

Factsheet Starting HIV treatment

Key points

- It's better to start HIV treatment sooner, rather than later.
- Treatment will reduce the risk of HIV transmission, prevent illnesses and extend your life.
- A range of different antiretroviral drugs are available.



Everyone who has diagnosed HIV is recommended to take HIV treatment. It is better for your health to begin HIV treatment sooner, rather than later.

Anti-HIV drugs work by lowering the amount of HIV in the blood (**viral load**). The aim of HIV treatment is an undetectable viral load. This means that the amount of HIV in a blood sample is so low that it cannot be detected using a standard test. Reducing the amount of HIV in your blood allows your immune system (measured by your **CD4 cell count**) to strengthen. The higher your CD4 cell count, the lower your risk of becoming ill because of HIV (and possibly some other serious illnesses as well).

You should discuss with **your doctor** the best time for you to start HIV treatment. There are a number of factors you might want to consider, including:

- The benefits of starting treatment now.
- The potential risks if you delay starting treatment.
- Are you ready to start treatment now?
- Are there other factors in your life that affect your ability to start taking HIV treatment?

There may be other things which are relevant to your treatment and care and you may have other questions. It's a good idea to take some time to think about these before you go to an appointment at your clinic. To help you prepare for these conversations with your doctor, we have put together an online tool called Talking points. You can find it at www.aidsmap.com/talking-points.

When to start treatment

Until recently, doctors weren't sure of the best time to start HIV treatment. However in 2015 a large, well-conducted study demonstrated that there are advantages to starting treatment as soon as possible, with high CD4 cell counts. The study clearly demonstrated that starting HIV treatment earlier reduces the risk of serious illnesses, AIDS and death. While people sometimes worry about the side-effects of anti-HIV drugs, the study also showed that people who began HIV treatment earlier had a better quality of life than people who waited.

Other large studies have shown that taking treatment and having an undetectable viral load dramatically reduces the risk of HIV transmission.

And other research has shown that with HIV treatment many people living with HIV can have a more or less normal lifespan.

Because of this, HIV treatment guidelines, both in the UK and elsewhere in the world, now recommend that all people with HIV should take HIV treatment, regardless of their CD4 count.

If your CD4 cell count is below 200, it is especially important that you begin HIV treatment as soon as possible. The lower your CD4 cell count, the greater the risk of HIV making you ill. But even at higher CD4 cell counts, above 500, treatment you take now will protect your health, both now and in the future.

It's important to feel ready for the commitment of taking HIV treatment, but when you do feel ready, there's no reason to delay.

Which anti-HIV drugs to start with

Standard treatment for people starting HIV treatment for the first time is a combination of three different drugs. Anti-HIV drugs belong to different classes depending on the way they work against HIV. The main classes of anti-HIV drug are nucleoside reverse transcriptase inhibitors (NRTIs), non-nucleoside reverse transcriptase inhibitors (NNRTIs), boosted protease inhibitors and integrase inhibitors.

The recommended combination of anti-HIV drugs for people taking HIV for the first time is two NRTIs and one drug from another class. The preferred NRTIs are tenofovir (*Viread*) and emtricitabine (FTC, *Emtriva*) or lamivudine (3TC, *Epivir*) and abacavir (*Ziagen*). Tenofovir and emtricitabine come in a combined pill called *Truvada*. Lamivudine and abacavir come in the combination pill *Kivexa*.

The preferred third drugs are atazanavir (boosted with ritonavir), darunavir (boosted with ritonavir), dolutegravir, elvitegravir (boosted with cobicistat), raltegravir or rilpivirine. An alternative third drug is efavirenz.

Before taking *Kivexa* you need to have a blood test to make sure that you are not allergic

to abacavir. *Kivexa* might not be a good choice if you have a risk of [heart](#) disease. And tenofovir might not be a good choice if you have [kidney](#) problems.

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If you are thinking about [having a baby](#) then nevirapine (*Viramune*) is recommended. But women are advised not to start taking nevirapine if their [CD4 cell count](#) is above 250 because of a risk of serious [side-effects](#). Zidovudine and lamivudine (*Combivir*) are recommended as the other two drugs for women considering pregnancy. These three drugs are recommended during pregnancy because they have been shown to be good at [preventing mother-to-baby transmission of HIV](#).

Find out more

[Taking your HIV treatment](#) Information booklet

[Get set for HIV treatment](#) Online, interactive tool

[Changing treatment due to side-effects](#) Simple factsheet

[An HIV treatment journey](#) Basic leaflet with pictures