

HIV: Early treatment recommended CD4-Count is critical

The World Health Organization (WHO) has revised its guidelines for the treatment of infections with the human immunodeficiency virus (HIV): recommended are earlier treatment, the use of more “patient-friendly” antiretroviral drugs and extended treatment with antiretroviral drugs to prevent mother-to-child infection of the disease.

For the first time, treatment with antiretroviral drugs is also recommended while breastfeeding.



While 2006 guidelines recommend starting antiretroviral therapy when the CD4 cell count falls below 200/mm³, current guidelines call for treatment with a CD4 cell count below 350/mm³. The new guidelines were based on several studies that had shown that an earlier start of treatment could reduce the morbidity and mortality in HIV-infected persons. The new recommendations apply specifically to HIV-infected persons who have not yet displayed symptoms, and to pregnant women.

The WHO also calls for the elimination of treatment with stavudine (d4T) due to its known long-term, irreversible adverse side effects (neuropathy, lipoatrophy). The use of stavudine is avoided in industrialized countries. In developing countries, however, it remains popular due to its low price and effectiveness. The WHO recommends that countries where stavudine is still in use switch to zidovudine (AZT) or tenofovir (TDF), which are less toxic but equivalent in their efficacy.

The revised guidelines also emphasize the importance of more frequent laboratory controls in improving therapy quality: CD4 values and viral load should be tested more often under the new guidelines. However, no one should be refused antiretroviral therapy in cases where controls are not possible. In the 2006 guidelines, the WHO recommended antiretroviral treatment for HIV-infected women only in the third trimester of pregnancy to prevent mother-to-child infection. Treatment during the breastfeeding period was not recommended at the time because its protective effect was unclear.

The WHO now sees sufficient evidence for such a protective effect. The new guidelines recommend antiretroviral treatment starting in the 14th week of pregnancy and continuing until the end of the breastfeeding period. Mothers should if possible breastfeed their babies for 12 months, provided that mother or child have a sufficient supply of medication. The risk of a mother-to-child-infection is thus reduced and the survival chances of the child improved.

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