

Women! Treatment and our wellbeing

29 March 2022

Simon Collins, HIV i-Base
www.i-Base.info



Disclosure

No personal financial conflict of interest

Outline

Introduction

Understanding how treatment works.

The importance of adherence.

What to consider when starting or changing ART.

Side effects: recognising, reporting and managing –
and how to talk with your health team.

...plus: the future and a cure...

Being active in your care

- Actively engaging, sharing 'patient-led' decisions.
- We have the most to gain - and lose - from getting our treatment right or wrong.
- It is good to learn about your health and test results. There are always choices and you can be active in these.



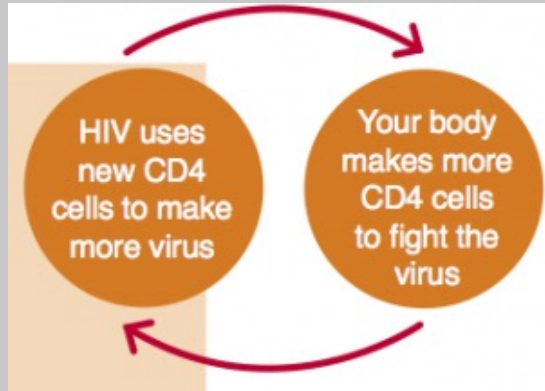
‘Active’ rather than ‘expert’

I made bad and good decisions:

- 3TC monotherapy on EAP - just wrong.
- Stopping nuke monotherapy - just luck.
- Stopping CMV meds at CD4=100.
- Changing to twice and then once-daily ART.

Being active means accepting responsibility for decisions for being right at the time.

The immune system in overdrive



When not on ART your immune system is steadily worn down. High viral load increases risk of heart attacks, cancers and other serious problems.



On ART the immune system can rest

HIV treatment (ART) stops the virus lifecycle. This lets your immune system recover and become stronger again.

ART lets your immune system rest.

Even a really low CD4 count can return to much safer levels.



CD4 cells

An important part of our immune systems.

They normally signal new infections so other immune cells can protect you.

But HIV targets these cells.

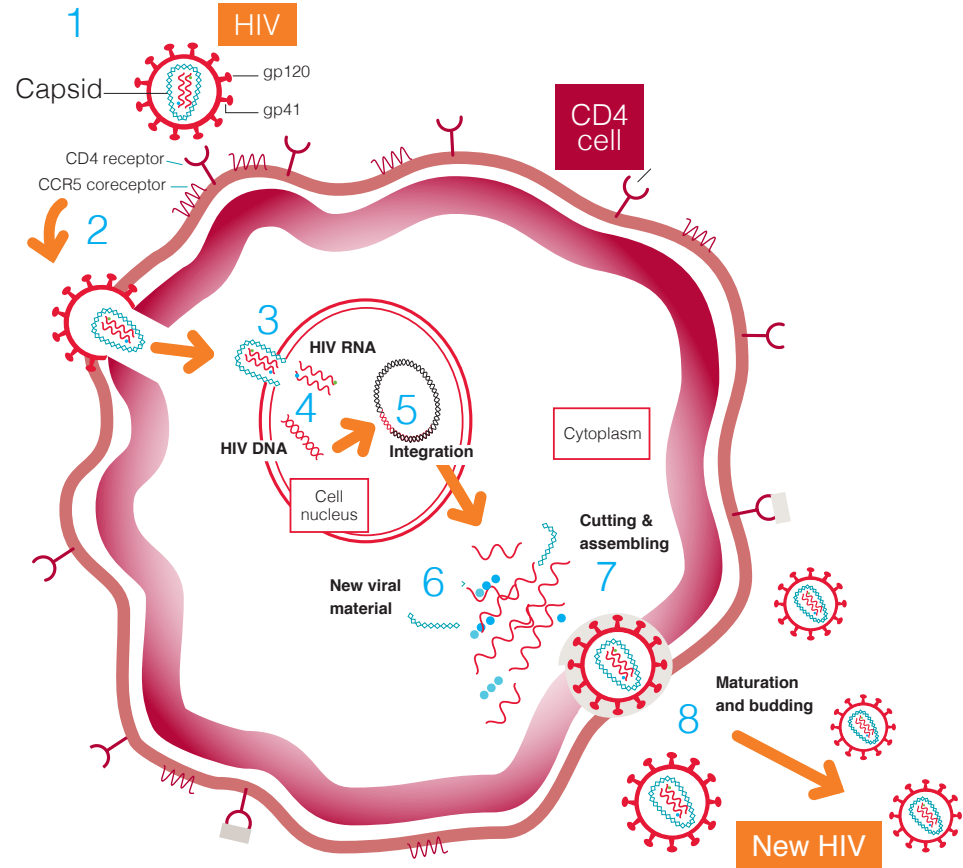
Once inside, HIV uses CD4 cells to produce many more copies of the virus.

