

HIV Care and Treatment Basics

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HIV Care and Treatment Basics

This educational packet is a curated compilation of resources about HIV care and treatment.

The contents of this packet are listed below:

- Understanding Care (CDC)
- Entender los Cuidados (CDC)
- HIV Treatment (CDC)
- Tratamiento del VIH (CDC)
- HIV Treatment: The Basics (HIVinfo)
- Tratamiento para la Infección por el VIH: Conceptos Básicos (HIVinfo)
- HIV Treatment and Care (CDC)
- Talking to Your Patients (CDC)

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

Understanding Care

 [cdc.gov/hiv/basics/livingwithhiv/understanding-care.html](https://www.cdc.gov/hiv/basics/livingwithhiv/understanding-care.html)



Who should be on my health care team?

Finding a health care team that is knowledgeable about HIV care is an important step. Your health care team will help you manage your care and treatment.

Primary HIV Health Care Provider

Your primary HIV health care provider should lead your health care team. Your primary HIV health care provider may be a

- Medical Doctor (MD or DO),
- Nurse Practitioner (NP), or
- Physician Assistant (PA).

Your primary HIV health care provider will

- determine which HIV medicine is best for you,
- prescribe HIV medicine (called *antiretroviral therapy* or ART),
- monitor your progress and help you manage your health, and
- put you in touch with other HIV providers who can address your needs.

Other HIV Providers

Your health care team may include other providers who are experts in taking care of people with HIV.

- **Allied health care professionals** like nurses, mental health providers, pharmacists, nutritionists, and dentists.
- **Social service providers** like social workers, case managers, substance use specialists, and patient navigators.

The Ryan White HIV/AIDS Program provides access to medical care, medication, and essential support services if you need assistance.

What do I need to do as part of my HIV care?

Take Your HIV Medicine as Prescribed

- This will help keep your viral load low and your CD4 count high.
- Take your HIV medicine exactly how your health care provider tells you to—at specific times of the day, with or without certain kinds of food.
- Keep track of your medicine and schedule.
- Talk to your health care provider or pharmacist if you have questions about when or how to take your medicine, or if you are experiencing any side effects.

Keep Your Medical Appointments

- Use a calendar to mark your appointment days.
- Set reminders on your phone.
- Download an app on your phone that can help remind you of your medical appointments.
- Keep your appointment card in a place where you will see it.
- Ask a family member or friend to help you remember your appointment.

Talk Honestly with Your Health Care Provider

- Your health care provider needs to have the most accurate information to manage your care and treatment.
- Write down questions you want to discuss with your health care provider. Be ready to write down the answers.
- Keep track of your lab results, medical visits, and care and treatment plans.
- Make sure your health care providers have your correct contact information.

What can I expect during a medical visit?

During your medical visit, your health care provider may ask questions and conduct routine medical exams to see how HIV is affecting your body.

Your health care provider may

- Take a blood sample to check your viral load.
- Ask questions about your health history.
- Look for other kinds of infections or health problems. Some health problems may weaken your body, make your HIV worse, or prevent your treatment from working.
- Give you immunizations, if you need them.
- Discuss, prescribe, and monitor your HIV medicine.
- Discuss ways to help you follow your HIV treatment plan.
- Help identify other support you may need.
- Ask about your sexual or injection partners and discuss ways to protect them from getting HIV.

What are the different tests that help monitor my HIV?

Your health care provider will use blood tests to monitor your HIV infection. These tests help your health care provider make decisions about changes to your treatment.

CD4 Count

- Your CD4 count is the number of CD4 cells you have in your blood. CD4 cells help your body fight infections.
- HIV attacks and lowers the number of CD4 cells in your blood. This makes it difficult for your body to fight infections.
- Your health care provider will check your CD4 count every 3 to 6 months.

