U.S. Government Updates HIV Treatment Guidelines

January 12, 2011

The U.S. Department of Health and Human Services (DHHS) issued an update to federal HIV treatment guidelines January 10, offering clarification or changes to recommendations about three antiretroviral (ARV) therapies, monitoring CD4 cells and managing ARV treatment in people with tuberculosis.

The DHHS Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents makes recommendations about the best time to start or switch therapy, the best treatments to use in various situations, ways to monitory treatment and deal with side effects and certain opportunistic infections (OIs), and a host of other issues related to ARV treatment.

In the January 10 update, the DHHS upgraded the combination of Selzentry (maraviroc) and Combivir (zidovudine plus lamivudine) from “may be acceptable, but more data needed” to “acceptable.” The guidelines panel also added recommendations for Selzentry combined with either Truvada (tenofovir plus emtricitabine) or Epzicom (abacavir plus lamivudine), placing these combinations in the category of “may be acceptable, but more data needed.”

As a result of new data about an increased risk for heart rhythm disturbances when the protease inhibitor Invirase (saquinavir) is teamed with low-dose Norvir (ritonavir), the guidelines committee downgraded this ARV combination from “alternative” to “acceptable, but use with caution.”

Other changes included new recommendations for managing ARVs in people with tuberculosis and for monitoring resistance with the integrase inhibitor Isentress (raltegravir). And some recommendations state that CD4 counts do not need to be monitored as often in some people taking ARVs, provided that their viral loads are checked every three months and that their HIV remains undetectable.

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