HIV Docs Believe Meds Prevent Transmission, But Don’t Start ARVs Early

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HIV clinicians widely believe in the antiretroviral (ARV) treatment as prevention model, but they don’t necessarily apply the concept to individual patients, with only one in seven clinicians immediately starting treatment in patients, a new study has found. Published in the recent issue of the Journal of Acquired Immune Deficiency Syndromes, the paper examined the AVR-prescribing patterns and attitudes about treatment initiation among 38 health care providers in the Bronx, New York, and Washington, DC—a sample that the researchers felt might be comparable with other urban clinicians across the country.

Polling 165 physicians, nurse practitioners and physician assistants through an Internet-based survey, the research team from New York University, Fenway Health, Harvard, and other research groups found that 95 percent “strongly agreed” or “agreed” that early initiation of ARVs can lower transmission rates. Similar to the 55 percent of the Department of Health and Human Services guideline panel that in 2010 recommended beginning HIV therapy when CD4 counts drop below 500, 56 percent of the HIV clinicians polled favored starting therapy at CD4 levels between 350 and 500.

Meanwhile, only 14 percent encouraged patients to begin therapy immediately, regardless of CD4 counts. However, 75 percent recommended early therapy for patients in serodiscordant relationships, and 40 percent did so for those having unprotected sex with a partner with an unknown HIV status.

“There remains an inherent tension in prescribing [ARVs] to individuals for a population-benefit,” the researchers write, “when the risk-benefit profiles of multidecades-long treatment are not yet available. Nonetheless, there is emerging evidence that [ARV] initiation at higher [CD4] counts may have individual benefit.”

The paper goes on to say that, “Our findings suggest that clinicians will need to continue to balance emerging information regarding efficacy of [ARV] for prevention with their duty to provide patients with interventions that have a favorable long-term benefit to their own health.”

To read the study’s abstract, click here.

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