

DHHS new ART recommendations

Recently issued new federal HIV guidelines for antiretroviral agents Include the following recommendations for initiating antiretroviral therapy in treatment-naïve patients:

- Antiretroviral therapy should be initiated in all patients with a history of an AIDS-defining illness or with a CD4 count less than 350 cells/mm³ (AI).
- Antiretroviral therapy should also be initiated, regardless of CD4 count, in patients with the following conditions: pregnancy (AI), HIV-associated nephropathy (AII), and hepatitis B virus (HBV) coinfection when treatment of HBV is indicated (AIII).
- Antiretroviral therapy is recommended for patients with CD4 counts between 350 and 500 cells/mm³. The Panel was divided on the strength of this recommendation: 55% voted for strong recommendation (A) and 45% voted for moderate recommendation (B) (A/B-II).
- For patients with CD4 counts greater than 500 cells/mm³, the Panel was evenly divided: 50% favor starting antiretroviral therapy at this stage of HIV disease (B); 50% view initiating therapy at this stage as optional (C) (B/C- III).
- Patients initiating antiretroviral therapy should be willing and able to commit to lifelong treatment and should understand the benefits and risks of therapy and the importance of adherence (AIII). Patients may choose to postpone therapy, and providers, on a case-by-case basis, may elect to defer therapy based on clinical and/or psychosocial factors.

Rating of Recommendations: A = Strong; B = Moderate; C = Optional

Rating of Evidence: I = data from randomized controlled trials; II = data from well-designed nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = expert opinion.