National conference of people living with HIV: 13 June 2026

Treatment update and Q&A

Are treatment issues still important for HIV?

4M Network
My health, My choice, My child, My life

Angelina Namiba, 4MMM network

i-base

Simon Collins, i-Base.info

Source: Wikipedia

1. Introductions (10 mins)
2. Do we need a treatment update? (5 mins)
3. Research examples (20 mins)
4. Q&A session – your questions (40 mins)

- Do we still need to know about science and treatment literacy?

- Is everything sorted with one pill a day or shots every two months?

- Is everything now just about access to ART and psychological issues/support?

Key areas for Qs

- New ART and PrEP
- Side effects
- Cure-related research
- HIV and ageing
- Inflammation
- Body changes and weight
- Menopause
- Chemsex, alcohol, smoking
- Low level viral load (LLV)
- Complications: cancer, heart disease, stroke
- Memory loss, Alzheimer's, Parkinsons, independent living.
- HIV and sleep (EACS guidelines).

1. New drugs

- Do we need better meds?
- Better daily options?
- Longer-acting ART?
  - oral weekly pills
  - 3/4/6-monthly injections.
- PrEP pipeline?
  - one pill a month – MK-8527 (alimatrevir)
  - annual injections (lenacapavir, LEN)
- Pharmacology of long-acting ART and PrEP
  - How long do the drugs stay in our bodies
  - What about missed doses?
  - Drug interactions and drug resistance: 57 contraindicated drugs for lenacapavir and more than 170 cautions about potential interactions.
  - https://i-base.info/htb/53854

BIC/LEN, Biktarvy, Triumeq

Daily oral	BIC/LEN for complex	Ph3 week 48
	DOR/ISL	US approval April 2026
Weekly oral	ISL/LEN	Ph3 week 48
	ISL/ULO (islatravir+ulonivirine)	Early phase
4 monthly inject	bNAb lotivibart (N6LS)	
4 mo. cabotegravir		
6 monthly inject	bNAbs (TAB+ZAB) + LEN	Phase 2
6 monthly inject	GS-3242 integrase	Phase 2 (with LEN)
1,2,4,6 monthly	VH-184 integrase	Phase 2
6 monthly	VH-499 capsid	Phase 2

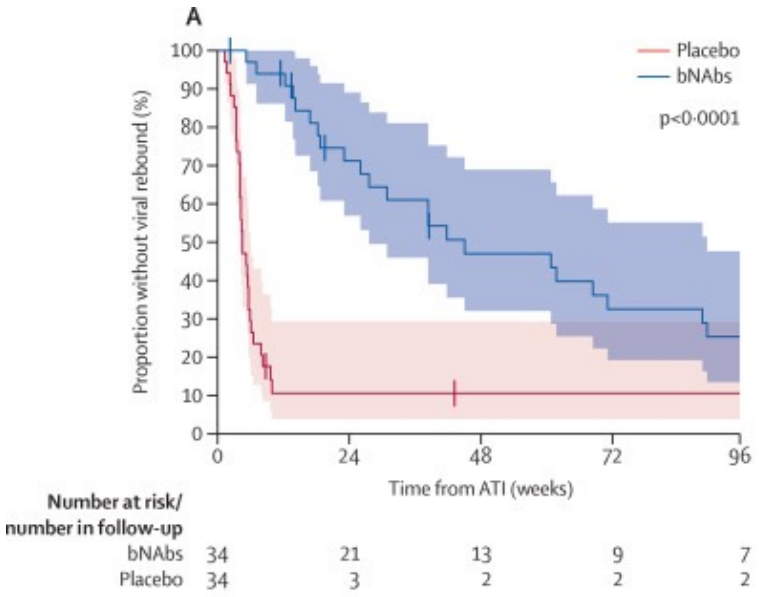
PrEP monthly oral	MK-8527 (alimatrevir)	Phase 3
PrEP annual injections	lenacapavir (LEN)	Phase 2

