

Frequently Asked Questions(FAQ) About Anti-Retroviral Therapy(ART)

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What is Anti-Retroviral Therapy (ART)?

Anti-Retroviral Therapy (ART) is the administration of at least three different medications known as Anti-RetroViral drugs (ARV) in order to suppress the replication of the human immunodeficiency virus (HIV). Treatment with these combinations of drugs is also known as Highly Active Antiretroviral Therapy (HAART). ART is not a cure. It must be taken for life and is costly. ART is delivered as part of a comprehensive care, which includes Voluntary Counseling and Testing (VCT), the diagnosis and treatment of Sexually Transmitted Diseases (STDs), Tuberculosis (TB), Opportunistic Infections (OI), and the prevention of mother to child transmission (PMTCT) as well as the treatment of pregnant women.

ART changes a uniformly fatal disease to a manageable chronic illness. Successful use of ART suppresses HIV viral replication, consequently slowing down disease progression, improving immunity and delaying mortality. Even if ART is not a cure, it

prolongs and enhances the quality of life of People Living with HIV/AIDS (PLWHA). Once ART is started, it has to be taken for life with better than 95% adherence.

What are Anti Retroviral Drugs (ARV)?

There are currently three major classes of ARV drugs: nucleoside or nucleotide analogue reverse transcriptase inhibitors (NRTIs), non-nucleoside reverse transcriptase inhibitors (NNRTIs) and protease inhibitors (PIs). The difference between AntiRetroViral (ARV) and AntiRetroviral Therapy (ART) is that ARVs are drugs that have suppressive effect on HIV while ART is an anti HIV treatment using a combination of a minimum of at least three ARVs.

Are ARVs a cure for AIDS?

No, ARVs are not a cure for AIDS. These drugs suppress HIV viral replication, consequently delaying disease progression, thereby improving immunity and delaying mortality. They prolong and enhance the quality of life of PLWHA, changing a uniformly fatal disease to a manageable chronic illness.

How should an HIV positive person access ART?

Clinical and non-clinical eligibility criteria will be used to evaluate if HIV patients should be on ART. HIV patients will initially be evaluated at their nearest health centers. Those who have signs and symptoms of WHO Stage III or AIDS defining illnesses will be referred to ART hospitals for further evaluation and treatment. Other points of referral for ART services include TB clinics, hospital outpatients and inpatients, antenatal care (ANC) and the Voluntary Counseling and Testing (VCT) center. Once the patients are examined by the ART physicians, hospital level quota, priority for vulnerable groups and the readiness of the patients will be taken into account before ART is started. If a clinically eligible patient is not started on ART as a result of not meeting any of the above non-clinical criteria, the patient will be put on a waiting list for ART and will be continually monitored and treated for other OI. Patients on ART waiting list must be able to see their providers at any time they feel there is need for evaluation.

When does an HIV patient need to start ART?

All HIV patients do not need to be on ART. In the natural course of HIV infection, it takes up to eight years before an individual infected with HIV develops AIDS symptoms. It then takes another 1 – 3 years before death. HIV infected patients are started on ART when they manifest signs and symptoms of WHO Stage III or their CD4 count falls below 200 (the laboratory definition of AIDS). With or without ART, HIV infected individual can live a long and productive life by following healthy living, which includes balanced nutrition, exercise, safe sexual practices, and avoidance of harmful practices such as smoking, alcohol and drug abuse. In addition, close monitoring of the disease status and ensuring timely access to health care, can minimize damage to the immune system. As the disease progresses, prevention and treatment of OI become an essential component of HIV treatment.

How long should an HIV patient be on ART and why?

Once a patient starts on ART, the medications must be taken for life near 100% adherence. ARVs only suppress the virus, but do not destroy it. Therefore, the drugs need to be taken all the time to continuously suppress the virus since it will always be in the body.

Can an HIV patient interrupt taking ARVs for any reason?

No, an HIV patient should never interrupt taking ARVs for any reasons except when recommended by the physician. Interruption will cause viral drug resistance resulting in treatment failure. The consequence of non-adherence is the emergence of viral drug resistance. As resistant strains replicate within a patient, ARVs will fail to suppress the virus. There is then the potential of this strain being transmitted within the community and nation, starting an additional epidemic of resistant HIV with very little or no options for treatment. Lack of adherence is the major contributing factor to drug resistance and must be not only the patient's, but also the nation's concern.

What are the side effects of ARV?

This question is best deferred to appropriate caregivers. Side effects could be numerous and relatively common because three different drugs are being administered at the same time. Most of the side effects, however are minor and will be tolerated as patients continue to take the drugs. In rare instances, the side effects could be severe and life threatening requiring medication adjustment or complete discontinuation and change to completely different drug regimen. It is, therefore, highly advisable that patients return to their providers for scheduled visit and close follow up.

Do ARVs eliminate the transmission of HIV/AIDS?

No, ARVs do not eliminate the transmission of HIV/AIDS. They only suppress virus replication. Therefore, an HIV patient on ART still transmits HIV. Safe sexual practices should always be practiced.

Can children be on ART?

Yes, HIV positive children can be on ART once their clinical stage is determined by their physician. ART have a markedly positive effect on children, by improving their development and growth. The ARV preparation and dosage for children are different than those of adults, thus children should not be given ARVs prescribed for adults.

Can HIV positive pregnant women be on ART?

Yes, HIV pregnant women can be on ART. Most ARVs are relatively safe, except a couple that are harmful to the fetal development. The physician will prescribe the appropriate ARV drugs for pregnant women.

What are the nutrition requirements and how important are they?

Nutrition plays a significant role in building up immunity and fighting disease. HIV patients need to maintain a balanced diet.

