Lower Likelihood of Staying in Care For Those Who Start HIV Meds Rapidly

People who start treatment within nine days, compared with more than 90, may be less likely to be in medical care one year later.

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Starting treatment for HIV swiftly after a diagnosis was associated with a lower likelihood of being in medical care for the virus one year later compared with delaying treatment initiation for at least three months in a large French study, aidsmap reports.

This finding calls into question whether efforts to treat the virus as soon as possible after diagnosis may require some nuance and flexibility to provide the most benefit to all newly diagnosed individuals.

In 2015, the START study proved that it is beneficial to start treatment when CD4s are above 500 rather than delaying until they drop below 350, setting off a worldwide push to get all people with HIV onto antiretrovirals (ARVs) promptly, regardless of CD4 count. Numerous studies have illustrated why spending as little time as possible with untreated virus is likely in the best interest of an individual's long-term health, well-being and longevity, even when taking into account any negative effects of ARV treatment.

Additionally, numerous major studies have led to a recent global consensus that successfully treating HIV with ARVs blocks transmission of the virus.

So the effort to get people with HIV on ARVs as expeditiously as possible is backed by the benefits of early treatment for both personal and public health.

Publishing their findings in PLOS ONE, a French research team led by Lise Cuzin, MD, of the infectious and tropical diseases unit at the University Hospital of Martinique in Fort de France, analyzed data on 7,245 people with HIV participating in the Dat'AIDS cohort, which includes people treated as inpatients or outpatients at hospitals in France or overseas territories. These

individuals were diagnosed with the virus between January 2010 and December 2015.

Seventy-two percent of the cohort members were men; within that group, 46% were men who have sex with men, and 45% were men who acquired HIV through sex with women.

Eleven percent of the cohort members were diagnosed with HIV during acute (very early) infection. The median CD4 count at diagnosis was 362.

The median time between receiving an HIV diagnosis and first having an appointment with an HIV clinician was 13 days. The median time between that appointment and the receipt of a prescription for ARVs was 27 days.

Between 2010 and 2015, the median interval between the first HIV appointment and receipt of an ARV prescription declined from 42 days to 18 days. During that period, the median time between diagnosis and the achievement of a fully suppressed viral load fell from 378 to 169 days.

Among those diagnosed with HIV when their CD4 count was below 200, the median time between their first appointment and their first ARV prescription was 14 days, compared with an 80-day median delay among those diagnosed when their CD4 count was above 500.

One year after they started treatment, the proportion of cohort members still in medical care for the virus was 80% among those who started ARVs within nine days of diagnosis compared with 85% among those who began treatment within 90 days of diagnosis.

After adjusting the data to account for various differences between the cohort members,

the study authors found that compared with people younger than 28 years old, those 47 years old and older, 37 to 46 years old, and 28 to 36 years old were 78%, 67% and 44% more likely to be in care one year later, respectively.

Those who started ARVs more than 90 days after their diagnosis (the upper quartile of the cohort) were 48% more likely than those who started treatment within nine days (the bottom quartile) to be in care one year later.

Men who contracted HIV through sex with women were 28% less likely to be in care one year after starting treatment compared with women.

“In a country with unrestricted rapid access to [ARV treatment], keeping recently diagnosed HIV infected patients in care remains challenging. Starting [ARVs] rapidly did not seem to be profitable for all and every patient.”

To read the aidsmap article, click here.

To read the study, click here.

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http://beta.docker.poz.com/article/starting-hiv-meds-rapidly-linked-lower-likelihood-staying-care