Early HIV Treatment Protects the Liver

This is according to the large randomized controlled START trial.

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Starting antiretroviral (ARV) treatment for HIV when CD4s are still high reduces the risk of liver fibrosis (scarring) compared with waiting to start ARVs until the immune system has deteriorated somewhat.

Researchers analyzed data on 4,580 participants of the global START trial, a randomized controlled study that enrolled people with HIV who had a CD4 count greater than 500. Then they randomized the participants to start ARVs immediately (2,273 people) or wait until their CD4s had dropped below 350 (2,307 people). They followed the participants for a cumulative 14,400 years.

The study members had a median age of 36 years old. Upon entry into the study, 3 percent and 4 percent were coinfected with hepatitis B or C viruses (HBV/HCV), respectively. At this time, 1.1 percent of all participants had been diagnosed with fibrosis.

Starting ARVs immediately, compared with delaying, was associated with a 34 percent lower risk of developing fibrosis and a 60 percent greater likelihood of seeing any elevated liver enzymes normalize during the study.

Other factors associated with a higher risk of developing fibrosis included HBV or HCV coinfection, being male, having a history of alcoholism or other substance abuse, having lower albumin and having higher ALT liver enzymes, total cholesterol and triglycerides.

“Particularly considering the low liver toxicity of currently available HIV treatment regimens, these data support the current guidance to start treatment in all patients with HIV, regardless of how advanced their HIV is or whether they are coinfected with hepatitis B or C,” says study author Nila Dharan, MD, an infectious disease physician at The Kirby Institute at the University of New South Wales in Sydney.

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