



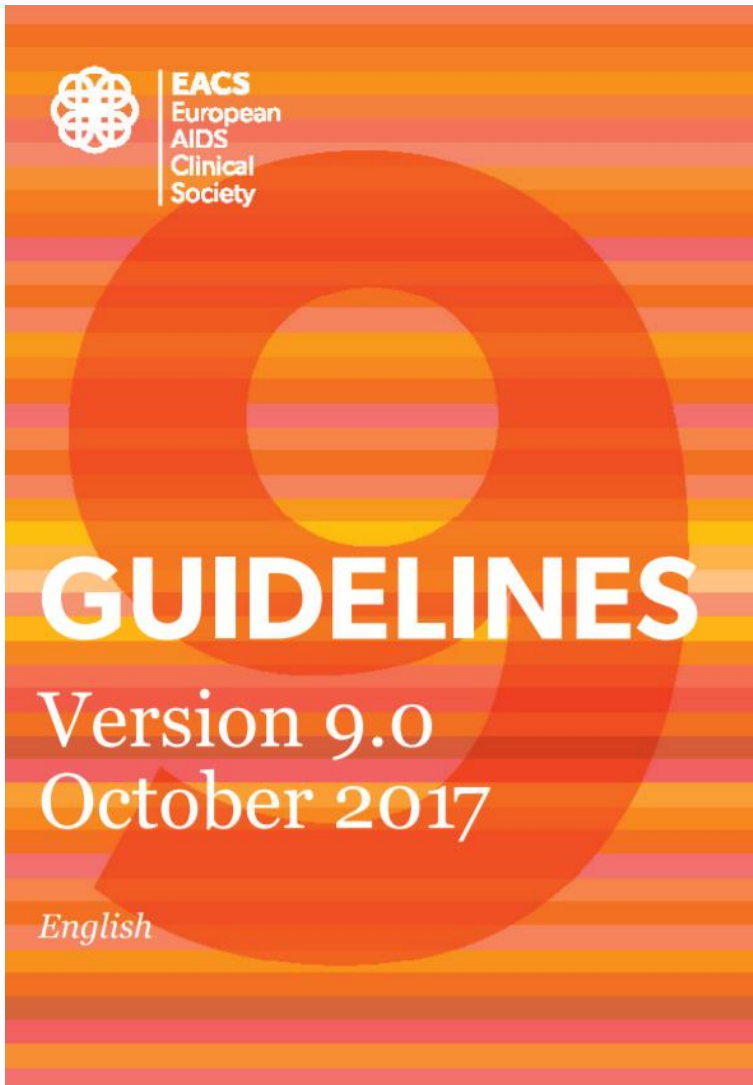
EACS Guidelines – International Standards of Care

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Standards of Care for People Living with HIV

- What is it?
- What standards does it include?
- What is most important for you?





Recommendations of the European AIDS Clinical Society

- The aim of the EACS Guidelines is to provide easily accessible and comprehensive recommendations to clinicians centrally involved in the care of HIV-positive persons.
- The EACS Guidelines are covering a relatively large and diverse area geographically, with different national levels of access to care.
- The Guidelines consist of five main sections, including a general overview table of all major issues in HIV infection, as well as detailed recommendations on antiretroviral treatment, diagnosis, monitoring and treatment of co-morbidities, co-infections and opportunistic diseases



Assessment of HIV-positive Persons

Medical history

Family history (cardio vascular diseases, diabetes, hypertension, chronic kidney diseases)

Concomitant medicines

Past and current co-morbidities

Vaccination history



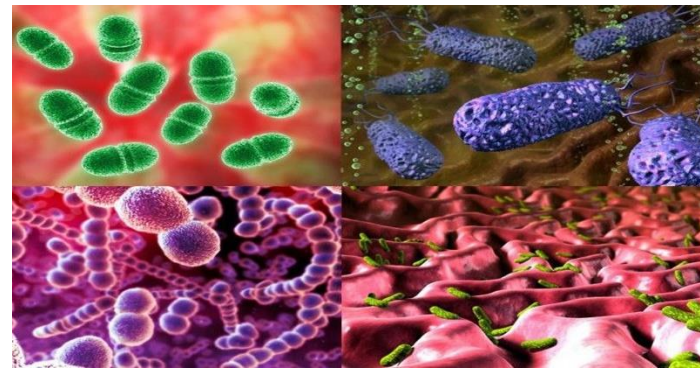
Assessment of HIV-positive Persons

Psychosocial	Current lifestyle (alcohol use, smoking, diet, exercise, drug use)
	Employment
	Social and welfare
	Psychological morbidity
	Partner and children
Sexual and Reproductive Health	Sexual history
	Partner status and Disclosure
	Conception issues
	Hypogonadism (including menopause)

