# The Ups and Downs of On and Off

March 1, 2009 By Laura Whitehorn

Many people with HIV have wondered whether treatment breaks—stopping and starting HIV meds—could lessen long-term med side effects and treatment fatigue. In 2006, the largest med-break study, SMART (Strategies for Management of Anti-Retroviral Therapy), showed that people who stopped meds when their CD4 counts topped 350, then restarted when counts fell below 250, had more drug side effects, non-AIDS related ailments and deaths than those who kept taking their combos. (According to a recent review, results were worst if breakers also had hepatitis B or C.) In December 2008, CASCADE, a large European study, reported that CD4 counts rose progressively slower after breaks.

Two smaller studies found, however, that breaks may work—in these particular conditions:

When people with high current **CD4 counts (and never beneath 200) stopped meds at 700 CD4s, starting again at 350** (per the LOTTI study, led by Franco Maggiolo, MD, of Bergamo, Italy).

When people with **high CD4 counts (average: 670) took weekend breaks from a Truvada (tenofovir and emtricitabine) plus Sustiva (efavirenz) regimen** (per the Five On, Two Off/FOTO study, led by Cal Cohen, MD, of Boston's Community Research Initiative).

Treatment breaks may get a break after all.

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http://beta.docker.poz.com/article/medication-breaks-treatment-16121-5761