An ART Start. Some Numbers. Choices.

April 1, 2015 By Jay Vithalani

Today I took my first antiretroviral pill. Yep, just one pill--Stribild. With lunch: a cheese and mayo and tomato sandwich washed down with grape juice (no, not wine). Yum. A bit nervous, yes; but every time I look at the people in the ads for Stribild--in their blue overcoats, complete with epaulettes and bright yellow collars and cuffs and plackets--I have to laugh.

For those with a biblical bent, look up these verses: Jeremiah 8:22 and Hosea 6:8.

It seemed like the right time to begin. I chose to swallow. I *could* have, ahem, chosen to spit--by which I mean, bad wordplay notwithstanding, I could have made a decision to delay treatment.

The rest of this post is pretty nerdy in parts--it has lots of Numbers and Acronyms. Future posts, I hope, will not have more than a just concentration of jargon. But Numbers and Acronyms and watered-down Medicalese are part of my HIV life and cannot wholly be avoided.

The decision to start ART, antiretroviral therapy, wasn't taken lightly and I suppose it never should be. Some general points, probably known to most readers. If CD4 numbers are low-ish or low (below 500 cells/mm^3 or 350, depending on where you live--and even who you ask, even in 2015), a certain measure of *choice* is taken away from you: you will be strongly urged to start ART. Even "bullied" (!) to do so by your healthcare provider, if he or she is a JustDoItDammit type of person. There is a now a worldwide near-consensus that if CD4 counts fall below 500, treatment is strongly indicated. In "resource-rich" countries any way.

What's more, the current United States DHHS guidelines recommend that *everyone* who is HIV+ should be receiving ART. (There are complex scientific and epidemiological and public-health matters behind this blanket recommendation, none of which needs to be addressed right now.)

And I live in the U. S. of A.

Some biographical, and numerical, facts.

(1) I was infected on 21 August 2005, around 3 a.m., in Iowa City.

(2) Over the last ten years my “numbers” have been remarkably good. My mean and median absolute CD4 counts are still, as of March 2015, around 750.

(3) My CD4%--a number that is generally more stable over a period of time, given that absolute CD4 counts can fluctuate quite a bit, even within the course of a single day--has been rock solid for most of the previous decade, 37%. So: in early 2007, my CD4 count was 550 or so (the lowest it’s been); in mid-2011, it was 1,050 (the highest it’s been). But despite these fluctuations, within the normal range, the CD4% was identical: yes, 37%.

(4) My viral load, until recently, has remained well under 1,000 copies per m/L for eight years. For most of those years it has been close to undetectable.

(5) Though the definitions of “LTNP” (“Long-Term Nonprogressor”) and “Viremic Controller” differ somewhat among scientific studies, I have satisfied the conditions for both appellations. I was enrolled in one of Dr. Bruce Walker’s studies at the Ragon Institute, in Cambridge, MA, for a long time. I was *almost* enrolled in an NIAID study at the NIH--but the bureaucratic hassles proved to be exasperatingly insuperable.

(6) All my other “numbers”--CBC, Chem Panel, eGFR, BMI and so on--are fine, although even a skinny guy like me has to watch his cholesterol (too much Cookies-and-Cream ice-cream?). No STIs, no Hepatitis C. Boringly normal. Even inflammatory markers (more about these, and the ongoing research about the role and consequences of inflammation in general, in a subsequent post) are normal. Measured twice, with a five-year interval between the tests. Specifically: CRP, D-Dimer, IL-6.

(7) A “virtual phenotype” was conducted in 2009. I had no resistance *whatsoever* to any of the ARVs then available--“maximal responses” that is. (Janssen Diagnostics, by the way, no longer offers this test.)

(8) I have been blessed with excellent nurse-practitioners and doctors in Iowa City, Boston, and now New York. Each respected (and respects) my intelligence and knowledge and none was (or is) of the JustDoItDammit type. Shudder. I would not be able to accept medical advice--or dicta--from such a person.

(9) I take antidepressant medications. (My first depressive episode was at the age of 10.) The “cocktail” of these meds--and we speak also of HIV or AIDS “cocktails”--has been adjusted, tweaked, gradually or radically, over the last 20 years.

(10) I met a man in 2008 with whom I was involved (as they say) for almost a year. He was and is HIV negative. In 2010 I met a man who I married in 2011; we got divorced in 2014. He, too, was and is HIV negative. Five years, let's say, of monogamous serodiscordant relationships in the past decade. I am 42-years-old.

But I have now slightly exceeded my 800-word blog post limit.

PS: Pretty much all that I have recounted here is Good Stuff. Looking over my lab reports, a friend once asked me--it was a bemused accusation--whether I was this obsessed with being in the 99th percentile. The natural question then: why did I choose to start ART now?

PPS: In the comments, assuming there *are* any comments, I'll be happy to respond to some of the technical matters mentioned here or ask someone to do so on my behalf.

JV
