Physicians Are Increasingly Steering People With HIV Toward Treatment

A look at 2009 to 2014 data found that those in care for HIV saw a considerable fall in treatment deferrals.

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Health care providers caring for people with HIV are decreasingly advising their patients to defer taking antiretroviral (ARV) treatment during the current universal treatment era.

Responding to research backing the net benefit of treating HIV early versus delaying until the immune system deteriorates, prior to 2009, U.S. treatment guidelines advised beginning ARVs when CD4 counts dropped below 350; then in 2009 treatment was recommended when CD4s dropped below 500; and finally, in 2012 treatment was advised at any CD4 count.

Deferral of ARV treatment can apply to those who have and have not yet taken HIV treatment.

Publishing their findings in AIDS Care, researchers analyzed 2009 to 2014 data from the Medical Monitoring Project. They assembled a cohort of 28,124 people who represented a cross-section of people receiving care for HIV in the United States.

During the study period, the proportion of people with HIV who received a deferral for ARV treatment decreased from 12 percent to 4 percent.

In 2009, reported reasons for deferring the start of HIV treatment included the health care provider's recommendation (67 percent), feeling healthy (9 percent), medication side effects (7 percent) and other reasons (13 percent), including depression, being worried about adherence to ARVs, denial or drinking or using drugs.

In 2014, reported top reasons for treatment deferrals included the provider's recommendation (40 percent), feeling healthy (14 percent), side effects (7 percent), other reasons (25 percent) and money or insurance (25 percent).

"This work suggests that U.S. providers are recommending [ARV treatment] deferral for fewer patients, consistent with increasing adoption of 2012 universal prescribing guidelines," the study authors concluded. "Addressing patients' financial, mental health, and substance use barriers may be needed to achieve universal [ARV treatment] prescription in the United States."

To read the study abstract, click here.

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