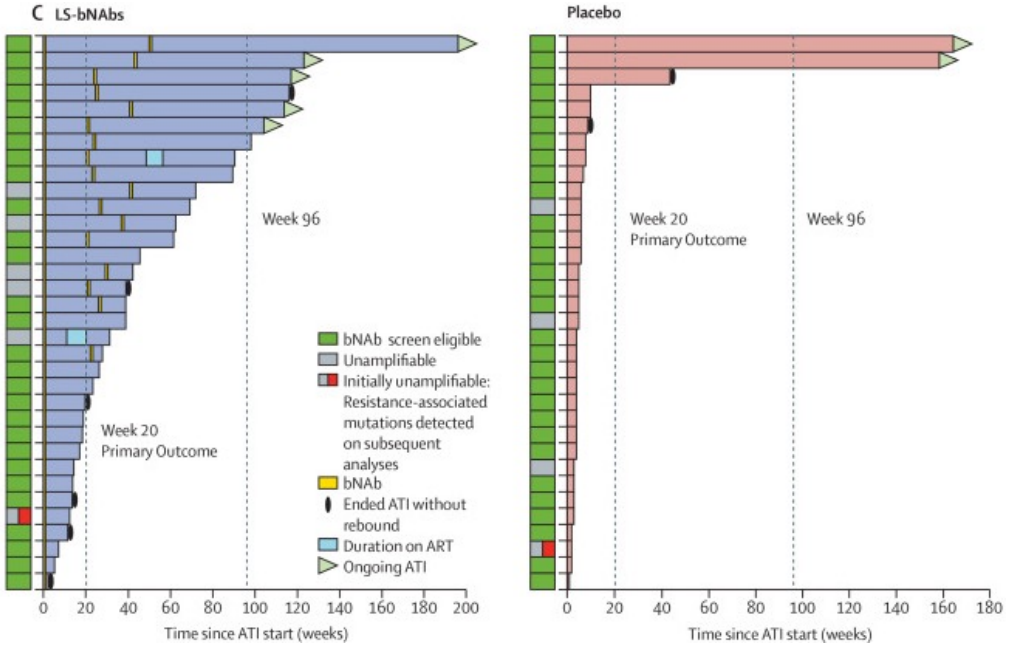
2. Cure-related research

- How important is a cure?
- For a few people, some people or all people?
- Priority for children or oldest?
- How relatively important?
- Exciting results with bNAbs – but need a sensitivity test first and need better bNAbs.

