug or changing to a new HIV medication.*

The primary reason that HIV becomes resistant to treatment is the mistakes that the virus makes as it copies itself. These mutations then cause anti-HIV medications to work less and less well. Therefore, slowing down the copying process is the key to limiting the development of resistance.

Resistance Tests

USA guidelines support the use of drug-resistance testing in these situations:
When viral load becomes detectable (to more than 1,000 copies) while on antiretroviral therapy

When viral load fails to become undetectable within about 16 weeks of starting a new antiretroviral regimen.

In the U.S. not all insurance companies, Medicaid programs, and other third-party payers cover the high costs of resistance tests. This may eventually change. If your viral load is increasing while on therapy, ask your doctor about having an HIV drug-resistance test. If your doctor can prove that it is medically necessary, your third-party payer may agree to cover the cost.

From: *HIV Treatment Series Part Four: Decisions, Decisions: Starting or Switching Anti-HIV Therapy*, by Steve McGuire http://www.thebody.com/tpan/mayjun_03/hiv_decisions.html

Question 10

a *Richer countries have seen a 70% decline in HIV/AIDS deaths. On World AIDS Day 2003, WHO and UNAIDS released a plan to provide anti-HIV treatment to three million people in developing countries by the end of 2005. In poor countries, 6 million people with HIV/AIDS need immediate drug treatment. Less than 8% get it.*

Since the development of anti-HIV drugs, some countries have seen how many less AIDS-related deaths.

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