Numerous Studies Show Benefit of Earlier HIV Treatment

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Pooled evidence from multiple research studies shows that beginning antiretrovirals (ARVs) to treat HIV when CD4 cells are at or above 350 is beneficial when compared with beginning therapy between 200 and 349 CD4s, the National AIDS Treatment Advocacy Project reports. Evidence also seems to suggest that those who go on ARVs immediately instead of waiting until CD4s drop below 500 have improved survival rates. Investigators presented the findings of their systematic review of available research at the 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) in Kuala Lumpur.

The researchers pooled results from 13 observational studies that compared the risk of death between those who began ARVs when their CD4s were at or above 350 with those who began therapy with CD4s between 200 and 349. Those who began therapy earlier saw their mortality risk drop by 34 percent, although one randomized controlled trial's mortality rate reduction was not statistically significant.

The investigators also examined nine observational studies that found an overall 28 percent reduced risk of death or AIDS for those who began therapy on the earlier side of the 350 CD4 mark. Another pair of randomized controlled studies yielded a 52 percent reduced risk of AIDS or death for those beginning therapy earlier.

The data was less definitive about the apparent benefit of beginning ARVs before CD4s hit 500. Four observational studies found no mortality risk reduction. Another five observational studies that compared beginning ARVs immediately after diagnosis with waiting for CD4s to drop below 500, however, found an overall 22 percent reduced mortality risk. This figure was on the cusp of statistical significance.

To read the NATAP report, click here.