Infected cells

HIV lifecycle

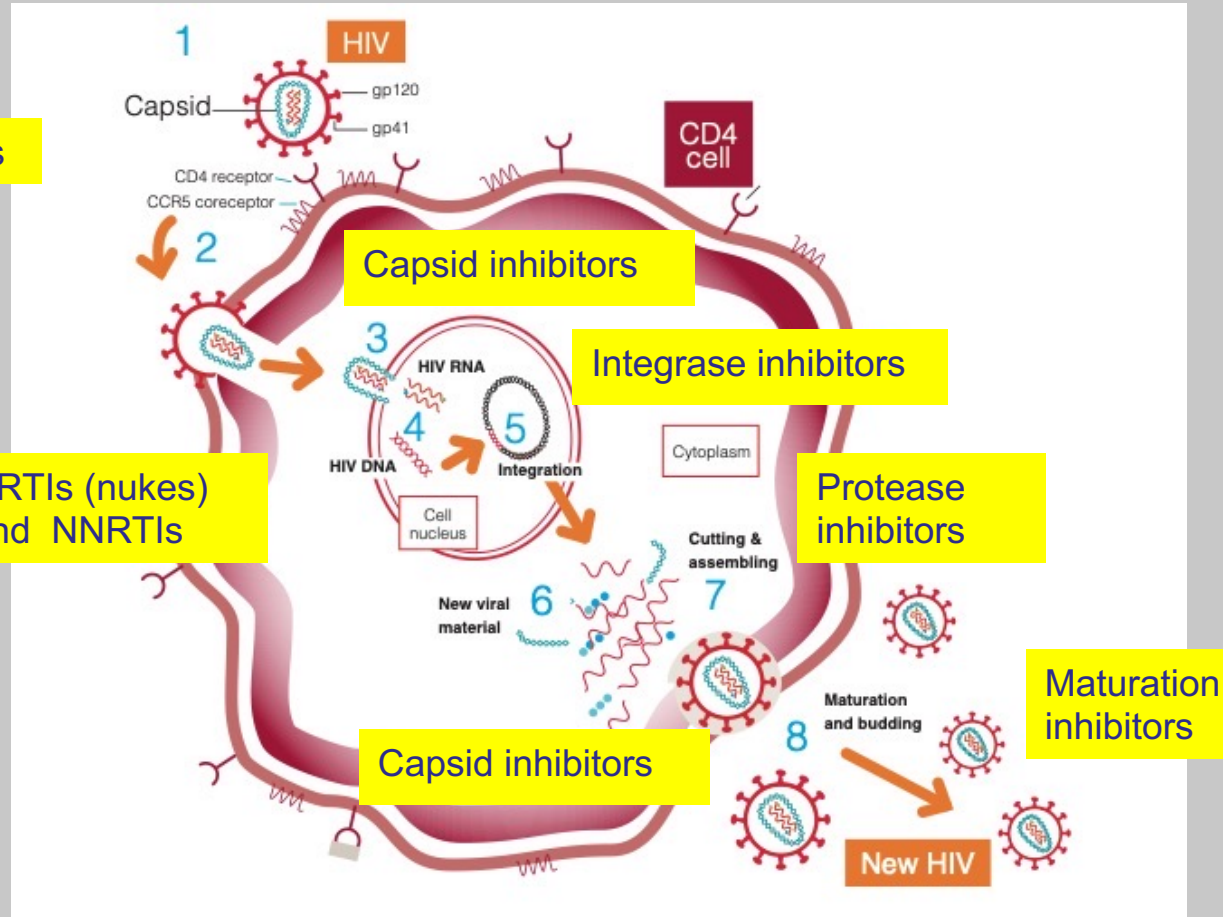
HIV uses CD4 cells to replicate.

