

Why keep a treatment history?

Keeping a short record of your treatment history can help in many ways:

- it can help you understand your health and treatment
- it can help if your doctor changes at your clinic
- it can help if you speak to other healthcare workers or to a treatment phonenumber for advice
- it can help if you ever change hospitals or clinics, or if you want a second opinion, when on holiday or abroad, or if you move to another country.

Any treatment choice for your future care is closely linked to your previous treatment history.

This includes results from blood tests like the CD4 count, viral load and resistance tests, as well as the history of drugs you have used and your reasons for changing them. As treatment improves you could need this record for 20 years or more - and whether new treatments work may depend on previous treatment.

This record is important. If you change clinic, you should ask for your medical records to be forwarded, but this does not always happen - make sure that you have a record of your GUM or clinic number.

This book will help provide a useful record in all these situations. Please bring it when you visit your clinic.

Your doctor can provide you with details to help fill in this book but it does not replace your medical notes. All patients have the right to see their medical records and to make photocopies from them.

i-Base can provide additional books or pages if you need them - please call 020 7407 8488.

Name: _____

Date of birth: _____

Known allergies ie penicillin, Septrin etc - see also page 14.

Allergies: _____

Current hospitals or clinics

Name _____

Patient no. _____

Phone no. _____

Name _____

Patient no. _____

Phone no. _____

Name _____

Patient no. _____

Phone no. _____

Other useful phone numbers or email addresses:

Pharmacy _____

GP _____

i-Base treatment information phonenumber:

i-Base run a confidential free treatment information phonenumber
on Monday, Tuesday and Wednesday from 12-4pm:

0808 800 6013

If found please return to: _____

OR post to the confidential i-Base return service:

i-Base, 3rd Floor East, 44-46 Southwark St, London SE1 1UN

Hospitals and clinics

Keep a record of the different hospitals and clinics where you have been treated. This can include specialist clinics as well as your main hospital.

Date of diagnosis: _____

Date of seroconversion: (if known) _____

Hospital name	Main doctors seen	Dates
		First seen: Left:
<i>Contact details:</i>		
		First seen: Left:
<i>Contact details:</i>		
		First seen: Left:
<i>Contact details:</i>		

Hospital name	Main doctors seen	Dates
		First seen: Left:
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		First seen: Left:
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<i>Contact details:</i>		
		First seen: Left:
<i>Contact details:</i>		
		First seen: Left:
<i>Contact details:</i>		

CD4 and viral load

These are the main blood tests used to monitor your health and your response to treatment.

CD4 count - This blood test checks your immune system

CD4% - This is similar to the CD4 count but is often more stable

Viral load - This test measures the amount of HIV in a sample of blood. It is used to decide when you need to start treatment, and whether the treatment is working effectively.

In your previous history, even rough figures are useful and your doctor can provide you with these. The lowest ever CD4 count and highest viral load and results when you were first diagnosed and before you start, stop or changed treatment are the most important.

Date (month / year)	CD4 (cells/mm ³)	CD4%	Viral load
<i>e.g July 04</i>	<i>234</i>	<i>14</i>	<i>80,000</i>

Date (month / year)	CD4 (cells/mm ³)	CD4%	Viral load

Other tests

Keep a record of resistance and other tests. Note that resistance test results are very detailed and complicated - but also very important in deciding treatment.

Ask for a full copy of these results and keep them safely.

Date (month/year)	Test name	Main results
<i>e.g</i> July 04	<i>genotype</i>	<i>3TC resistance (M184V)</i>

Antiretroviral treatment history

Your choice of new and future drugs will depend on the drugs you have used in the past and the reason you stopped using them. This is mainly because of resistance and side effects. If you can't remember exact details, even rough dates are useful (ie taking AZT for 6 months in 1992 etc).

