# Too Much Information

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Do blips on the viral radar screen mean you should (A) switch your medications—and maybe run through the available drug combinations faster—or (B) try super-toxic-mega-HAART? No, it's (C) neither, according to new research. Recent emphases on getting and keeping undetectable viral loads to prevent drug failure has led many doctors to automatically change HAART protocols in response to any viral load uptick at all. Now that second generation tests with a lower limit of 50 viral copies are common even a result between 50 and 400 (the limit of the older tests) has often caused major drama, leading to stopping old drugs and stating new. But chill out! In a large HIV practice in Washington, DC, doctors followed 32 HIVers who had been undetectable (less than 50 copies on two separate measurements) in the previous four months and then had viral blips between 50 and 400. With no treatment change, three out of four (24 patients) returned to undetectable, all but two of those by the next month's test. "There's too much faith in these tests," says senior researcher Doug Ward, MD, "and people are too quick to change what is probably a successful treatment. I don't even tell people to return for an early retest when I see blips. We just check at the regularly scheduled three-month intervals, and three out of four will be back below detection." The bottom line: The most appropriate response to a low-grade blip may be response at all, unless a follow up reading shows that the viral increase is continuing.

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