

## **VADEMECUM FOR HIV PATIENTS NOT ON ANTIRETOVIRAL THERAPY**

*The aim of this communication is to increase awareness in people with HIV of their state of health and to improve communication between them and their health providers.*

Except under particular conditions (for example co-infection and/or other illnesses), the HIV patient should have periodic check-up (every 3-4 months) and discuss the results of these checkups with his health provider.

### **EVALUATION OF THE STATE OF HEALTH WITH RESPECT TO HIV INFECTION**

The principal examinations are carried out by a normal blood test. The “indicator” tests regarding the state of health of a person with an HIV infection are the following:

- **The absolute CD4 count:** the number of lymphocytes T CD4+ per micro litre of blood.
- **The viral load:** the number of viral particles per millilitre of blood (cp/mL). If the patient is not in treatment, the viral load should not be more than 100,000 *copies*. Higher counts should be evaluated with your health provider.

Less than 200 lymphocytes TCD4+ is considered *serious immunodeficiency*, which is equivalent to AIDS. In this case treatment should be undertaken. Nor should treatment be put off when symptoms are present, regardless of the number of CD4 and the viral load count.

Between 200 and 350 CD4, treatment is highly advised notwithstanding the viral load count. If the count is higher than 350, antiretroviral treatment should be taken into consideration, especially if **the viral load is elevated and the CD4 lymphocytes are diminishing rapidly**. Current indications no longer suggest a top limit of “tranquillity”, but advise that treatment should be initiated when CD4 is lower than 500 and in **diminution**.

When a patient is not in treatment, the viral load is higher than 50 copies/mL. In this case, and in the absence of intercurrent infection, it is suggested that treatment should be begun, regardless of the CD4 count, when the viral load is higher than 100,000 copies/mL.

The link between the absolute CD4 count and viral load is strong, but not absolute. Generally, the more the viral loads increases, the more the CD4 count decreases, since the CD4 are the main targets of the virus in the blood. Consequently, it will be the combination of the two counts that will determine the continuation or the change in treatment. A CD4 count higher than 500 and a viral load lower than 100,00 copies permits the postponement of the beginning of treatment, but it is the trend of the two counts that creates the parameters for medical decisions. Is the CD4 count decreasing? Is the viral load increasing? More frequent **blood tests** as the patient moves away from counts that are normally registered, lead to making better decisions on the course of action to be taken. **The situation may vary: a sudden rapid increase of the viral load or a sudden dramatic drop of the CD4 count may lead to the immediate beginning of treatment or vice versa, when these changes are less dramatic, the situation should be taken into consideration, but not ignored.**

## BEFORE THE BEGINNING OF TREATMENT

It is important to undergo the following blood tests:

- **Resistance test**, to discover whether the viral strain has undergone mutations to exclude the use of present and/or future drugs.
- Generic test of **allele HLA-B\*5701**, to know the possible future **hypersensitivity to abacavir** (in order to include or exclude it from future options).

It is indispensable that the patient, however, begin to understand the importance of being faithful to the treatment (faithfulness: adhering to the schedule for taking the prescribed drugs, and paying attention to the schedule and following the prescribed dietary regulations). Failure to follow the treatment faithfully will immediately favour the onset of resistance to treatment. This is why it is highly important to evaluate the lifestyle of the person at the moment of prescribing a treatment program.

## PERIODIC EVALUATION

Evaluation of the situation through blood tests and/or specific techniques highly important:

- The risk of developing cardiovascular problems.
- The predisposition to developing diabetes.
- The tendency of developing bone disease.
- The study of body type (through *periodic* specific blood tests and measuring devices) in order to monitor the possible onset of lipodystrophy at the time the patient begins treatment and therefore be able to make future comparisons.

Kidney, liver and heart functions make up part of the routine monitoring of the treatment due to the fact that certain drugs interact with these organs. That is why it is highly important to understand the variations connected to the prescribed treatment.

## IT IS GOOD PRACTIC...

- To undertake the principal diagnostic tests for hepatitis (after the basic evaluation through specific markers, and the monitoring of hepatic functioning, in order to furnish the necessary information for understanding possible future infections) and/or syphilis (which should be done at least annually). Attention should also be paid to the genital organs for the presence of vaginal, anal, penile condyloma.
- At the time of medical check-up also check: oral cavity, lungs, the skin, etc.... All of which are necessary to check for the appearance of any possible complications.
- **Conduct a healthy lifestyle: adequate physical activity, a balanced diet and moderation in alcohol consumption and do not smoke.**

*Authors:* Associazione e Fondazione Nadir Onlus - Via Panama n. 88, 00198 Roma, Italy.

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