African Study Bolsters Argument to Begin HIV Therapy Early

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While many current international guidelines advise beginning antiretroviral (ARV) therapy when CD4 counts are in the 200 to 350 range, a new African study has shown that there is significantly higher risk of death for those who start therapy with a CD4 count below 500, aidsmap reports. Published in BMC Infectious Diseases, the randomized controlled trial followed 3,295 serodiscordant couples enrolled in the Partners in Prevention study in Africa, in 14 sites across seven sub-Saharan African countries, for up to two years. All HIV-positive participants began with a CD4 count of 250 or higher and were given ARV treatment according to local protocol.

The researchers saw 109 deaths from any cause, including 74 deaths in HIV-positive participants and 25 among negative people. By comparing HIV-positive mortality rates to the seronegative cohort, the scientists found that the lower the CD4 counts and the higher the viral load, the more likely HIV-positive participants were to die. Specifically, having a CD4 count of 250 to 349 led to an excess mortality of 15.2 deaths per 1,000 patient years, while CD4 counts between 350 and 499 had a rate of 8.9 deaths. Most notably, those with CD4 counts at or above 500 had the same mortality rates as their HIV-negative counterparts.

Even though the U.S. Department of Health and Human Services changed its guidelines in March 2012 to recommend treatment initiation when CD4 levels drop below 500 (since 2009, the recommendation had been to start while in the range of 350 to 500), the advice still has its dissenters. This study's authors posit that their findings argue a strong clinical benefit for the newer standard of care.

To read the aidsmap report, click here.

To read an abstract of the study and find a link to the full PDF, click here.