Talk Therapy

Come to terms with treatment strategies

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We now have 14 approved antiretrovirals—that's 300-plus possible three-drug combos to browse—but zip conclusive data on how best to use 'em. *Which regimen to start with? What to do if it fails? Which drugs to add or subtract, and when?* Let's hope these questions of treatment strategy start getting answers once the Treatment Data Project (TDP) website is pulsating with a million HIVer profiles. Until then, *POZ* promises to do our best to keep you ahead of the data curve. Here are four new tunes, so start humming:

Protease-Sparing Regimen: Just what it says. An antiretroviral combo that doesn't include a protease inhibitor, usually two nucleoside analogs (most likely AZT/3TC, d4T/ddI or d4T/3TC) and one NNRTI (nonnucleoside reverse-transcriptase inhibitor) such as nevirapine (Viramune), delavirdine (Rescriptor) or efavirenz (Sustiva). Initially, sparing protease was a strategy for those in whom the drugs caused too-severe side effects or failed altogether. Now, as protease-related toxicities increase, more HIVers are adopting this as their first therapy.

Salvage Therapy: A last-ditch option when all standard therapies have failed. For those like our own Stephen Gendin whose supervirus has burned through virtually all combinations, this strategy may include still-unapproved therapies or a regimen of six, seven or more antiretrovirals, known as...

Kitchen-Sink Therapy: A little bit of everything when nothing else is working. These multidrug regimens often include two nukes, two proteases, an NNRTI plus the cancer-med-turned- anti-HIV-drug, hydroxyurea, and perhaps a nucleotide analog (adefovir/Preveon). Their current catch phrase is "CPR for HAART failure"—Complex Protective Regimen for Highly Active AntiRetroviral Therapy failure.

Induction Therapy and Maintenance Therapy: Originally used in cancer chemotherapy, this strategy is based on first mounting a heavy, multidrug assault that destroys most of the virus, and then following up with a sustained regimen of fewer drugs (and fewer toxicities and side effects) that can keep it suppressed. Alas, trials so far show this doesn't work with current HIV drugs.