Assessment of the HIV infection stage

Virology	Confirmation of HIV Ab pos
	Plasma HIV-VL
	Genotypic resistance test and sub-type
	R5 tropism (if available)
Immunology	CD4; CD4/CD8
	HLA B*5701 (before ABC prescription)

Coinfections



STIs

- Syphilis
- STI's screen

Viral hepatitis

- HAV serology
- HBV screen
- HCV screen

Tuberculosis

- CXR
- PPD test/
Mantoux test
(CD $>$ 400
cell/ml
- IGRA

Other

- Varicella zoster
virus serology
- Measles/Rubella
- Toxoplasmosis
- CMV serology
- Cryptococcus
antigen
- Influenza virus
- Streptococcus
pneumoniae



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Co-morbidities

- Hematology
- CVD (ECG)
- Pulmonary diseases
- Liver diseases
- Bone Disease
- Vitamin D
- Neurocognitive impairment



Body-mass index

Diabetes

Oncology

Renal diseases

Depression

When to start ART?



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Assessing HIV-positive Persons' Readiness to Start and Maintain ART

Precontemplation

"I don't need it, I feel good."

Contemplation

"I am weighing things up and feel torn about what to do about it."

Preparation

"I want to start, I think the drugs will allow me to live a normal life."

Action

"I will start now."

Maintenance

"I will continue." or
"I have difficulties continuing over the long run."

**ART is recommended in all adults
with chronic HIV infection,
irrespective of CD4 counts**



Benefits and Risks of Rapid Initiation of Antiretroviral Therapy

Nathan Ford; Chantal Migone; Alexandra Calmy; Bernhard Kerschberger; Steve Kanfers; Sabin Nsanzimana; Edward J. Mills; Graeme Meintjes; Marco Vitoria; Meg Doherty and Zara Shubber AIDS. 2018;32(1):17-23.

- Accelerated ART initiation, including starting ART on the same day as HIV diagnosis, can lead to improved clinical outcomes by increasing the number of people starting and remaining on ART.
- Rapid ART start may be especially important for people with very low CD4+ cell counts, for whom the risk of death is high.
- Not all patients may be ready to start treatment on the same day that diagnosis is confirmed.



Primary HIV Infection (PHI)

- Acute infection: HIV detection (p24 Ag and/or HIV-RNA) in the absence of HIV antibody.
- Recent infection: HIV antibody detection; up to 6 months after infection.
- **Treatment of PHI is recommended for all HIV-positive persons.**
- **Immediately:**

Acute infection

Severe or prolonged symptoms

Neurological disease

Age ≥ 50 years

CD4 count < 350 cells/ μ L



Regimen for ART-naïve Adult HIV-positive Persons – Recommended regimens

Regimen	
2 NRTIs + INSTI	ABC/3TC/DTG
	TAF/FTC or TDF/FTC + DTG
	TAF/FTC/EVG/c or TDF/FTC/EVG/c
	TAF/FTC or TDF/FTC + RAL
2 NRTIs + NNRTI	TAF/FTC/RPV or TDF/FTC/RPV
2 NRTIs + PI/r or PI/c	TAF/FTC or TDF/FTC + DRV/c or + DRV/r(v)



Alternative regimens (to be used when none of the preferred regimens are feasible or available)

Regimen	
2 NRTIs + INSTI	ABC/3TC + RAL
2 NRTIs + NNRTI	ABC/3TC + EFV TDF/FTC/EFV
2 NRTIs + PI/r or PI/c	TAF/FTC or TDF/FTC + ATV/c or + ATV/r
	ABC/3TC + ATV/c or + ATV/r
	ABC/3TC + DRV/c or + DRV/r
Others	RAL + DRV/c or + DRV/r

Switch Strategies for Virologically Suppressed Persons

1. Documented toxicity

Examples of these reactive switches: lipoatrophy (d4T, AZT), central nervous system adverse events (EFV), diarrhoea (PI/r) and jaundice (ATV), proximal renal tubulopathy and low bone mineral density (TDF).

