Risks Remain for Late Treatment Takers

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HIV-positive people who don't start antiretroviral (ARV) therapy until their immune systems are seriously compromised have little difficulty reducing their viral loads, but they still face an increased risk of an AIDS-related disease and death for up to two years after treatment is commenced, according to a study published in the November 30 issue of AIDS.

Though most HIV-positive people living in developed countries such as the United States and Europe have access to ARV treatment if they need it, a third or more do not start treatment as soon as their CD4 counts drop below 350, as is recommended. In fact, a significant percentage do not learn that they are positive and begin HIV treatment and care until after they've become ill with an opportunistic infection or their CD4 count is less than 100.

To learn more about the impact of late treatment on people with HIV, Cristina Mussini, MD, from the Clinic of Infectious and Tropical Diseases at the University of Modena Reggio Emilia in Italy, and her colleagues examined the medical records of patients enrolled in a variety of cohort studies in Europe and Canada. They found 760 patients who entered HIV care between 1997 and 2004, with an average CD4 count of 42 and an AIDS-related illness such as Pneumocystis pneumonia (PCP), tuberculosis and Kaposi's sarcoma.

Eighty-two percent of the patients were subsequently placed on ARV treatment, usually with a protease inhibitor-based regimen, within 31 days after their HIV diagnosis. Eighty-nine percent achieved at least one viral load of less than 500 during the almost two-year follow-up period.

Roughly 19 percent of the late-treated patients developed a new opportunistic infection, and 16 percent died, during the follow-up period. According to Dr. Mussini's group, older age and a higher viral load at diagnosis were the two factors associated with a higher risk of death while on treatment. Among the factors associated with better health was starting treatment closer to 2004 than 1997, reflecting improvements in HIV meds.

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