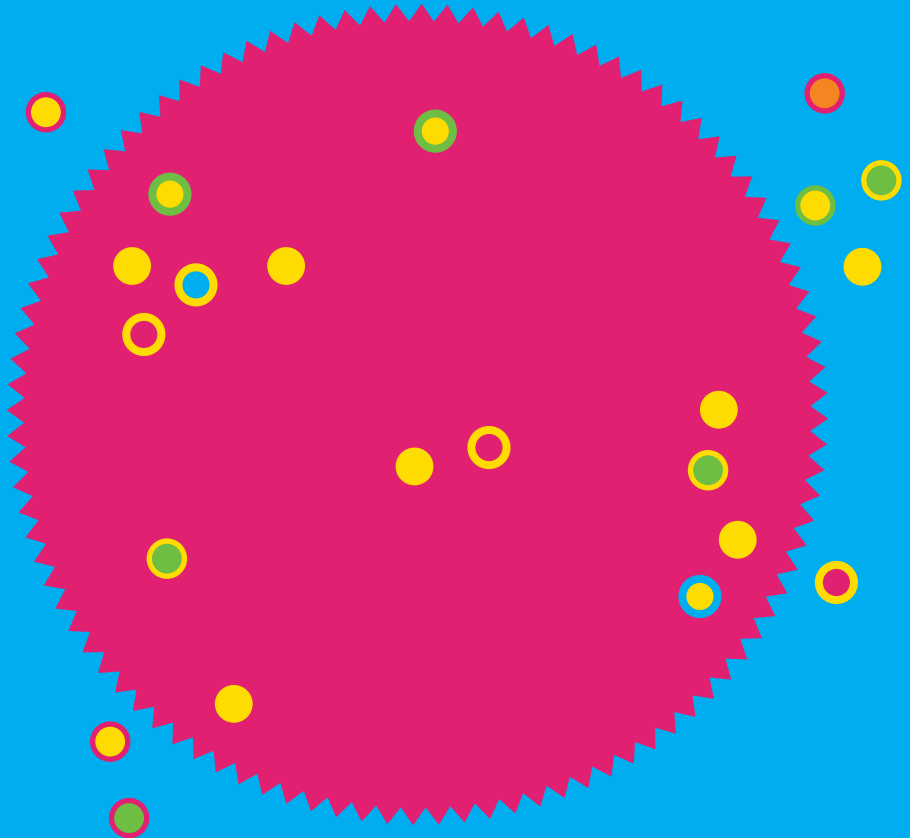


Guide to changing ART:

what to do if viral load rebounds

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Watch for out-of-date information

Viral blips and viral rebound
Why adherence is so important
Resistance testing
Pipeline for newer drugs



This leaflet is for people living with HIV. It is about what to do if your viral load becomes detectable on ART.

Different QR codes link to more information online.



Or use this link:

www.i-Base.info/guides/changing

This guide has been regularly updated for more than 20 years.

This is the 17th edition.

Written and edited by Simon Collins for HIV i-Base. Thanks to the advisory group of HIV positive people and healthcare professionals for comments.

Disclaimer: Information in this booklet is not intended to replace information from your doctor.

Treatment decisions should always be made in consultation with your doctor.

Introduction

In the UK, multidrug drug resistance and treatment failure in is now much less common.

Most people get an undetectable viral load on their first ART.

And most people who are on their second, third or later combinations are also undetectable too.

Undetectable is the new normal for treatment. And U=U* is the new normal to protect our partners from HIV..

So it can be difficult to find out your viral load is detectable.

Don't worry, everything will be okay.

This leaflet - and the linked resources online - will take you through what to do now. It explains test results and treatment choices.

It has information on meds that will make sure your viral load can become undetectable again.

These new drugs will also work if you have a long treatment history and complex drug resistance.



In the UK, even if you have developed resistance to the four main drug families, there are others that will work now.

Three new drugs - **fostemsavir**, **ibalizumab** and **lenacapavir** are specifically for drug resistance.

Other drugs are in development that will include other new options.

And if you have questions, i-Base run a Q&A service by email and online.

<https://i-base.info/qa>



***U=U:**

Undetectable = Untransmissible

www.i-Base.info/u-u



fostemsavir:



ibalizumab:



lenacapavir:



Summary

[i-base.info/guides/changing/summary](https://www.i-base.info/guides/changing/summary)

Modern ART is now very effective. Most people get an undetectable viral load on their first combination. With good adherence, viral load also stays undetectable.

There are also more choices if you do need to change treatment.

The summary here are key points if your combination does fail.

Each point is discussed in more detail later in this online guide.

