

Changing an HIV Treatment Regimen

Will my HIV treatment regimen ever change?

An effective treatment **regimen** prevents HIV from making copies of itself. If the anti-HIV medications you take aren't controlling the virus, you may need to adjust or change your regimen. However, before changing regimens, it's important to understand why your treatment regimen is not working effectively.

Why do treatment regimens fail?

HIV treatment regimens can fail for a variety of reasons, including:

- Side effects from anti-HIV medications
Unpleasant side effects, such as fatigue, nausea, and diarrhea, can make **treatment adherence** difficult. Severe side effects make it impossible to safely follow a regimen.
- Poor absorption of anti-HIV medications
To work effectively, anti-HIV medications must be absorbed by the body.
- Drug interactions
Drug interactions between anti-HIV medications and other medications can increase the risk of side effects. Drug interactions can also reduce the effectiveness of anti-HIV medications. (Anti-HIV medications can also have the same effects on other medications.)
- Drug resistance
Drug resistance occurs when HIV mutates (changes form), causing one or more medications in a regimen to be ineffective.
- Poor treatment adherence
Skipping medications gives HIV the chance to multiply, increasing a person's **viral load**. Poor adherence also increases the risk of drug resistance.

Your health care provider will do many things to help prevent treatment failure. For example, your health care provider will monitor you closely for side effects and drug interactions. **Drug-resistance testing** will help your health care provider determine which anti-HIV medications will and will not be effective against your strain of HIV. And to make adherence easier, your health care provider can simplify your regimen so that you take fewer pills (or take them less often during the day).

If my treatment regimen fails, how will my health care provider select a new regimen?

Sometimes adjusting medications to avoid side effects or

drug interactions or taking steps to improve adherence is not enough; your treatment regimen may still fail. A change in regimen may be necessary. However, before changing your regimen, your health care provider will order tests to confirm that your regimen is not effective (**CD4 count**, viral load test, and drug-resistance testing).

In general, your new treatment regimen should include two or more medications from two or more **drug classes**. To select new medications, you and your health care provider will review your medication history, past side effects from medications, and results of drug-resistance testing. Your health care provider may recommend a regimen that includes anti-HIV medications you have never taken before.

If you have already taken many of the FDA-approved anti-HIV medications, your health care provider may recommend a new medication currently being studied. You may be eligible to take part in a research study (**clinical trial**) using the new medication. Ask your health care provider about partici-

Terms Used in This Fact Sheet:

CD4 count: The number of CD4 cells in a sample of blood. A CD4 count measures how well the immune system is working.

Clinical trial: A type of research study that tests how well medical treatments work in people.

Drug class: A group of medications that work in the same way.

Drug interaction: A change in how a drug works when taken with another drug (drug-drug interaction) or with a specific food (food-drug interaction).

Drug resistance: When HIV mutates (changes form), causing one or more anti-HIV medications to be ineffective.

Drug-resistance testing: Testing to identify which anti-HIV medications will or will not be effective against a person's specific strain of HIV. Drug-resistance testing is done using a sample of blood.

Regimen: A combination of three or more anti-HIV medications from at least two different drug classes.

Treatment adherence: Closely following an HIV treatment regimen—taking the correct dose of each anti-HIV medication at the correct time and exactly as prescribed.

Viral load: The amount of HIV in the blood. One of the goals of antiretroviral therapy is to reduce viral load.

pating in a clinical trial or visit the Clinical Trials section of the *AIDSinfo* Web site at <http://aidsinfo.nih.gov/clinicaltrials>.

How can I give my new regimen the best chance of success?

Before starting your new regimen, talk to your health care provider about things that can make adherence difficult, including:

- Possible side effects of the new medication.
- Lifestyle or personal issues that may prevent you from taking your medications as directed

Make a commitment to keep your medical appointments and adhere to your new regimen. Taking your anti-HIV medications every day as prescribed will give your new regimen the best chance to succeed. (See the [Treatment Adherence](#) and [Following an HIV Treatment Regimen](#) fact sheets.)

For more information:

Contact an *AIDSinfo* health information specialist at 1-800-448-0440 or visit <http://aidsinfo.nih.gov>. See your health care provider for medical advice.