HIV drugs target different stages in this process. Blocking these stages stops the virus from replicating.

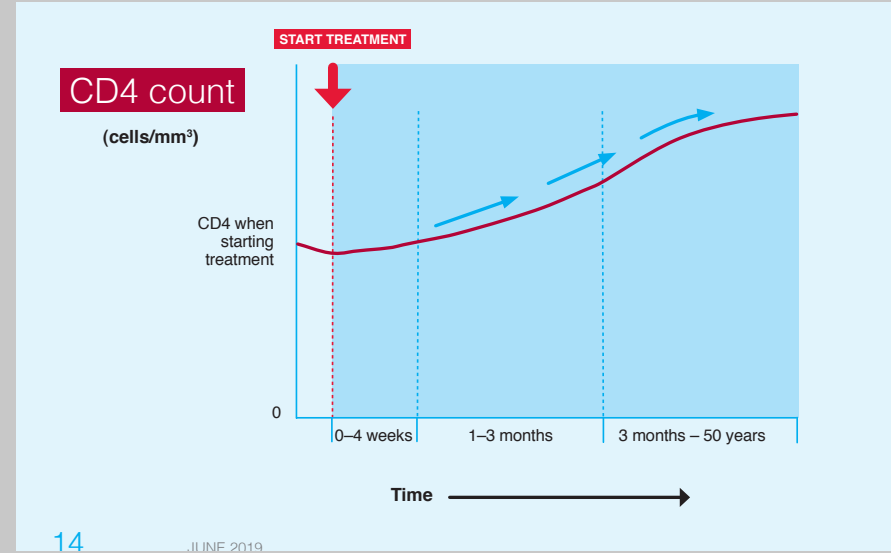
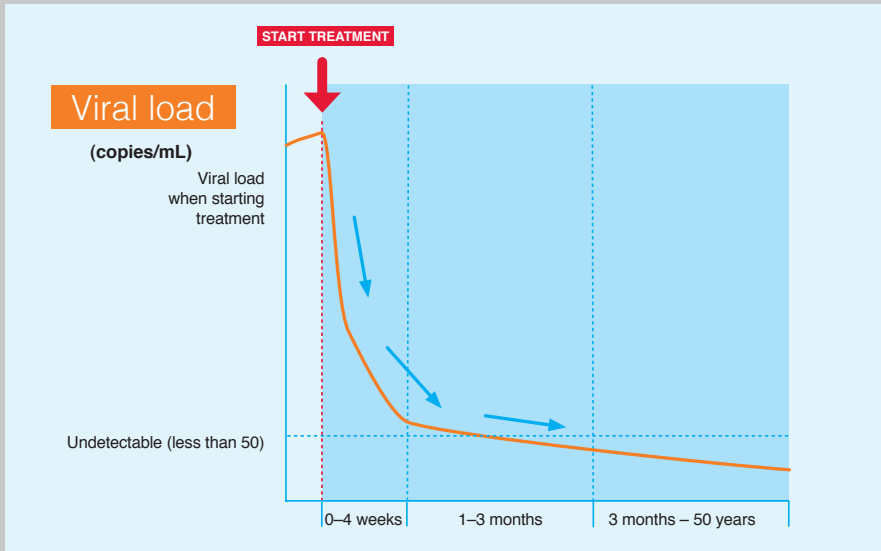


