Infosheet #11 *from the series* ***"For a Better QL of PLWHA!"***

WHEN TO START?

(the **VI** International Congress
"DRUG THERAPY in **HIV INFECTION",**
Glasgow, XI. 2002)

(translated from Latvian)

As most of recent AIDS meetings, this one also **lacked any "breakthrough news**".
Nevertheless, there was some interesting news as well.

Most 40-year-old HIV+ persons on ARV may anticipate near- normal life spans. **People no longer die of HIV infection:**

- unless they didn't start treatment before HAART arrived
- provided there's enough time to start HAART
- provided they have no serious co- morbidities (e.g., liver disease etc.)

(presentation KL3).
Reasons for this progress are better drugs and increased effectiveness of combinations (e.g., more Efavirenz and Lopinovir prescriptions).
For all that, HAART lets one to "live a hard life", as the EATG speaker Arjen concluded.

Discussion on **when to start** goes on, the most popular being current U.S.A guidelines for patients without AIDS:

- If CD4<200→start
- If 200<CD4<350 and VL>20.000→start
  VL<20.000→defer
- If CD>350 and VL>60.000→start
  VL<60.000→defer.

Concerning the **amount of drugs**, B. Gazzard (Chelsea hosp., London) sees "no evidence at all that we should be using more than 3 drugs".
So, the potency matters more than mere numbers.

Lipodistrophy is still a problem. Several clinical studies have shown that a switch from d4T to AZT slowly reverses peripheral fat atrophy.

Reduced toxicities in some regimens may be achieved by **lowering doses**. In several studies replacing the usual Indinavir/Ritonavir 800/100 mg twice daily dose by 600/100 or even 400/100 mg doses resulted in less side- effects at stable undetectable VL. Prerequisite for low- dose Indinavir/Ritonavir regimen are routine drug level checks, at least in the early months (dr. Cl. Duvivier, Paris).

Yet, resource- limited regions have to find other ways. So an NGO BOSS & CIPCA in India (its members being doctors and blood donors) since 1993 has been daily providing 1057 local PWAs with mono- therapy (AZT) and a

special package comprising of: multi vitamin capsule, essential amino acids capsule, 2 eggs, ½ l milk, 1 raw lemon with 2 spoonfuls of honey, 1 fruit, 200 ml of ragimalt, 200 g of curds and 200 g of vegetables. 958 PWA on this 1500$/yearly regimen are experiencing a prolonged (>9 years) life- span (those 99 who discontinued it, died within 3- 4 years) (abstr. P304).

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