2. Prevention of long-term toxicity

3. Avoid serious drug-drug interactions

4. Planned pregnancy

5. Ageing and/or co-morbidity with a possible negative impact of drug(s) in current regimen, e.g. on CVD risk, metabolic parameters.

6. Simplification: to reduce pill burden, adjust food restrictions and improve adherence.

7. Starting of HCV treatment in case of drug-drug interaction

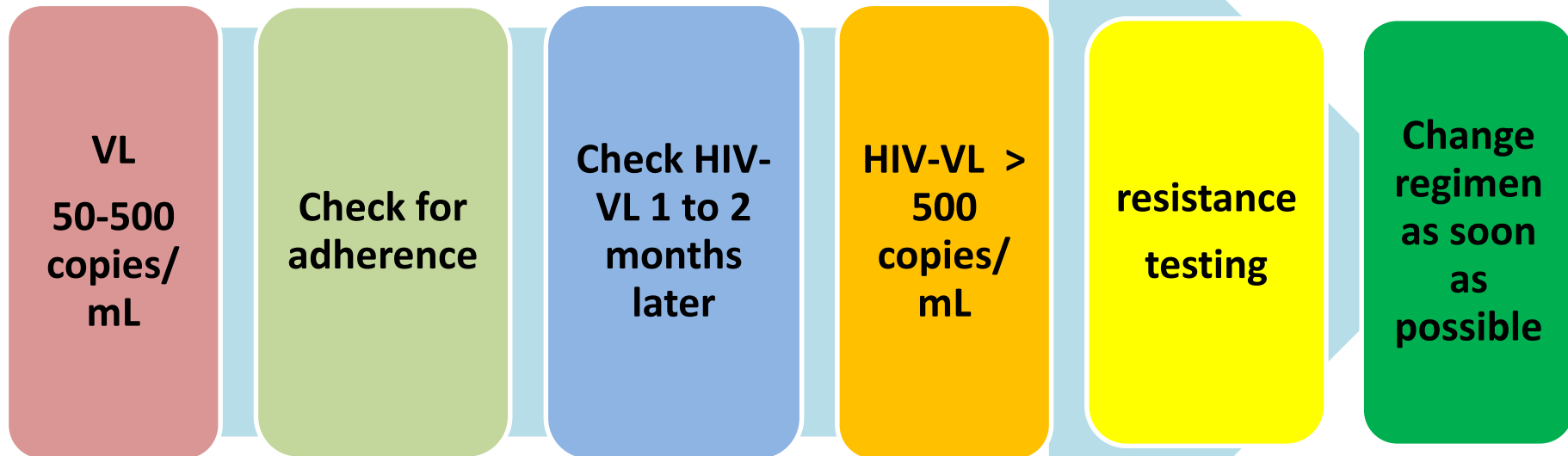


Virological Failure

- **INCOMPLETE SUPPRESSION:** HIV-VL > 200 copies/ mL at 6 months(i) after starting therapy in persons not previously on ART.
- **REBOUND:** confirmed HIV-VL > 50 copies/mL in persons with previously undetectable HIV-VL.



Management of virologic failure (VF)



Treatment of HIV-positive Pregnant Women

Women planning to be pregnant while already on ART	Maintain ART (exclude ddi + d4T, triple NRTI combinations)
Women becoming pregnant while already on ART	Maintain ART, (exclude ddi + d4T, triple NRTI combinations)
Women becoming pregnant while treatment-naïve	Starting ART as soon as possible
Women follow-up starts late in the 2 nd or in the 3 rd trimester	Start ART immediately and consider INSTI as the preferred choice to obtain rapid HIV-VL decline and to ensure the HIV-VL is undetectable by the time of delivery
Women whose HIV-VL is not undetectable at 3 rd trimester	Perform resistance testing and consider changing to or adding INSTI if not on this class to obtain rapid HIV-VL decline



Pre-exposure Prophylaxis (PrEP)

- ✓ Recommended in HIV-negative men who have sex with men (MSM) and transgender individuals when condoms are not used consistently with casual partners or with HIV-positive partners who are not on treatment.
- ✓ May be considered in HIV-negative heterosexual women and men who are inconsistent in their use of condoms and have multiple sexual partners where some of whom are likely to have HIV infection and not being on treatment.