Drug targets

1. Entry inhibitors.
3. Capsid inhibitors.
4. NRTIs (nukes) and NNRTIs.
5. Integrase inhibitors
6. Protease inhibitors
7. Capsid inhibitors
8. Maturation inhibitors



Response to ART

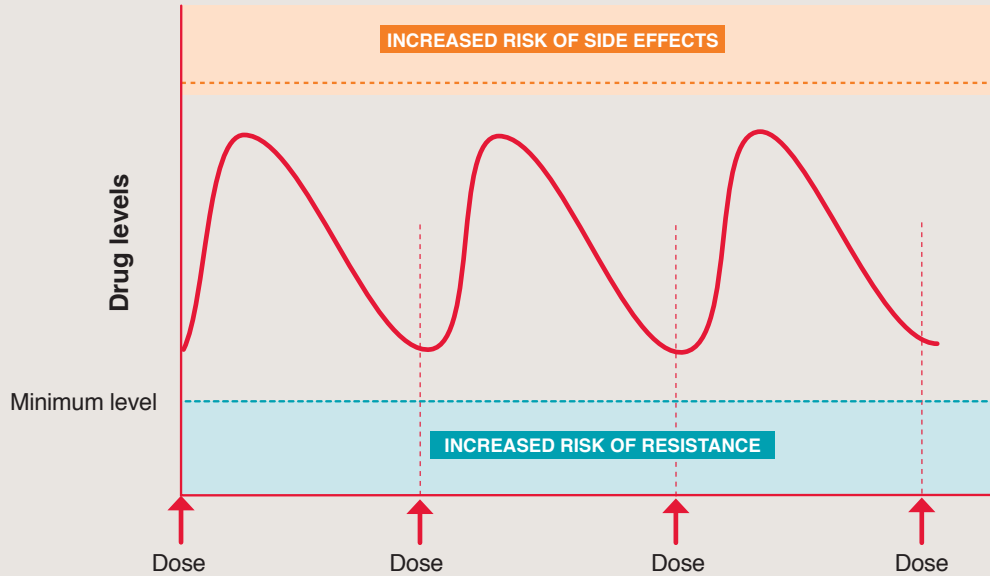


14

ILLINE 2019

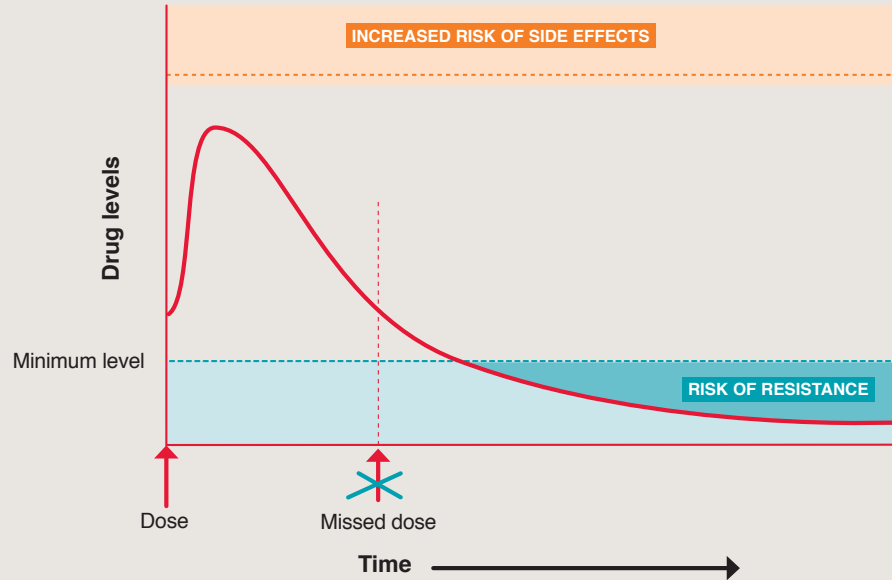
Adherence.1

Taking meds on time



Adherence.2

Missing a dose or taking it late



What to consider when starting or changing ART

Are you ready?

