Beginning Treatment

The precise point at which time doctors will usually urge that treatment be started may vary. It is most often based on their assessment of a combination of:

- CD4 count (between 200 and 300)
- Viral load (>55,000)
- Whether or not you have symptoms of HIV-related problems
- Related problems
- Your readiness and ability to handle these medications

Once you have made the decision to start treatment the next challenge is choosing the right combination of medications for you. There is no best combination of medications. We can all agree that an effective combination is one that will drop your viral load as low as possible and increase your CD4 count as high as possible. The best combination is one that meets these goals but also fits well into your lifestyle and is something you can stick with or “adhere to” everyday.

A Few Words About Adherence

Adherence is just a fancy word which means taking your medications as prescribed by your doctor – the right medication, at the right dose, at the right time each and every day. We know-easier said than done!

We understand how easy it is to forget a dose or to not follow the instructions exactly. However, not taking your HIV medications exactly as prescribed can have serious consequences. HIV is quite "sneaky" and is able to reshape itself (mutate) and start making millions of copies of a new virus. This process is called resistance, and not taking the medications as prescribed is one way of developing resistance. With resistance, the viral load begins to increase and your CD4 may drop as the virus rapidly multiples. If this occurs, a change in your regimen is usually recommended.

Some medications have side effects, which may be difficult to get used to. Taking many pills on a daily basis is a challenge. Some medications need to be taken on an empty stomach, while others are taken with food. It can be quite overwhelming at times to keep up with the different times, number of medications and food requirements. The staff at the HIV Care Program want to help you during this difficult time. The pharmacist can give you some tips on taking your medications; provide you with written information, schedules, personal beepers, dossettes, telephone assistance and support. Many of the medication-related side effects do diminish after a few weeks and most can be tolerated and treated if necessary.

Sometimes, medications need to be stopped because of intolerable side effects or because they’re not working as well as others might. If this happens, your physician may prescribe other medications in order to find the combination that is the most effective against the virus, with the least side effects, and the simplest schedule. We’ll work with you to try and make it as easy for you as possible.

If Your CD4 Count is Below 200

Preventing Pneumocystis Carinii Pneumonia (PCP):

As you CD4 count falls below 200, your risk of getting an opportunistic infection increases. PCP or Pneumocystis Carinii Pneumonia is the most common opportunistic infection in people with a low CD4 count.

Taking medication every day can prevent PCP. This will be offered to you when your CD4 count reaches or is less than 200. In certain cases, you can get PCP even if taking the medication as prescribed. Some people get PCP more than once. The organism that causes PCP is very common but having PCP does not put those around you at risk of getting the infection if they do not have weakened immune systems.
PCP may cause dry cough, fever, breathing difficulties and fatigue. Please report any of these symptoms to a member of the HIV Care Program.

**Preventing Opportunistic Infections:**

People with CD4 counts below 100 are at higher risk of getting certain bacterial and fungal infections. These include Mycobacterium Avium Complex (MAC), Toxoplasmosis (Toxo) and Cytomegalovirus (CMV) to name a few.

Your nurse or specialist can explain all of these conditions in greater detail if you’d like to know more. What is important to remember is that many of these infections can be prevented by taking antibiotics and also by taking precautions with everyday activities (i.e. use of gloves to change cat litter and proper food preparation to prevent Toxoplasmosis; gardening with gloves on to prevent Histoplasmosis which is a fungal found in soil containing bird droppings). Common sense will provide some protection from these infections.

Many of these infections are classified as AIDS-defining illnesses. However, they can be treated and many people with AIDS go on with their lives following one of these illnesses.

The HIV Care Program promotes the importance of taking medications to prevent infections, and to slow HIV disease progression, as well as other measures you may employ. We understand the impact this may have on your daily life and will support your efforts to do the best you can.

**Dental Care:**

When your CD4 count is low, you are at higher risk of getting oral infections including thrush oral hairy leukoplakia (OHL) and oral herpes (cold sores). Therefore, seeing your dentist *every six months* is important in helping to monitor for infections and to determine whether a chosen treatment is helping or not. Continue to brush and floss on a daily basis.

**Preventing CMV Retinitis:**

CMV (Cytomegalovirus) is a virus that can be spread through sexual intercourse, by direct contact with infected blood, body fluids or by sharing needles. Many of us have been exposed to this virus without even knowing it. In people with normal immune systems, CMV does not usually cause illness. However, in HIV infected individuals, the virus can cause infection in the eye, the lung, the stomach, and the brain.

The most common place for CMV infection is in the retina of the eye. This is known as CMV retinitis, which causes changes in vision. It will lead to blindness if left untreated. Symptoms of CMV retinitis include:

- Blurred vision,
- Spots or floaters in your line of vision which do not go away,
- And difficulty in reading

If your CD4 count drops below 100, your doctor may order a blood test to determine whether you have ever been exposed to CMV. Also, any changes in your vision should be reported immediately so that your vision can be assessed. While there is no cure for CMV retinitis, medications can slow the progression of the disease and maintain the vision you have left.

Up to 46% of people with AIDS are affected by Cytomegalovirus (CMV) retinitis. Because CMV can lead to permanent eye damage and blindness, you should stay as aware as possible of early warning signs. There are some fairly easy steps to follow, including self-testing. Below is an Amsler Grid, which is used to detect CMV retinitis. *It should be used weekly.* If you notice any change or problem in vision, you should contact your doctor and look into treatment options that will help to slow the progress of CMV retinitis.
Follow These 5 Steps to Use the Amsler Grid:

1. Make sure the Amsler Grid is well lit and located in a comfortable reading distance.
2. With glasses or contact lenses, if you wear them, cover one eye and look directly at the black dot in the center of the grid.
3. Keeping your eye on the center dot, notice whether the lines and squares appear straight and equal.
4. Repeat the steps for the other eye.
5. If any area of the Amsler Grid looks distorted, blurred, discolored or is missing (see examples below), call your health care professional.

Symptom Monitoring:

As previously discussed, any new or worrisome symptoms should be reported to a member of the HIV Care Program. Depending on your symptoms, the doctor may order blood tests, x-rays, scans, stool specimens or other tests.

If the HIV Care Program is closed, consider going to your family doctor or the nearest walk-in clinic or hospital for assessment if you’ve had a sudden change in your health and you are concerned.