Viral Load Test

- Viral load is the amount of HIV in your blood.
- Your health care provider will use a viral load test to determine your viral load.
- When your viral load is high, you have more HIV in your body. This means your immune system is not fighting HIV very well.
- You should have a viral load test
 - every 4 to 6 months,
 - before you take a new HIV medicine, and
 - around 2 to 8 weeks after starting or changing medicine.

Entender los cuidados

 [cdc.gov/hiv/spanish/basics/livingwithhiv/understanding-care.html](https://www.cdc.gov/hiv/spanish/basics/livingwithhiv/understanding-care.html)



¿Quiénes deben estar en mi equipo de atención médica?

Encontrar un equipo de atención médica que tenga los conocimientos de cómo tratar la infección por el VIH es un paso importante. Su equipo de atención médica lo ayudará a manejar su cuidado y tratamiento.

Proveedor de atención médica primario para el VIH

El proveedor de atención médica primario para el VIH debe ser quien guíe a su equipo de atención médica. Su proveedor de atención médica primario para el VIH podría ser un:

- médico (con título de MD o DO),
- profesional en enfermería superior (NP), o
- asociado médico (PA).

Su proveedor de atención médica primario para el VIH:

- determinará qué medicamento para el VIH es el mejor para usted;
- le recetará medicamentos para el VIH (también llamados terapia antirretroviral o TAR);
- monitoreará su progreso y lo ayudará a manejar su salud; y
- lo pondrá en contacto con otros proveedores de atención médica para el VIH que puedan abordar sus necesidades.

Otros proveedores de atención médica para el VIH

Su equipo de atención médica podría incluir a otros proveedores que sean expertos en la atención de personas con el VIH:

- **Profesionales de atención médica aliados**, como personal de enfermería, proveedores de salud mental, farmacéuticos, nutricionistas y dentistas.
- **Proveedores de servicios sociales**, como trabajadores sociales, administradores de casos, especialistas en consumo de sustancias y guías del paciente (*navigators*).

Si necesita asistencia, el [Programa de VIH/SIDA Ryan White](#) provee acceso a atención médica para el VIH, [medicamentos](#) y servicios de apoyo esenciales.

¿Qué necesito hacer yo como parte de mis cuidados para el VIH?

Tome los medicamentos para el VIH según las indicaciones

- Esto lo ayudará a mantener baja su carga viral y alto su recuento de células CD4.
- Tome los medicamentos exactamente como se lo diga su proveedor de atención médica: a determinadas horas del día, con o sin ciertos tipos de alimento.
- Lleve un registro de sus medicamentos y régimen horario.
- Hable con su proveedor de atención médica o farmacéutico si tiene alguna pregunta sobre cuándo o cómo tomar sus medicamentos o si tiene algún efecto secundario.

Mantenga sus citas médicas

- Use un calendario para marcar los días en que tiene una cita médica.
- Programe recordatorios en su teléfono.
- Descargue una *app* en su teléfono que pueda ayudarlo a recordar las citas médicas.
- Guarde la tarjeta con la fecha de su próxima cita en un lugar donde la vaya a ver.
- Pídale a un familiar o amigo que lo ayude a recordar la cita.

Hable con sinceridad con su proveedor de atención médica

- Su proveedor de atención médica necesita tener la información más precisa posible para manejar su atención médica y tratamiento.
- Anote las dudas sobre las cuales quiera hablar con su proveedor de atención médica. Esté preparado para anotar las respuestas.
- Lleve un registro de sus resultados de laboratorio, visitas médicas y planes de cuidados y tratamiento.
- Asegúrese de que sus proveedores de atención médica tengan su información de contacto correcta.

¿Qué puedo esperar durante la visita médica?

Durante la visita médica, el proveedor de atención médica podría hacerle preguntas o exámenes médicos de rutina para ver cómo el VIH está afectando su cuerpo.