What is involved?

Schedule, timing, pill count, pill size, with or without food etc.

Doctors advice.

What are your choices?

(there are always choices)

Which do you prefer?

Treatment guidelines?

Adherence: tips

Weekly pill box.

Watch/phone alarm.

Routines (breakfast/bed).

Friends prompt.

Keep extra meds at work.

Extra meds if you travel.

Keep an adherence diary.

Talk to your doctor:
*especially if you regularly
miss more than one dose a
week.*

<https://i-base.info/guides/starting/adherence-tips>

Treatment guidelines

UK: BHIVA

bhiva.org

Europe: EACS

eacsociety.org

US: HHS

hivinfo.nih.gov

WHO: rest of the world (low-
and middle-income countries)

who.int/hiv/pub/guidelines/en

All guidelines
recommend ART for
everyone after diagnosis.

All recommend integrase
inhibitor-based ART as
first option (with
alternatives).

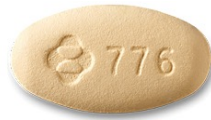
10 single tablets + 1 injectable ART



Atripla



Biktarvy



Delstrigo



Dovato



Eviplera



Juluca



Odefsey



Stribild



Symtuza



Triumeq



CAB-LA +
RPV-LA
injections

Note: single pill combinations sometimes use two pills in the UK due to price.

Side effects?

Most are mild.

Most are short-term.

Tell your doctor, nurse,
pharmacist etc.

If this persists then try
another combination.

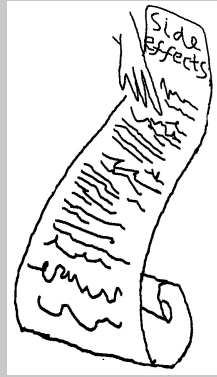
Keep a symptom diary:

*How often: weekly, daily,
times a day, constant).*

How severe on 1-5 scale?

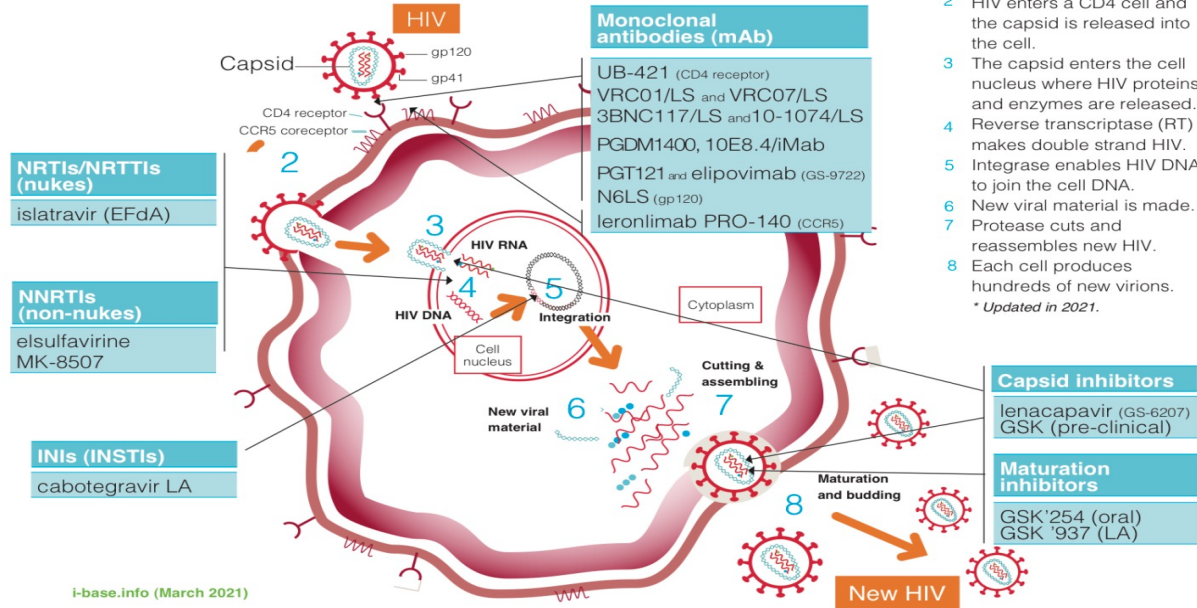
Any patterns?

