Starting antiretroviral treatment for HIV

How does HIV treatment work?

Video of How does HIV treatment work?

**FAST FACTS**

- Antiretroviral treatment keeps HIV under control, protecting your immune system so that you can stay healthy and live a long life.
- People living with HIV are advised to start treatment straight away, but some people may need time to process their diagnosis before they feel ready.
- There are lots of different antiretroviral drug combinations. Your healthcare worker will help you find the right one for you.

It’s normal to have lots of questions before starting HIV treatment. Your healthcare workers are there to talk to you about any concerns you have and answer your questions. The information on this page should help you to think through what you need to know and the questions you’d like to ask.

What is antiretroviral treatment?

Antiretroviral treatment (also known as antiretroviral therapy or ART) are the drugs that treat HIV. Taking ART means that people living with HIV can live long and healthy lives. ART is **not a cure for HIV**, but it keeps HIV under control, so it doesn’t affect your health and you can carry on with life as usual.

How does antiretroviral treatment work?

Without treatment **HIV attacks the immune system** - the part of your body that protects you from other infections. If people living with HIV don’t take treatment they become more vulnerable to other illnesses.

ART stops HIV from **making copies of itself**. This keeps the amount of virus in your body low, protecting your immune system so you’re less likely to get sick.

With good healthcare and treatment, people with HIV can expect to live 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.

By keeping the amount of HIV in your body low, ART also reduces the risk of HIV being passed on. People living with HIV who take their treatment properly (at the right times and as advised by a doctor) can achieve something called an **‘undetectable viral load’**. This is when the amount of HIV in their body has been reduced to such low levels that it can’t be passed on through sex. To know if you have an undetectable viral load, it’s important to attend regular appointments with your healthcare
team to have your viral load measured – this can tell you how effective your treatment is and how much HIV there is in your body.

When should I start antiretroviral treatment?

It’s now recommended that people diagnosed with HIV start antiretroviral treatment straight away. This is because the sooner you start treatment, the sooner you can benefit from it. Starting treatment as soon as possible protects your immune system from damage and gives you the best chance of staying strong and healthy in the future.

I immediately started my treatment, and boy I have to tell you, I never experienced any sort of setback and have never been sick - and now I am even undetectable.

- Mpho, South Africa

Starting ART late

If you have been diagnosed late and already have a low CD4 count (below 350), it’s especially important that you start treatment straight away. Your CD4 count measures the health of your immune system, and how advanced your HIV infection is. A low CD4 count means that your immune system is already very reduced and you’re more vulnerable to infections. Starting ART immediately will protect you from getting ill and over time your CD4 count will go up again. Some people may be diagnosed with HIV once they have already got an ‘opportunistic infection’. These are illnesses that people living with HIV are more likely to get if their immune system is weak. In these cases it may be recommended that the opportunistic infection is treated first, before you start ART.

Starting ART during pregnancy or breastfeeding

If you’re pregnant or breastfeeding it’s particularly important that you start treatment straight away. This is because ART prevents HIV from being passed on to your baby.

ART is safe to take during pregnancy and breastfeeding, and will keep you and your baby healthy. Talk to your healthcare worker about which combination of antiretroviral drugs is best for you and feel free to ask them any other questions or concerns that you have. They are there to help.

Getting support with starting treatment

It’s important that you feel ready to start ART and understand how to take it properly. 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.

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 normally combined into one pill.

There are lots of antiretroviral drugs, and they can be combined in different ways. The World Health Organization (WHO) recommends that adults and adolescents starting HIV treatment take a combination of HIV drugs with dolutegravir (DTG) as one of the main components. Your healthcare worker will help you to find the best treatment for you.

**How should I take my antiretroviral treatment?**

When and how you take your ART will vary depending on the specific antiretroviral drugs you take. Most antiretroviral drugs are taken once a day, with or without food. However, some drugs are taken twice a day. If this might be something you find difficult, talk to your doctor about your options.

Once you start ART it’s very important that you take it properly and don’t miss or skip doses, as this can lead to something called HIV drug resistance, and may mean that your drugs don’t work as well for you in the future. If you’re finding it hard to take your treatment at the right times and in the right way, speak to your healthcare worker. They can offer you support and give you advice on how to make taking your treatment easier.

**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 or if you're finding the side effects difficult to manage.

**Taking antiretroviral treatment with other medicines**

If you are taking other medications or drugs including: treatments for other health conditions; contraception (family planning); hormonal therapies; or use psychoactive drugs, it’s important that your doctor knows about this. Different drugs can interact, changing the way that they work. This may mean that a drug becomes too strong (which can be dangerous) or that a drug becomes too weak, so that it can no longer control your HIV, prevent pregnancy or treat another health condition. Discuss the medication you take with your healthcare workers so they make sure that the combination is safe and will work well for you.
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Sources:
THT (2018) 'Newly diagnosed' (accessed May 2020)
i-base (2019) 'Late diagnosis and low CD4s' (accessed May 2020)
THT (2018) 'When to start HIV treatment' (accessed May 2020)
i-base (2019) 'What about ART in pregnancy?' (accessed May 2020)