Pre-exposure Prophylaxis (PrEP)

The following procedures are recommended:

- ✓ Documented negative 4th generation HIV test before PrEP
- ✓ During PrEP, test should be repeated every 3 months
- ✓ PrEP should be stopped immediately in case of early clinical signs of HIV seroconversion or a positive HIV diagnostic test

PrEP regimen

- ✓ TDF/FTC 300*/200 mg 1 tablet qd
- ✓ MSM with high-risk sexual behavior: PrEP 'on demand' (double dose of TDF/FTC 2-24 hours before each sexual intercourse, and 2 doses of TDF/FTC, 24 and 48 hours after 1st drug intake)
- ✓ Weekly dose must not exceed 7 tablets




Adverse Effects of ARVs

The toxic effects of ARVs are one of the causes of discontinuation of treatment and adherence problems



NRTIs/NtRTIs

- **ABC** – Systemic hypersensitivity syndrome (HLA B*5701 dependent), IHD
- **ZDV** – anemia, lactatemia
- **TDF** - Fanconi syndrome., fracture risk, osteomalacia

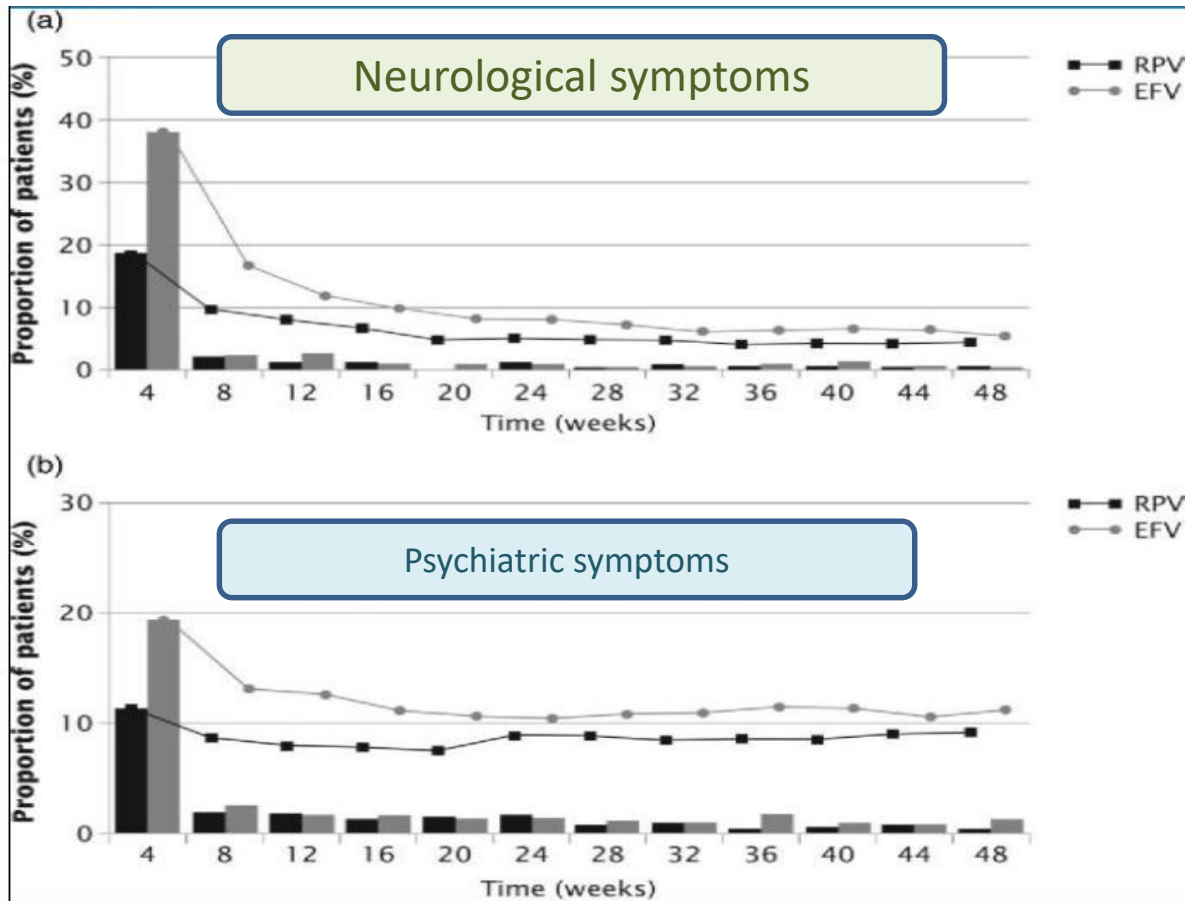
	диданозин DDI 125, 200, 250, 400 мг 100 мг (таб.жев.), порошок 2 и 4г
	ставудин S4T , 30 и 40 мг
	абакавир ABC 300 мг, 600 мг 60 мг, 20 мг/мл (дет.)
	зидовудин AZT 300 мг 100, 250 мг (дет.) 10 мг/мл (дет.)
	эмтрицитабин FTC 200 мг
	ламивудин 3TC 150 и 300 мг, 10 мг/мл (дет.)
	тенофовир TDF 300 мг

