

What's your problem?

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Your chance to ask an HIV-experienced doctor about any medical query you might have. We are grateful to Dr Louise Owen, medical director of the Centre Clinic in St Kilda, who will be answering your questions.

Starting treatment

LIONEL FROM REDFERN, NSW WRITES:

I have been HIV-positive for eight years now and have never taken treatments for it. I do monitor my T-cells (which are now about 400) and my [viral load](#) [1]A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. is 10 000 copies. My doctor thinks I should be considering taking [antivirals](#) [2]A medication or substance which is active against one or more viruses. May include anti-HIV drugs, but these are more accurately termed antiretrovirals. particularly to get my viral load undetectable but also because my T-cells have dropped about 200 in the last year. I am reluctant to start treating as I don't want pills in my life and I am worried about the side- effects I hear about— diarrhoea, nausea and all that kind of stuff. When is the best time to start treatment, in your opinion?

LOUISE REPLIES:

Thanks for this question Lionel. It is usually an issue that can be discussed over a number of visits with your doctor and isn't usually based on a one-off result, but rather a "trend" that we notice when the CD4 cell count is declining.

Precisely when to initiate antiretroviral therapy ([ARV](#) [3]A medication or other substance which is active against retroviruses such as HIV.) in people without symptoms (asymptomatic) is a question still being resolved. Current best practice and international guidelines, which clinicians in Australia follow, point to starting treatment (in asymptomatic people) when CD4 cell counts are approaching or below 350. So in your case, I would be suggesting the same, that we use this time to prepare for starting the ARVs and continue monitoring the numbers. CD4 counts are usually more important than the viral load, although both parameters are taken into account in the decision-making process. Generally the lower the CD4 cell count, the higher the risk is of poor CD4 cell recovery (in total numbers and in function) and the higher the risk of complications and illness related to HIV. People with CD4s of less than 100 have a significant risk of serious HIV-related complications in the next 12 months, so we prefer to start medications before this point is reached if possible. It is usually best to repeat the actual CD4 count on a number of occasions rather than deciding to act on a single result. CD4 counts naturally fluctuate and it is the trend as well as the actual number and percentage that we are interested in.

Champix and antivirals

PAT FROM CLOVELLY PARK, SA, WRITES:

A friend of mine who used to smoke 60 cigarettes a day recently gave them up using the drug Champix. I have heard there are side-effects from using this drug but am particularly worried about any possible interactions with my HIV antiretrovirals. I am taking Kaletra and Truvada. What do you think?

LOUISE REPLIES:

Hi Pat, it's great your friend was able to give up smoking. There are a number of things people can do to help them give up smoking, and it is important that people have tried simple measures and 'over-the-counter' products, such as nicotine replacement gums and patches – available at your local pharmacy – before medications are used.

A number of medications are licensed for use to help people quit smoking. Ideally these are used in a comprehensive way with other measures to maximise success. Any medication can have side-effects and potential interactions with other medications. When medications are relatively new on the shelves, some potential interactions may have been identified, but not all of these may have been reported.

Champix is the trade name for a medication called varenicline. It binds to neuronal receptors in the brain to produce

an effect sufficient to alleviate symptoms of craving and withdrawal (agonist activity), while simultaneously resulting in blockade of the rewarding and reinforcing effects of smoking (antagonist activity). Studies are reporting quite good success at assisting people with smoking cessation.

All medications can have side-effects. I don't want to put you off, but some serious neuropsychiatric symptoms have occurred in patients being treated with Champix. It is important to have tried other techniques to help you quit before starting a medication like Champix. Some cases may have been complicated by the symptoms of nicotine withdrawal in patients who stopped smoking; however, some of these symptoms have occurred in patients who continued to smoke. Patients attempting to quit smoking with Champix and their friends and families should be alerted to the need to monitor for these symptoms and to report such symptoms immediately to their doctor.

The decision to use these medications takes a lot of things into account and one of course is potential interactions with any other medications. Champix and your antiretroviral medications are metabolised through different pathways in the body and there does not seem to be any interactions. This information is based on current pharmaceutical literature, however it is important that we always check potential interactions at the time of prescribing. Your pharmacist can check for interactions also.

So, we will always support you in your quest to give up smoking and at some stage, using medication may be the answer. So certainly talk to your doctor, it may be an option for you!

- [smoking](#)
- [starting treatments](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/416>

[2] <http://www.napwa.org.au/glossary/term/123>

[3] <http://www.napwa.org.au/glossary/term/122>