2. Cure-related research

RIO study – UK (n=68): after 2 years 7 vs 2 have undetectable VL



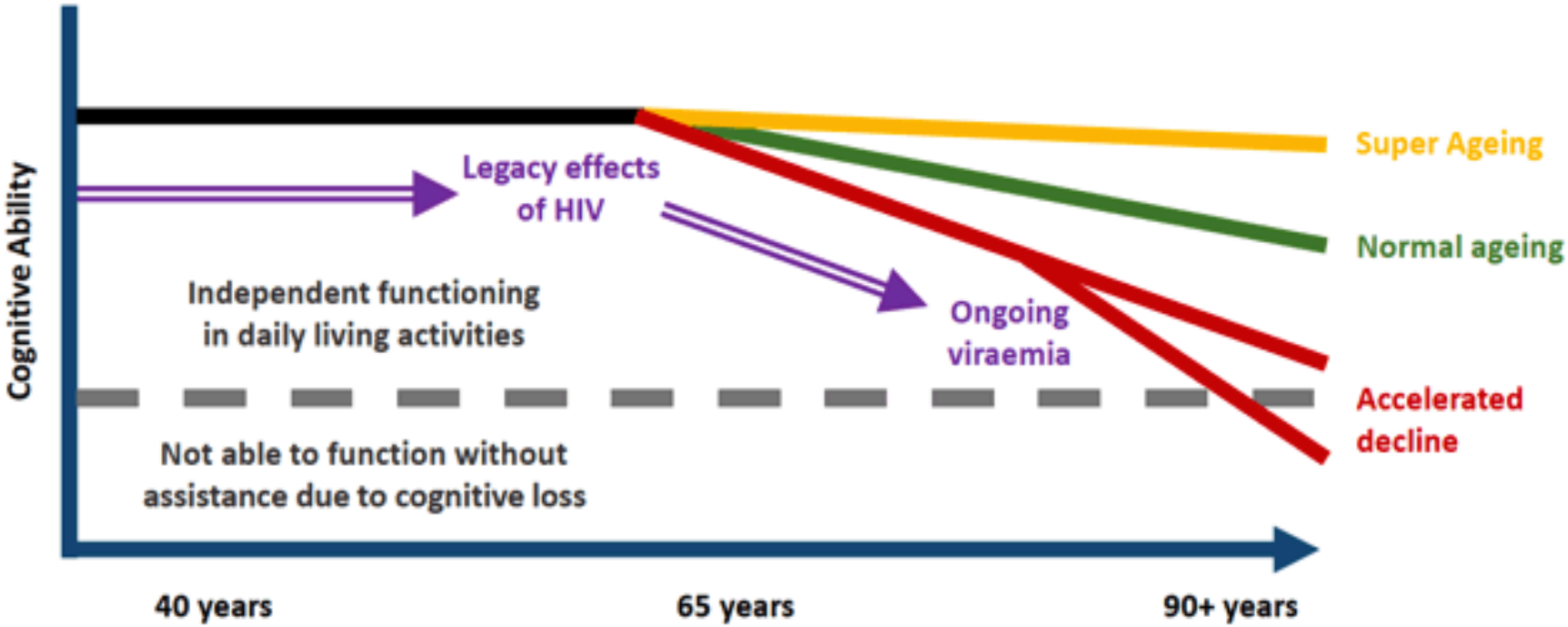


Lee M et al, Lancet HIV, May 2026

3. HIV and ageing

- Do we age faster and/or with more symptoms?
- Residual inflammation on ART?
- Impact of HIV history before ART? Longer off-ART before starting treatment might increase all risks – therefore earlier diagnosis helps. >40% still diagnosed late.
- Risk of heart disease, stroke and some cancers.
- Menopause.
- Neurological concerns: Memory, Alzheimer's, Parkinson's.
- Independent living…

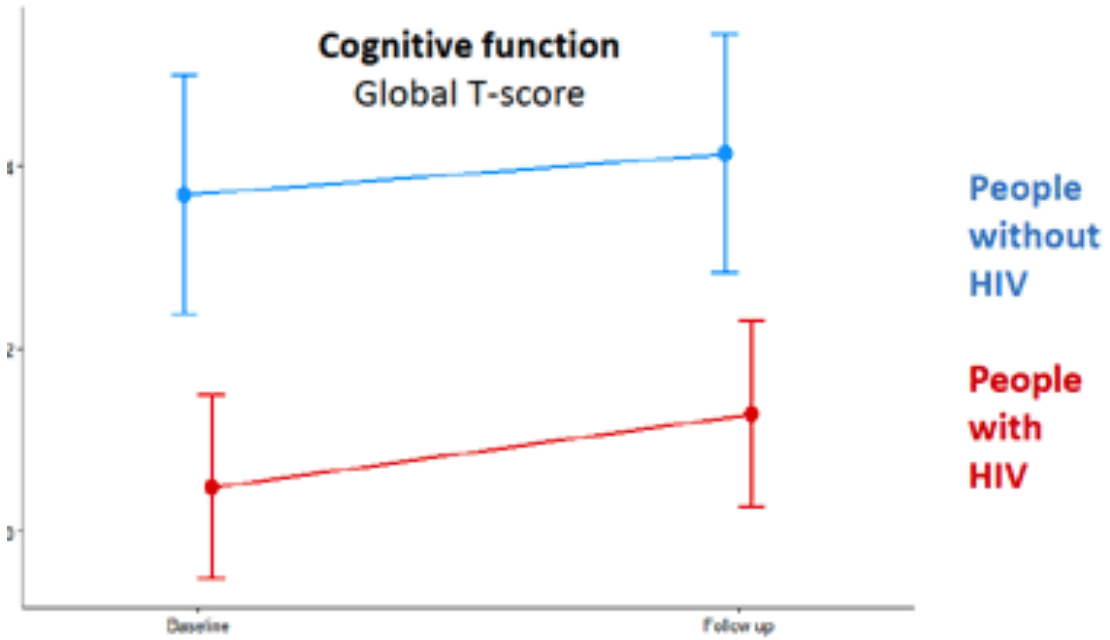
Aceelerated ageing?



Winston A et al. UK-CAB talk

HIV and brain ageing

Neurological ageing in UK Poppy Study had same average slope of decline with or without HIV in closely matched groups, although function was lower in people with HIV.



Winston A et al. Poppy Study.

4. HIV and sleep

- An approach to quality of life,
- New section in EACS guidelines (2025)
- In addition to lifestyle-related and environmental factors your doctor can run three simple tests to see whether a referral is important.