NNRTIs

- Rash
- Depression,
- Sleep disturbances,
- Headache,
- Suicidal ideation

	невирапин NVP 200 мг (табл. и капс.)
	этравирин ETR 100 мг и 200 мг
 	эфавиренз EFV 600 мг 200 мг (табл. и капс.) 50, 100 мг и 30 мг/мл (дет).
	рилпивирин RPV 25 мг

NNRTIs



- Neurological and Psychiatric Tolerability of Rilpivirine (TMC278) vs. Efavirenz in Treatment-Naïve, HIV-1-Infected Patients at 48 Weeks*
- AM Mills; A Antinori; B Clotet; J Fourie; G Herrera; C Hicks; JV Madruga; S Vanveggel; M Stevens; K Boven HIV Medicine. 2013;14(7):391-400.

PI

- Early symptoms- nausea and diarrhea
- Late:
 - IHD, dislipidemia
 - lipodistria

ATV - Hyperbilirubinaemia,
jaundice, cholelithiasis

	типранавир TPV 250 мг
	саквинавир SQV 200 мг (капс.) 500 мг
	лопинавир+ритонавир LPV 200/50 мг 100/25 мг; 80/20 мг/мл (дет)
	дарунавир DRV 300, 400, 600 и 800 мг
	атазанавир ATV 100, 150, 200 и 300 мг порошок 180 гр
	фосампренавир FPV 700 мг суспензия 50 мг/мл

INSTI

- Early symptoms- Nausea
- Depression,
- Sleep disturbances,
- Headache,
- Systemic
- Hypersensitivity syndrome
- eGFR

	элвитегравир EVG 85 мг и 150 мг
	ралтегравир RAL 400 мг
	долутегравир DTG 50 мг

FDC

Benefits:

- clear patient preference,
- improved quality of life
- patient satisfaction
- ease of regimen use
- reduce prescribing errors

Problems:

- Some regimens are not available as FDCs
- Patients may need to switch to separate tablets in case of drug substitutions due to intolerance, contraindications or development of resistance
- FDC regimens are more expensive in some countries

	эфавиренз EFV 600 мг + эмтрицитабин FTC 200 мг + тенфовир TDF 300 мг
	тенфовира алафенамид TAF 25 мг + эмтрицитабин FTC 200 мг
	элвитегравир EVG 150 мг + кобицистат COBI 150 мг + тенфовир алафенамид TAF 10 мг + эмтрицитабин FTC 200 мг
	абакавир ABC 600 мг + ламивудин 3TC 300 мг 60/30 мг (дет.)
	зидовудин AZT 300 мг + ламивудин 3TC 150 мг 60/30 мг (дет.)
	рилпивирин RPV 25 мг + тенфовир алафенамид TAF 25 мг + эмтрицитабин FTC 200 мг
	дарунавир DRV 800 мг + кобицистат COBI 150 мг
	элвитегравир EVG 150 мг + кобицистат COBI 150 мг + эмтрицитабин FTC 200 мг + тенфовир TDF 300 мг
	зидовудин AZT 300 мг + ламивудин 3TC 150 мг + абакавир ABC 300 мг
	долутегравир DTG 50 мг + абакавир ABC 600 мг + ламивудин 3TC 300 мг
	тенфовир TDF 300 мг + эмтрицитабин FTC 200 мг
	тенфовир TDF 300 мг + эмтрицитабин FTC 200 мг + рилпивирин 25 RPV
	атазанавир ATV 300 мг + кобицистат COBI 150 мг



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