



Early HIV Treatment Especially Benefits Older People

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Starting HIV treatment with a high CD4 count leads to a much greater reduction in death rates for people ages 45 to 65, compared with younger people with HIV, [aidsmap](#) reports. Publishing their findings in *Clinical Infectious Diseases*, researchers compared 10-year mortality rates with CD4 counts upon starting antiretrovirals (ARVs) among 3,532 HIV-positive people who entered care between 1998 and 2013.

The participants all entered care with CD4 counts higher than 500.

Those between 45 and 65 years old when starting treatment had the highest death rates, regardless of CD4 count. If they began treatment with at least 500 CD4s, they had a 10-year death rate of 19 percent. This rate was 22 percent if their CD4s were below 350 when starting ARVs, and 28 percent if CD4s were below 200 upon treatment initiation.

When compared with starting treatment with more than 500 CD4s, waiting for their CD4s to drop below 350 was associated with a 12 percent increase in the 10-year death rate, and waiting until CD4s dropped below 200 increased the death rate by 14 percent.

There was no clear relationship between treatment delay and the death rate among those 18 to 34 years old upon starting treatment. This suggests that, at least where the risk of death is concerned, there may be less urgency for starting treatment immediately among younger people with HIV.

To read the [aidsmap](#) article, [click here](#).

To read the study abstract, [click here](#).

Editor's note: A previous version of this article erroneously stated that starting HIV treatment with a high viral load, rather than CD4 count, leads to a reduction in death rates for older people with HIV.
