FAST FACTS

• If you find out you have HIV, it's recommended that you start antiretroviral treatment as soon as possible.

• Taking treatment as prescribed by your doctor keeps you healthy and reduces your chances of passing HIV on to others.

• There are lots of different antiretroviral drug combinations. Your healthcare worker can advise on your options.

Whether you have recently found out you have HIV or have known for a while, you may have questions about starting HIV treatment. You may have heard about HIV treatment – also called antiretroviral treatment (ART) – or know someone else who is taking it. Talk to your doctor about any questions you have - the information on this page should help you to think about the questions you might want to ask.

What is antiretroviral treatment?

Antiretroviral treatment (also known as antiretroviral therapy or ART) are the drugs that treat HIV. Many people living with HIV are taking treatment and staying healthy as a result. Current treatment for HIV is not a cure for HIV, but it can keep HIV under control very effectively.

How does antiretroviral treatment work?

ART works by keeping the level of HIV in your body low (your viral load). This lets your immune system recover and stay strong.
Keeping your viral load low also helps to prevent HIV being passed on.

With good healthcare and treatment, many people with HIV are living just as long as people who don’t have HIV.

You can continue to have relationships, to work or study, to make plans, to have a family – whatever you would have done before your HIV diagnosis.

Effective treatment also means that some people living with HIV are achieving an undetectable viral load. This means that the virus exists in such small quantities in their blood that it does not affect their health and there is zero risk of transmitting the virus on to others. But remember that if you stop taking your medication then your viral load will go back up again.

**When should I start antiretroviral treatment?**

Without treatment, people living with HIV can become ill because of the damage HIV does to the immune system. The immune system is your body’s way of protecting itself from illnesses caused by germs, bacteria or infections.

It is now recommended that people living with HIV start antiretroviral treatment straight away. This is being implemented in an increasing number of countries. In some places, the decision about when to start treatment is still dependent upon a CD4 count test, which looks at how many CD4 cells are in a small amount of blood.

The CD4 cells (also called T-helper cells) are an important part of the immune system because they fight germs and infections. HIV attacks CD4 cells and reduces the number of them in your body. Without treatment, HIV slowly weakens the immune system, making it harder for your body to fight off illness or infection.

You and your healthcare professional will discuss the best time to start treatment.

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When I was first diagnosed, in the mid-90s, life was very different. Treatment was awful, with around 20 tablets a day at high strengths. Times have changed and so have treatments. There really is no reason why you should not live a normal life.

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*Man, aged 44, diagnosed in 1996*

**Other reasons to start treatment**

Antiretroviral treatment also lowers your viral load, which makes it less likely that HIV will be passed on. For this reason, it is important that all women with HIV who are pregnant or breastfeeding, take treatment to prevent HIV being passed on to their baby. Anyone living with HIV who is in a relationship with someone who does not have HIV (a mixed-status relationship) should also consider treatment to prevent HIV transmission.

**Being ready to start treatment**

Perhaps the most important factor of all is whether you feel ready to start HIV treatment. Current
HIV treatment has to be taken every day for the rest of your life. You might feel good about starting HIV treatment, because it is something you can do to stay healthy and strong. But it is also normal to feel worried about it, or to have questions. Give yourself time to prepare for taking HIV treatment every day.

In addition to talking to your doctor, you may find it helpful to talk to someone who has experience of taking HIV treatment. Many clinics have peer mentors, who can offer support and information, or can put you in touch with community organisations and peer support groups.

**What is the best HIV treatment to start with?**

The drugs used to treat HIV are called antiretroviral drugs (ARVs). There are several different types and they work in different ways. HIV treatment is made up of three or more antiretroviral drugs taken together. Sometimes, these drugs are combined into one pill.

There are lots of antiretroviral drugs, and they can be combined in different ways. The World Health Organization (WHO) has recommended a combination of antiretroviral drugs for people starting HIV treatment:

- TDF (tenofovir)
- either 3TC (lamivudine) or FTC (emtricitabine)
- and EFV (efavirenz).

WHO has also recommended alternative combinations. Your doctor will be able to tell you which drugs are best for you.

**What else should I consider?**

If you have a choice of drugs, talk to your doctor about which combination might be the best one for you. If you are taking treatment for another health condition, or contraception (family planning), it’s important that your doctor knows about this, as one drug may affect another. Taking certain recreational drugs can cause your treatment to stop working properly, but it is important that you always take your treatment.

Most antiretroviral drugs are taken once a day, with or without food. However, some drugs are taken twice a day, or should be taken with food. If this might be something you find difficult, talk to your doctor about your options.

In some countries, the cost of drugs and your insurance cover may be something you have to consider.

**Does antiretroviral treatment have side-effects?**

As with all medication, starting to take ARVs can cause some side-effects, particularly in the first few days of treatment. This is another topic you could discuss with your doctor, as it might also affect your choice of drugs. Your treatment will be monitored and you may be recommended to switch drugs if they aren't working for you.

*Photo credit: ©AVERT by Corrie Wingate*
Sources:


WHO (2015) ‘Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV’

WHO (2013) ‘Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection’

Public Health England (2016) 'HIV in the UK'


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