- EACS guidelines 2025

Insomnia score

Insomnia

Enquire about:

- Symptoms
- Duration
- Frequency
- QoL
- Sleep schedule
- Triggers

Referral:

ISI score ≥8

Insomnia severity index (ISI)

Problem	Score 0	Score 1	Score 2	Score 3	Score 4
Difficulty falling asleep	None	Mild	Moderate	Severe	Very Severe
Difficulty staying asleep	None	Mild	Moderate	Severe	Very Severe
Problems waking up too early	None	Mild	Moderate	Severe	Very Severe
How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?	Very satisfied	Satisfied	Moderately satisfied	Dissatisfied	Very Dissatisfied
How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?	Not at all noticeable	A little	Somewhat	Much	Very Much
How WORRIED/DISTRESSED are you about your current sleep problem?	Not worried at all	A little	Somewhat	Much	Very much worried
To what extent do you consider your sleep problem to INTERFERE with your daily functioning CURRENTLY? (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.)	Not at all interfering	A little	Somewhat	Much	Very much interfering

Add up the scores for all seven items.

Interpretation ISI

- 0-7 = No clinically significant insomnia
- 8-14 = Subthreshold insomnia
- 15-21 = Clinical insomnia (moderate severity)
- 22-28 = Clinical insomnia (severe)

Bastien CH et al., 2021

EACS European AIDS Clinical Society

- EACS guidelines 2025

Daytime sleepiness

Excessive daytime sleepiness (EDS)

Epworth Sleepiness Scale (ESS)

How likely are you to doze off in these situations?

1. Sitting + reading
2. Watching TV
3. Sitting inactive in a public place
4. Passenger in a car for 1hr
5. Lying down in the afternoon
6. Sitting and talking
7. Sitting after lunch
8. In a car, stopped in traffic

Score:

0 = Never

1 = Slight chance

2 = Moderate chance

3 = High chance

Interpretation:

0-10 = Normal

10-12 = Mild EDS

13 -24 = Moderate – severe EDS

Referral:

ESS ≥ 11

EACS European AIDS Clinical Society

- EACS guidelines 2025

Obstructive sleep apnea

Obstructive Sleep Apnoea

STOP-BANG: Y/N

S Do you snore loudly?
T Do you feel tired during the day?
O Has anyone observed you stop breathing during sleep?
P Do you have/being treated for high blood pressure?
B BMI >35?
A Age >50?
N Neck circumference >40cm?
G Gender male?

Commonly reported:

- Sleepiness
- Difficulty concentrating
- Headaches
- Irregular nighttime breathing

Interpretation:

0-2 = Low risk OSA
3-4 = Moderate risk, refer if BMI >35
5-8 = High risk OSA

Referral:

Score ≥3

EACS European AIDS Clinical Society

5. Life issues and services

- HIV and chemsex – lack of data, developing services, could GLP-1 drugs help?
- Workshop at BHIVA/BASHH included 25% of A&E admissions were people with HIV, half had stopped ART (VL = 250,000)
- Alcohol in moderation
- Cigarettes have disproportionate impact on people with HIV
- Statins reduce heart attack and stroke – why the caution?

6. Low level viral load

Low-level viral load and unexplained viral rebound?

What if your doctor doesn't believe that you are adherent?

Table 1: Mechanisms and management of LLV

Cause of LLV	Mechanism	Management
Viral production (non-suppressible viraemia)	Latently infected cells are activated and produce viral RNA, proteins, or HIV particles, but new cells do not become infected due to the presence of ART or because the produced virus is replication incompetent (defective).	LLV will not be affected by switching or intensifying ART. There is no ongoing risk of viral evolution and drug resistance.
Viral replication (suppressible viraemia)	Replication is linked to sub-optimal ART caused by low adherence, new drug interactions, or development of drug resistance. New CD4 cells become infected and new replication cycles occur, resulting in viral evolution and risk of drug resistance.	Interventions included dherence support, potential new drug interactions, drug resistance testing and switching/intensifying ART to resuppress viral load.

Consensus guidelines on LLV. Lancet HIV. June 2026.

Summary

- ART gives us a chance to live longer.
- Quality of life includes both medical and social issues.
- Shorter times with our doctors needs planning.
- Make sure you are getting latest information and advice: ask for second opinion.

Thanks

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i-Base Q&A service

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