



ARCA

Working Together for a Cure

For Immediate Release

Media Contacts:

Melanie Thompson, MD

drmt@mindspring.com

Eulisa White (+1 404.876.2317 x339)

EulisaW@arcatlanta.org

ARCA Principal Investigator Chairs International AIDS Society-USA Panel on Guidelines for Treatment of HIV

Dr. Melanie Thompson is Lead Author of 2010 Guidelines Published in the Journal of the American Medical Association

Vienna, Austria. Dr. Melanie Thompson, Principal Investigator of The AIDS Research Consortium of Atlanta (ARCA) unveiled the 2010 Recommendations of the International AIDS Society- USA (IAS-USA) Panel on Antiretroviral Treatment for Adult HIV Infection at a press conference held by the Journal of the American Medical Association (JAMA) in Vienna today. Vienna is the site of the XVIII International AIDS Conference. Full text of the guidelines and supplementary tables are available as free access on the JAMA website, <http://jama.ama-assn.org> and will be published in print on Tuesday, July 20, 2010.

Dr. Thompson has been a member of the IAS-USA panel since 1995 and currently serves as its chair. The panel issues periodic updates of recommendations for the treatment of HIV infected adults, and this is the 9th generation of guidelines published by JAMA. The current guidelines raise the CD4 cell count at which treatment for HIV is recommended. The CD4 cell count is a key marker for the health of the immune system in persons infected with HIV. “In 2008, the panel recommended that, for asymptomatic persons, treatment should begin before CD4 cell counts dropped to below 350 cells/ μ L, however the pendulum is shifting toward earlier therapy and in 2010 the panel recommends beginning therapy at a CD4 cell count of 500 cells/ μ L or less for people without symptoms,” Dr. Thompson explained.

“Studies have shown that allowing HIV to reproduce in the body without drug treatment causes harmful effects, such as immune system activation and chronic inflammation.” This chronic state of inflammation is associated with serious diseases not previously thought to be associated with HIV, such as cardiovascular, kidney, and liver disease as well as cancers. Treatment with antiretroviral therapy (ART), lowers inflammation and can decrease severe disease and increase the life span for HIV-infected persons with CD4 cell counts at or below 500 cells/ μ L. Likewise, persons with many other conditions, including pregnancy, hepatitis B or C coinfection, HIV-associated kidney disease, active or high risk for cardiovascular disease, symptomatic primary HIV infection, age older than 60 years, opportunistic diseases including tuberculosis, and persons at high risk for HIV transmission, should receive ART regardless of their CD4 cell count.

“In addition,” Thompson says, “we now have more drugs with improved potency, tolerability, toxicity, and simplicity of administration, and these drugs are also capable of suppressing virus that has developed resistance to many of our usual antiretroviral drugs. Therefore, with improved drug therapy there are options available capable of keeping HIV suppressed to extremely low levels in the bloodstream for many years, even after the failure of first and subsequent regimens. The IAS-USA guidelines also make specific recommendations about which drugs to choose for initial therapy and principles to guide patient monitoring and changing therapy.

An important aspect of the new guidelines highlights the fact that when successful ART is taken over time by a person with HIV infection, that person's likelihood of spreading HIV decreases. Increases in the use of ART may decrease new HIV infections in areas where ART is broadly available. Thus, HIV treatment also contributes to HIV prevention.

Dr. Thompson also points out that “most persons are diagnosed with HIV when they have lower CD4 cell counts, therefore the discussion about starting early to improve health becomes irrelevant. This underscores the need for increased HIV rapid testing and improvement in linkage to care so that every person with HIV may benefit from early treatment. The full implementation of guidelines will require the political will to address social and structural barriers to prevention and care that exist in America and throughout the world, as well as the stigma and discrimination that accompany a diagnosis of HIV infection.”

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About the AIDS Research Consortium of Atlanta

ARCA is a registered 501(c)(3) not-for-profit clinical research, testing, outreach and educational organization founded in 1988. ARCA works through a network of more than 50 physicians and 5 public health clinics to conduct clinical drug and vaccine trials and prevention research studies. ARCA also provides patient and care-provider educational programs, free STD testing for men, and free, anonymous HIV testing when funds are available. More than 5000 Atlantans have learned their HIV status through ARCA's HIV testing program.

ARCA has become a leading HIV/AIDS research facility over the past two decades by enrolling more than 2,000 metro Atlanta residents in more than 300 clinical drug trials that provide the latest investigational HIV/AIDS medications at no cost to them. ARCA has contributed key scientific information leading to the FDA approval of more than 27 individual and combination drugs now available for people with HIV/AIDS worldwide. ARCA was one of only three centers in the US that participated in a Centers for Disease Control and Prevention (CDC) study to test the safety of tenofovir, an existing HIV medicine, as a possible tool to prevent HIV infections. Over a 14 year period, ARCA enrolled more than 10,000 Atlantans with HIV infection in a CDC study to better understand HIV and AIDS. In all, more than 20,000 Atlantans have participated in ARCA studies and services. For more information, visit www.arcatlanta.org.