When to START Drugs?

A new study is designed to settle the debate about the optimal time to begin antiretroviral treatment.

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When should positive people start taking HIV meds? It's one of the most often asked questions among newly diagnosed people, yet it is one of the hardest to answer with certainty. "There are lots of opinions and ideas," says Claire Rappoport, a research community liaison at the University of California at San Francisco (UCSF), "but there has never been a randomized clinical trial to [help] answer this question."

The Strategic Timing of Antiretroviral Treatment (START) study hopes to settle the debate once and for all. The study will assess people who start antiretroviral meds before their CD4 cells drop below 500 (the current recommendation in the United States), rather than waiting until the CD4 count drops below 350 (the current recommendation in many other parts of the world). START is designed to determine whether beginning treatment at the higher CD4 level will extend disease-free survival without increasing the risk of adherence problems, drug resistance and side effects.

Before the end of 2010, the trial needs to recruit 900 people with CD4s above 500 who haven't yet started HIV treatment, says Rappoport, who is a member of START's community advisory board. If that recruitment goal is met, the researchers will then begin enrolling 4,000 participants for a definitive stage of the study. That phase will span two more years, plus an additional three years of follow-up.

Beyond purely altruistic motives, people might want to enroll in START for the possible personal benefits. "Paying for antiretroviral drugs can be an issue for many beginning treatment," Rappoport says. "Most START sites [there are 70 throughout the world] will provide free antiretroviral treatment to participants. This may save on co-payments and other out-of-pocket expenses."

Search for "START" at clinicaltrials.gov to learn more.

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http://beta.docker.poz.com/article/START-HIV-ARV-18919-4852