

Making decisions about treatment

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Women and antiretroviral drugs

Anti-HIV therapy means that many women with HIV can expect to live normal life-spans and, if they wish, to give birth to HIV-uninfected children. However, there is still no scientific consensus on when to start treatment, and no perfect regimen that is potent, easy to take and [side effect](#) [1]An unwanted effect caused by the administration of drugs. Onset may be sudden or develop over time. free for all people.

Initially most of the research into HIV and its treatments was in men. Men significantly outnumber women as participants in medical research generally; partially due to concerns about [experimental](#) [2](Of a drug) Not licensed for use in humans, or as a treatment for a particular condition. Experimental drugs are studied in clinical trials to determine their safety and efficacy, and are sometimes made available via Special Access Schemes prior to their approval. drugs and the possibility that women may become pregnant, and perhaps partly to do with women having complex roles and multiple responsibilities, making participation in trials harder. But there has now been enough research in women to know the following:

- Antiretroviral drugs work as well in women as they do in men, but the side effects can be different;
- Women are more likely to experience side effects than men (particularly changes to body shape through changes in fat distribution, especially fat gain);
- A woman with a lower [viral load](#) [3]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. after seroconversion (becoming HIV positive) may progress to AIDS at the same rate as a man with a higher viral load.

What are antiretroviral treatments?

Antiretroviral ([ARV](#) [4]A medication or other substance which is active against retroviruses such as HIV.) drugs stop HIV from replicating and infecting new cells in your body.

There are different classes (groups) of HIV antiretroviral drugs. These are:

- Nucleoside and nucleotide reverse transcriptase inhibitors (NRTIs, sometimes called [nucleoside analogues](#) [5])
- Non-nucleoside reverse transcriptase inhibitors (NNRTIs, sometimes called non-nukes);
- Protease inhibitors (PIs);
- Fusion inhibitors and CCR5 entry inhibitors;
- Integrase inhibitors (A new class of drug which targets the Integrase enzyme that HIV uses to insert its genetic code into the DNA of the host cell).

Each of these classes of drugs works in a different way to interfere with the HIV life cycle and makes it difficult for the [virus](#) [6]A small infective organism which is incapable of reproducing outside a host cell. to reproduce. There is a range of different drugs in each of the classes and while drugs in the same class share some common characteristics, there are differences. Some are more effective at stopping HIV replication, and some are less likely to have certain side effects.

What is combination antiretroviral therapy?

[Combination therapy](#) [7]Highly Active AntiRetroviral Therapy ??? aggressive treatment of HIV infection using several different drugs together. is the use of two or more HIV antiretrovirals at the same time, as part of a treatment plan or strategy. Most commonly people take a combination of three drugs — sometimes more — from two or more of the classes listed above.

The reason for using antiretroviral drugs in combination is to prevent drug [resistance](#) [8] HIV which has mutated and is less susceptible to the effects of one or more anti-HIV drugs is said to be resistant.. (See page 31 on resistance).

First line-therapy

Your first combination of antiretroviral drugs will usually include two drugs from the nucleoside/nucleotide analogue class, together with either an NNRTI or a protease inhibitor. The protease inhibitor may be 'boosted' by the addition of a small dose of another protease inhibitor, ritonavir.

The World Health Organisation HIV treatment guidelines recommend using a drug from the NNRTI class as the third drug in the combination, as these are less likely to cause side effects. However, under Australian and US guidelines, the use of either an NNRTI drug or a protease inhibitor should be determined by an assessment of the individual.

The precise drugs chosen should be the ones least likely to cause you side effects in the short and long term, with a convenient dosing schedule for you. It is important that combination of drugs is potent enough to reduce your viral load to undetectable levels.

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Links:

[1] <http://www.napwa.org.au/glossary/term/469>

[2] <http://www.napwa.org.au/glossary/term/491>

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

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

[5] <http://www.napwa.org.au/glossary/term/104>

[6] <http://www.napwa.org.au/glossary/term/125>

[7] <http://www.napwa.org.au/glossary/term/96>

[8] <http://www.napwa.org.au/glossary/term/109>

[9] <http://www.napwa.org.au/resource/treat-yourself-right/myths-and-facts-about-hiv-treatment>

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<http://www.napwa.org.au/resource/treat-yourself-right/making-decisions-about-treatment/preventive-treatments-pro-phylaxis>

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<http://www.napwa.org.au/resource/treat-yourself-right/living-with-hiv-your-health/monitoring-your-hiv/other-common-tests>

[21] <http://www.napwa.org.au/resource/treat-yourself-right>