Déjà Vu

A dual to the start

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Whose standard of care is bigger? It's a draw. The HIV treatment guidelines put out by the U.S. Department of Health and Human Services (HHS) and the U.S. branch of the International AIDS Society (IAS) are virtually identical: Both push a protease-based three-drug combo and advise that most HIVers with no symptoms delay therapy, particularly those who can't adhere to pain-in-the-butt regimens. The major difference involves when to start treatment: HHS recommends it when one's viral load exceeds 10,000 to 20,000 copies/mL or when one's CD4 count is less than 500; the more-aggressive IAS says 5,000 to 10,000, regardless of CD4s. Why the difference? Check out the membership on the two panels: Although the usual AIDS suspects had a hand in drafting both guidelines, the IAS was a doctors-only affair, while the feds featured not only docs, researchers and industry reps but activists and PWAs, many of whom are skeptical of early intervention.

The difference may be so much hair-splitting. "The guidelines disagree in an area where nobody has the absolute answer, so it comes down to expert opinion," said Project Inform's Martin Delaney, an HHS panel member. He and others doubt the need for the redundancy and question the rules' timeliness. "We don't need two sets, and a lot of it is out of date," he said. "They make a religious issue out of everyone having to be on two nucleosides and one protease, but now we're looking at more powerful two-drug combos."

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