Además, podría:

- Tomarle una muestra de sangre para revisar su carga viral.
- Hacerle preguntas sobre sus antecedentes médicos.
- Revisar si tiene otros tipos de infección a problemas de salud. Algunos problemas de salud podrían debilitar su cuerpo, empeorar la infección por el VIH o impedir que el tratamiento funcione.
- Ponerle vacunas si las necesita.

- Hablarle sobre los medicamentos para el VIH, recetárselos y monitorearlos.
- Conversar con usted sobre lo que puede ayudarlo a seguir su plan de tratamiento para el VIH.
- Ayudarlo a identificar otros tipos de apoyo que podría necesitar.
- Preguntarle sobre sus parejas sexuales o compañeros de inyección de drogas y conversar con usted sobre las formas de protegerlos para que no contraigan el VIH.

¿Cuáles son las diferentes pruebas que ayudan a monitorear mi infección por el VIH?

Su proveedor de atención médica usará muestras de sangre para monitorear su infección por el VIH. Los análisis de sangre lo ayudan a tomar decisiones sobre los cambios que deba hacer en el tratamiento.

Recuento de CD4

- El recuento de CD4 es la cantidad de células CD4 que tiene en la sangre. Las células CD4 ayudan al cuerpo a luchar contra las infecciones.
- El VIH ataca las células CD4 y reduce la cantidad que hay en la sangre. Esto hace que le sea difícil al cuerpo luchar contra las infecciones.
- Su proveedor de atención médica revisará su recuento de células CD4 cada 3-6 meses.

Prueba de carga viral

- La carga viral es la cantidad de VIH que hay en la sangre.
- Su proveedor de atención médica le hará una prueba de carga viral para determinar la cantidad de virus que tiene en la sangre.
- Cuando la carga viral es alta, hay más VIH en el cuerpo. Esto significa que su sistema inmunitario no está luchando contra el VIH muy bien.
- Debería hacerse una prueba de carga viral:
 - cada 4-6 meses,
 - antes de tomar un nuevo medicamento para el VIH, y
 - aproximadamente entre 2 y 8 semanas después de comenzar o cambiar un medicamento.

HIV Treatment

[cdc.gov/hiv/basics/livingwithhiv/treatment.html](https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html)



HIV TREATMENT

What is HIV treatment?

HIV treatment (antiretroviral therapy or ART) involves taking medicine as prescribed by a health care provider. HIV treatment reduces the amount of HIV in your body and helps you stay healthy.

- There is no cure for HIV, but you can control it with HIV treatment.
- Most people can get the virus under control within six months.
- HIV treatment does not prevent transmission of other sexually transmitted diseases.

When should I start HIV treatment?

Start HIV treatment as soon as possible after diagnosis.

- All people with HIV should take HIV treatment, no matter how long they've had HIV or how healthy they are.
- Talk to your health care provider about any medical conditions or other medicines you are taking.

What if I delay HIV treatment?

If you delay treatment, HIV will continue to harm your immune system. Delaying treatment will put you at higher risk for transmitting HIV to your partners, getting sick, and developing AIDS.

Are there different types of HIV treatment?

There are two types of HIV treatment: **pills** and **shots**.

- **Pills** are recommended for people who are just starting HIV treatment. There are many FDA-approved single pill and combination medicines available.
- People who have had an undetectable viral load (or have been virally suppressed) for at least three months may consider **shots**.

What are HIV treatment shots?

HIV treatment shots are long-acting injections used to treat people with HIV. The shots are given by your health care provider and require routine office visits. HIV treatment shots are given once a month or once every other month, depending on your treatment plan.

Can I switch my HIV treatment from pills to shots?

Talk to your health care provider about changing your HIV treatment plan. Shots may be right for you if you are an adult with HIV who

- has an undetectable viral load (or has achieved viral suppression),
- has no history of treatment failure, and
- has no known allergy to the medicines in the shot.

If you and your health care provider decide to switch your HIV treatment from pills to shots, you'll need to visit your provider regularly to receive your shots. Tell your health care provider as soon as possible if you've missed or plan to miss an appointment for your shot.

