Starting Anti-HIV Medications

I am HIV positive. Do I need to take anti-HIV medications?

You do not necessarily need to take anti-HIV (also called **antiretroviral**) medications just because you are HIV positive. You and your doctor will determine the best time to start treatment. When to take anti-HIV medications depends on your overall health, the amount of virus in your blood (**viral load**), and how well your immune system is working.

How will I know when to start anti-HIV medications?

You and your doctor should consider three factors in deciding when to start treatment: 1) symptoms of advanced HIV disease, 2) viral load, and 3) **CD4 count**.

You should start treatment if:

- you are experiencing severe symptoms of HIV infection or have been diagnosed with **AIDS**
- your viral load is 100,000 copies/mL or more
- your CD4 count is 200 cells/mm^3 or less

You may also consider starting treatment if your CD4 count is between 200 and 350 cells/mm^3; this is something you should discuss with your doctor.

If anti-HIV medications can help me stay healthy, why wait to start treatment?

Once you begin treatment, you may need to continue taking anti-HIV medications for the rest of your life. Although newer anti-HIV medications are easier to take, starting treatment usually means a significant adjustment in your lifestyle. Some anti-HIV medications need to be taken several times a day at specific times and may require a change in meals and mealtimes.

In addition to their desired effects, anti-HIV medications may have negative side effects, some of which are serious. If the virus is not suppressed completely, **drug resistance** can develop. Side effects and drug resistance may limit your future treatment options.

Terms Used in This Fact Sheet:

AIDS: *Acquired Immune Deficiency Syndrome. AIDS is the most severe form of HIV infection. HIV infected patients are diagnosed with AIDS when their CD4 cell count falls below 200 cells/mm^3 or if they develop an AIDS-defining illness (an illness that is very unusual in someone who is not HIV positive).*

Antiretroviral: *a medication that interferes with replication of retroviruses. HIV is a retrovirus.*

CD4 count: *CD4 cells, also called T cells or CD4$^+$ T cells, are white blood cells that fight infection. HIV destroys CD4 cells, making it harder for your body to fight infections. A CD4 count is the number of CD4 cells in a sample of blood.*

Drug resistance: *HIV can mutate (change form) while a person is taking anti-HIV medication. This may result in HIV that cannot be controlled with certain medications.*

Viral load: *the amount of HIV in a sample of blood.*

What treatment is right for me?

There are 20 anti-HIV medications approved by the U.S. Food and Drug Administration (FDA) for adults and adolescents. The U.S. Department of Health and Human Services (DHHS) provides HIV treatment guidelines to doctors and patients. These guidelines recommend that you take a combination of three or more medications in a regimen called **H**ighly **A**ctive **A**nti**r**etroviral **T**herapy (HAART). The guidelines list "preferred" HAART regimens. However, your regimen should be tailored to your needs. Factors to consider in selecting a treatment regimen include:

- number of pills
- how often the pills must be taken
- if pills can be taken with or without food
- how the medications interact with one another
- other medications you take
- other diseases or conditions
- pregnancy

For more information:

Contact your doctor or an *AIDSinfo* Health Information Specialist at 1–800–448–0440 or **http://aidsinfo.nih.gov**.

This information is based on the U.S. Department of Health and Human Services' *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents* (available at **http://aidsinfo.nih.gov**).

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