1. If your viral load becomes detectable, everything will be okay. But please take this seriously.
2. This might just be a lab error or a blip. Ask for the test to be repeated straight away. Do not just wait until your next set of tests.
3. This second test often will be undetectable again. This shows it was a lab error or a blip*.
4. But if the second test is still detectable, your doctor will ask you about adherence. If you had been missing doses, careful adherence might be all you need to do now.

But if you had been good at taking your meds, your doctor needs to this. They can then look for other possible causes.

blip: when viral load increases above 50 c/mL but returns to undetectable again by itself.

lab error: viral load tests do not give exact results at low levels. Both 40 and 60 could come from the same sample. The lab can make a mistake with your sample. It might belong to somebody else!



5. You might have already had drug resistance. Or maybe there are interactions with other meds or supplements.
6. A resistance test will help decide what to do next. The results need to be interpreted by an expert.
7. If you have to change meds, this will usually include at least two new drugs. Good adherence now will be very important. Find out whether they need to be taken with or without food.
8. If adherence was a problem, you might need extra support. This is so that the next meds don't fail too.
9. After changing treatment, check your viral load within 2–4 weeks. This will show if the new meds are working. Test every month until your viral load is undetectable. Talk to your doctor if you have problems with adherence or side effects.
10. If this is your third or more combination, ask about ongoing research. Find out when new meds will be available. Or if you can join a research study.
11. Don't rush to use one new drug if it is the only one that will be active. If your CD4 count is still good, it can sometimes be better to wait to use two new drugs together.
12. If you are waiting for new meds it is still good to be on treatment. Your options will depend on your current health and CD4 count.
13. Everyone has a different history and your care now will be based on this.
14. Drug resistance is a specialist area of HIV care. If your doctor is not an expert, they will need to work with someone who is.

1. Introduction

Read online:1

There are two situations when HIV meds need to be changed.



- 1) If your viral load never becomes undetectable.
- 2) If your viral load was undetectable but starts to rise again (viral rebound).

These online pages include more information about viral load results.

- **Why is viral load important and how accurate are the tests?**
- **How quickly should viral load become undetectable?**
- **What is second-line treatment?**
- **How long should I wait before changing?**
- **Viral blips and viral rebound**
- **Confirming viral rebound**
- **How can drugs “fail” when I feel fine?**
- **Do some drugs develop resistance more easily?**

Changing meds because of **side effects** is covered in a this guide to HIV



2. Why ART can fail

Read online: 2

If the second test confirms a higher viral load, this might be real. It is important to find the cause.



This will make sure the next combination will work better.

Viral load can become detectable due to one or more of these reasons.

- **Information.** If you didn't have enough info about how to take your meds.
- **Adherence.** If you were not taking all your meds at the right times.
- **Importance of food.** If you were not following advice to take your meds either with or without food.
- **Drug resistance.** If you already have resistance to one or more of the drugs you were using.
- **Drug interactions.** If other meds or supplements were reducing the levels of your HIV meds.
- **Side effects.** If your previous drugs were too difficult to take.
- **HIV reinfection.** If you caught another HIV that was resistant to your meds.
- **HIV reservoir.** Sometimes viral load can come from the viral reservoir.

3. Adherence and other tests

Read online: 3

These online pages explain why adherence can be closely linked to drug resistance.



It includes tips to make adherence easier.

It also includes information on other tests, including for drug resistance.

- **Why adherence is linked to drug resistance**
- **What if I forget my meds?**
- **Adherence tips**
- **An adherence diary**
- **Other monitoring tests**
- **Resistance tests**
- **Interpreting resistance tests**
- **Drug level tests**

4. When to change and which drugs to use?

Read online: 4

If you do need to change ART, the choice should involve advice from an expert in drug resistance.



It usually involves changing to all new drugs.

- **How do I choose new drugs?**
- **General principles**
- **Cross-resistance by drug class**
- **When to use new drugs and when to wait?**
- **Expanded access drugs**

Early access to promising drugs before they are approved.

- **Pipeline drugs, non-ARV drugs & other strategies**

Learning about the next drugs that are still in development.

<https://i-base.info/htb/49783>



Feedback



Your feedback helps us improve these guides.

www.surveymonkey.com/s/MK9R928

Glossary



As with all i-Base guides, the online version includes a glossary to explain technical words.

References



References are also online.

Further information

If you have questions after reading this guide contact the i-Base information service online or by email.

www.i-base.info

questions@i-Base.org.uk

The EMA website includes patient information on all HIV meds in most EU languages.

It also includes the full prescribing information for each drug.

www.ema.europa.eu

Contact us on i-Base.info

**i-Base Treatment
Information Service**

questions@i-Base.org.uk
www.i-Base.info/questions