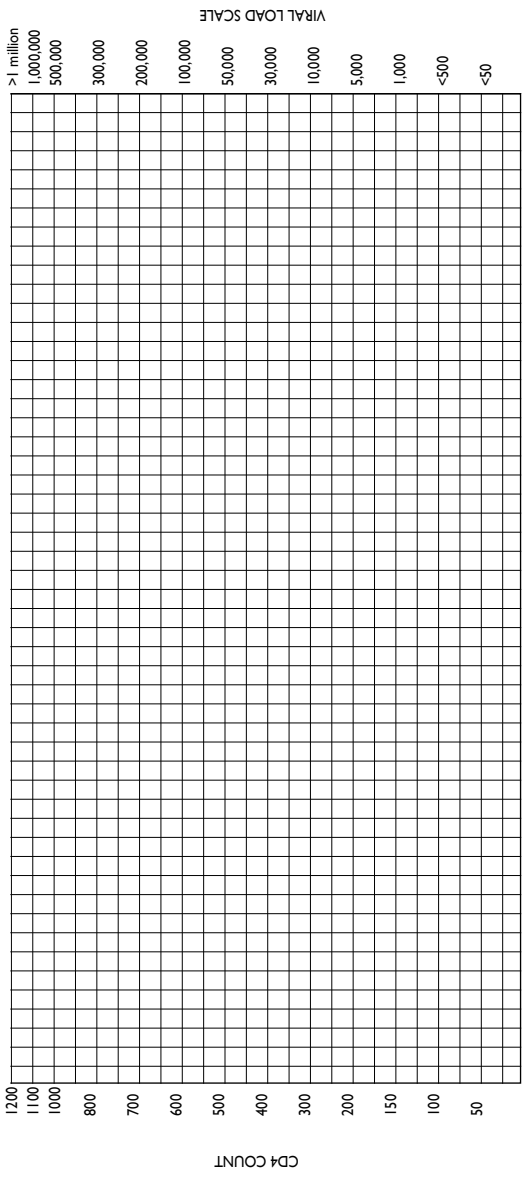
A list of drug names is included on page 19.

Drugs & combination details (name +dose)	Date started	Date stopped	Reason
e.g AZT 250mg	Feb 04	16/7/04	nausea

Drugs & combination details (name +dose)	Date started	Date stopped	Reason

Drugs & combination	details (name +dose)	Date started	Date stopped	Reason

Some people like to plot results on a graph - use one colour for viral load and another for CD4. Note that the scales are not constant at highest and lowest ranges.



CD4 COUNT

DATE (month / year) →

VIRAL LOAD SCALE

> 1 million
1,000,000
500,000
300,000
200,000
100,000
50,000
30,000
10,000
5,000
1,000
<500
<50

Side effect and allergies

Please list main side effects or drug-related allergies.

Side effect or symptom	Suspected drug	Date started/ stopped

Hepatitis

Co-infection with hepatitis A, B or C can make treating HIV more complicated. Your hospital should test you for these when you are first diagnosed, and offer you vaccinations against hepatitis A and B if you are not already protected (see page 16). You should be tested periodically (every 1-2 years) for hepatitis C.

Hepatitis genotype	Test date	Treatment if any + dates

Immunisation record

Keeping history of vaccination and immunisation (hepatitis A and B, pneumovax, flu, tetanus and holiday vaccinations etc) can also help.

Note that HIV-positive people usually require 'non-live' vaccinations and that you may have to ask for these specially.

Vaccination or immunisation	Date

Trials and studies

Include a record of any studies or trial medications that you have used.

Study name and treatment received	Dates

Drug names

Most drugs are known by several names including a chemical name, a brand name and an abbreviated name.

The most common names for drugs available when this booklet was printed are listed below with space to add new drugs as they are approved. * = drug in development.

Chemical	Trade	Abb.
Entry Inhibitors:		
enfuvirtide	Fuzeon	T-20
maraviroc	Celsentri	MRV
vicriviroc	SCH-D	VCV

NRTIs: ('nukes')

stavudine	Zerit	d4T
zidovudine	Retrovir	AZT
didanosine	Videx	ddl
ddl 'Enteric coated'		ddl/EC
lamivudine	Epivir	3TC
abacavir	Ziagen	ABC
tenofovir	Viread	TDF
emtricitabine	Emtriva	FTC
Combivir	(AZT+3TC)	CBV
Trizivir	(AZT+3TC+ABC)	TZV
Truvada (TDF+FTC)		TVD
Kivexa (ABC+3TC)		KVX

NNRTIs: ('non-nukes')

efavirenz	Sustiva	EFV
nevirapine	Viramune	NVP
delavirdine	Rescriptor	DLV
etravirine	Intelence	ETR

Chemical	Trade	Abb.
Protease Inhibitors: (PIs)		
indinavir	Crixivan	IDV
nelfinavir	Viracept	NFV
ritonavir	Norvir	RTV
saquinavir	Invirase	SQV hgc
	<i>(hard gel capsule)</i>	

lopinavir/r	Kaletra	LPV/r
fosamprenavir	Telzir	FOS
atazanavir	Reyataz	ATZ
tipranavir	Aptivus	TPV
darunavir	Prezista	DRV

Integrase Inhibitors: (INIs)

raltegravir	Isentress	RAL
elvitegravir	GS-9137	EVG

Other drugs commonly used:

Septtrin	cotrimoxazole	
Acyclovir	Zovirax	
hydroxyurea	Hydrea	HU
interleukin-2	ProLeukin	IL-2
foscarnet	Foscavir	FCN
cidofovir	Vistide	CDV
interferon	various	INF
ribavirin	various	RBV



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