*How does this affect your
life?*



Future HIV drugs

HIV pipeline 2021: targets in the HIV lifecycle



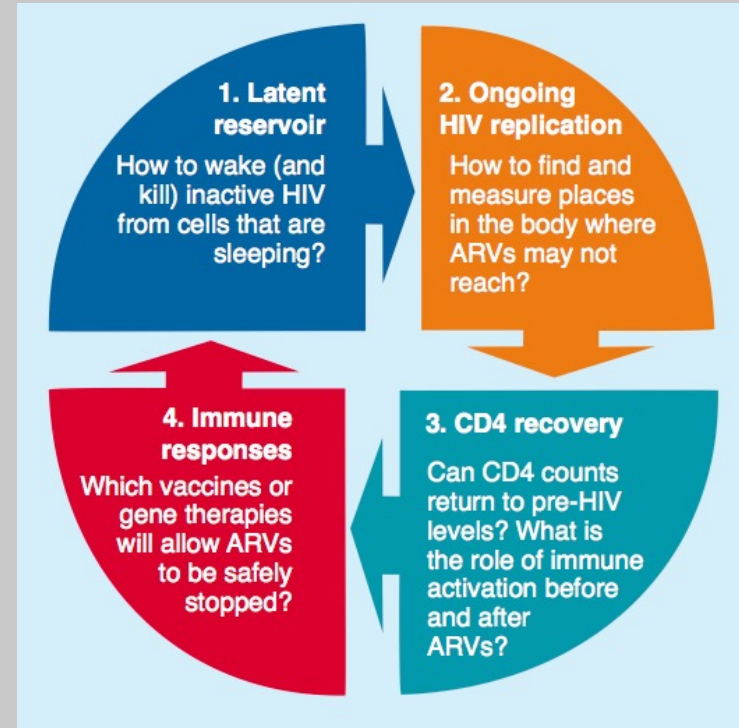
Future cure...?

Increasing focus on cure research.

International networks.

Either

- (i) Eradication (cure) or
- (ii) Remission (where viral load stays undetectable without need for ART).



UK-CAB

ukcab.net

Now >700 advocates.

70% HIV+

Founded in 2002.

Focus treatment issues.

Four training meetings a year (now over 70 are online).



Thank you

Questions?

www.i-Base.info

A vertical poster for i-base HIV treatment information service. The background is light blue with a large white pill shape in the center. The pill has an orange band around its middle. The text is arranged around and on the pill. At the top left is the i-base logo and service name. At the top right is a note about free calls. In the center, over the pill, is the text 'ASK A QUESTION' followed by contact methods. Below that is the phone number, email, and website. At the bottom is a small disclaimer and charity number. There are several small colored circles (yellow, green, pink) scattered around the pill.

i-base
HIV treatment
information
service

Calls are free from
land lines and most
mobile networks.
All calls are
confidential.

ASK A QUESTION
by phone, email or online

0808 800 6013
questions@i-base.org.uk
www.i-base.info

Information to be used in discussion with your doctor. Registered charity no: 1081905.

Back-up slides