

Scientists draw evidence-based blueprint for HIV treatment and prevention

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For many years, clinicians debated the best time to sufficient global political will can be mustered to start antiretroviral therapy (ART) for HIV infection, with some worrying that the risks of treatment in terms of drug toxicities could outweigh the benefits of controlling the virus. In a new commentary, scientists from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, argue that the results of three large clinical trials definitively prove that the benefits of starting ART early in infection outweigh any theoretical risk. Together, the findings from the NIH-funded SMART study reported in 2006, HPTN 052 study in 2011 and START study this year conclusively demonstrate that starting ART promptly after HIV diagnosis protects the health of the infected individual while preventing HIV transmission to uninfected sexual partners, the authors write.

NIAID Director Anthony S. Fauci, M.D., and colleague Hilary D. Marston, M.D., M.P.H., also note that the results of the IPERGAY study, published concurrently with their commentary today online by the New England Journal of Medicine, represent important new data on HIV prevention. The study, conducted in France and Canada, focused on the use of ART for HIV prevention, a practice known as pre-exposure prophylaxis (PrEP). The IPERGAY researchers found that men who have sex with men and transgender women at high risk for HIV infection who took PrEP around the time of sexual activity were 86 percent less likely to acquire HIV than similar individuals who took a placebo. According to Drs. Fauci and Marston, this finding is further evidence of the power of PrEP to prevent HIV infection in high-risk populations. The combination of PrEP and prompt initiation of ART for infected individuals offers a promising blueprint to bring about an end to the HIV/AIDS pandemic, the authors write.

Now, the scientists conclude, realizing the promise of early ART and PrEP depends on whether

provide sufficient human and financial resources to scale up HIV testing and treatment throughout the world.

More information: AS Fauci and HD Marston. Ending the HIV-AIDS pandemic—follow the science. New England Journal of Medicine DOI: 10.1056/NEJMp1512020 (2015).

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