What are the benefits of taking my HIV treatment as prescribed?

HIV treatment reduces the amount of HIV in the blood (*viral load*).

- Taking your HIV medicine as prescribed will help keep your viral load low.
- HIV treatment can make the viral load very low (*viral suppression*). Viral suppression means having less than 200 copies of HIV per milliliter of blood.
- HIV treatment can make the viral load so low that a test can't detect it (*undetectable viral load*).
- If your viral load goes down after starting HIV treatment, that means treatment is working. Continue to take your HIV treatment as prescribed.
- If you skip your HIV treatment, even now and then, you are giving HIV the chance to multiply rapidly. This could weaken your immune system, and you could become sick.
- Getting and keeping an undetectable viral load (or staying *virally suppressed*) is the best way to stay healthy and protect others.

HIV treatment prevents transmission to others.

- If you have an undetectable viral load, you will not transmit HIV through sex.
- Having an undetectable viral load likely reduces the risk of HIV transmission through sharing needles, syringes, or other injection equipment (for example, cookers), but we don't know by how much.
- Having an undetectable viral load also prevents perinatal transmission. If a person with HIV takes their HIV medicine as prescribed throughout pregnancy and childbirth and gives HIV treatment to their baby for 4 to 6 weeks after birth, the risk of transmission can be 1% or less.
- Having an undetectable viral load greatly reduces the risk of transmitting HIV through breastfeeding but doesn't eliminate the risk. The current recommendation in the United States is that parents with HIV should not breastfeed their babies.

Taking your HIV medicine as prescribed helps prevent drug resistance.

- Drug resistance develops when people with HIV don't take their pills as prescribed or miss their shots. The virus can change (mutate) and may limit your options for successful HIV treatment.
- If you develop drug resistance, it will limit your options for successful HIV treatment.
- Drug-resistant strains of HIV can be transmitted to others.

Does HIV treatment cause side effects?

HIV treatment can cause side effects in some people. However, not everyone experiences side effects. The most common side effects are

- Nausea and vomiting
- Diarrhea
- Difficulty sleeping
- Dry mouth
- Headache
- Rash
- Dizziness
- Fatigue
- Temporary pain at the injection site (for shots)

Talk to your health care provider if your HIV treatment makes you sick. Your health care provider may prescribe additional medicines to help manage the side effects or may change your HIV treatment plan.

What should I do if I'm thinking about having a baby?

Let your health care provider know if you or your partner is pregnant or thinking about getting pregnant. They will determine the right type of HIV treatment to help prevent passing HIV to your baby.

Can I take birth control while on HIV treatment?

You can use any method of birth control to prevent pregnancy. However, some HIV treatment may make hormone-based birth control less effective. Talk to your health care provider about which method of birth control is right for you.

Will HIV treatment interfere with my hormone therapy?

Most HIV treatment can be used safely with gender-affirming or menopausal hormone therapy and testosterone replacement therapy. However, side effects may occur. Talk to your health care provider about taking HIV treatment and hormone therapy at the same time. Your health care provider will monitor any side effects and help make sure your HIV treatment and hormone therapy stay on track.

What if my HIV treatment is not working?

- Your health care provider may change your type of HIV treatment.
- A change is not unusual because the same HIV treatment does not affect everyone in the same way.

Sticking to my HIV treatment plan is hard. How can I deal with the challenges?

Tell your health care provider right away if you're having trouble sticking to your plan.

Together you can identify the reasons you're skipping HIV treatment and decide how to address those reasons.

Talk to your health care provider about problems taking your HIV treatment.

Problems taking pills. This can make staying on this type of HIV treatment challenging. Your health care provider can offer tips for addressing these problems, including switching to an injectable HIV treatment option.

