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MEDIA RELEASE

HIV: EARLY UPTAKE OF ANTIRETROVIRAL THERAPY RISES

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CHANGING guideline recommendations and reduced drug toxicity have meant that the proportion of patients with HIV infections starting antiretroviral therapy within 6 months of diagnosis has more than tripled over the past decade, according to the authors of research published in the *Medical Journal of Australia*.

Led by Associate Professor Rebecca Guy, Head of the Surveillance Evaluation and Research Program of the Kirby Institute's Sexual Health Program, the researchers analysed longitudinal data from 44 sexual health clinics involved in the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance program.

They found that the proportion of patients who received early treatment increased from 17% (15 patients) in 2004–06 to 53% (197 patients) in 2013–15.

"Until 2012, US guidelines recommended delaying the initiation of therapy, balancing immune preservation and virological suppression on the one hand and treatment-related morbidity and mortality on the other," Donovan and colleagues wrote.

"Until late 2007, antiretroviral treatment was recommended when the CD4+ cell count [white blood cells that fight infection – numbers fall as HIV infection progresses] fell below 200 cells/ μ L. This threshold was raised when concerns about the toxicity of treatment eased, supported by large cohort studies that found clinical outcomes were improved when treatment commenced earlier (2008, fewer than 350 cells/ μ L in asymptomatic people; after 2009, fewer than 500 cells/ μ L)."

The latest Australian guidelines, published in 2015, "recommend initiating treatment as soon as possible after diagnosis, regardless of CD4+ cell count", the authors wrote.

"Our findings provide a baseline for assessing the impact of full implementation of the 2015 Australian guideline recommendations that all newly diagnosed patients should receive early treatment, regardless of CD4+ cell count. They also provide information that will help understand gaps in the cascade of care, including in the response to changes in guidelines, which was independent of patient socio-demographic characteristics, risk factors, and clinical comorbidity," Donovan and colleagues concluded.

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CONTACTS: Ms Lucienne Bamford
Media and Communications Manager
The Kirby Institute
UNSW
Ph: (02) 9385 0550
Email: lbamford@kirby.unsw.edu.au