- **Side effects.** Nausea or diarrhea can make a person not want to continue their HIV treatment. There are medicines or other support, like nutritional counseling, to make sure you're getting important nutrients. This can help with the most common side effects.
- **HIV treatment fatigue.** Some people find that sticking to their HIV treatment plan becomes harder over time. Make it a point to talk to your health care provider about staying on your plan.
- **A busy schedule.** Work or travel away from home can make it easy to forget to take pills or miss a shot. It may be possible to keep extra pills at work or in your car. But talk to your health care provider first as extreme temperatures can affect some medicine.

Talk to your health care provider if you miss doses of your HIV treatment.

- **Missing a dose of pills.** In most cases, you can take your pills as soon as you realize you missed a dose. Then take the next dose at your usually scheduled time (unless your pharmacist or health care provider has told you otherwise).
- **Missing a shot.** If you missed an appointment for your shot, talk to your health care provider about receiving your next shot.

Missing doses. Talk to your health care provider or pharmacist about ways to help you remember your HIV treatment. Your health care provider may even decide to change your treatment to fit your needs and life situation.

Find help for mental health or substance use disorders.

- **Being sick or depressed.** How you feel mentally and physically can affect your ability to stick to your HIV treatment plan. Your health care provider, social worker, or case manager can refer you to a mental health provider or local support group.

- **Substance use (drug or alcohol).** If substance use is interfering with your ability to keep yourself healthy, it may be time to find help.
- If you need help finding substance use disorder treatment or mental health services, use [SAMHSA's Treatment Locator](#).

Join a support group or ask your family and friends for support. They can help you stick to your treatment plan.

Tratamiento del VIH

 [cdc.gov/hiv/spanish/basics/livingwithhiv/treatment.html](https://www.cdc.gov/hiv/spanish/basics/livingwithhiv/treatment.html)



¿Qué es el tratamiento para el VIH?

El tratamiento para el VIH (terapia antirretroviral, TARV o ART) implica tomar medicamentos según las indicaciones de un proveedor de atención médica. Este tratamiento reduce la cantidad de VIH en su cuerpo y ayuda a que se mantenga sano.

- No hay cura para el VIH, pero puede controlarlo con tratamiento para el VIH.
- La mayoría de las personas logra tener el virus bajo control dentro de un plazo de seis meses.
- Tomar los medicamentos para el VIH no previene la transmisión de otras enfermedades de transmisión sexual.

¿Cuándo debo comenzar el tratamiento?

Comience el tratamiento lo antes posible después del diagnóstico.

- Todas las personas con el VIH deberían recibir tratamiento para el VIH, no importa cuánto tiempo lo hayan tenido ni lo sanas que estén.
- Dígale a su proveedor de atención médica las afecciones que tenga o los otros medicamentos que esté tomando.

¿Qué pasa si demoro el tratamiento?

Si usted demora el tratamiento, el VIH seguirá dañando su sistema inmunitario. Demorar el tratamiento lo pondrá en mayor riesgo de transmitir el VIH a sus parejas, enfermarse y presentar SIDA.

¿Hay distintos tipos de tratamiento para el VIH?

Hay dos tipos de tratamiento para el VIH: **pastillas** e **inyecciones**.

- Las **pastillas** se recomiendan para las personas que están apenas empezando el tratamiento para el VIH. Hay muchos medicamentos combinados o en forma de pastilla única aprobados por la FDA disponibles.
- Las personas que han tenido una carga viral indetectable (o hayan tenido supresión viral) por al menos tres meses pueden considerar recibir las **inyecciones**.

¿Qué es el tratamiento para el VIH en forma de inyección?

El tratamiento inyectable para el VIH son inyecciones de larga duración que se usan para tratar a las personas con el VIH. Las inyecciones son administradas por su proveedor de atención médica y requieren visitas de rutina al consultorio. Se administran una vez al mes o mes de por medio, según su plan de tratamiento.

¿Puedo pasar del tratamiento para el VIH en pastillas al inyectable?

Hable con su proveedor de atención médica si desea cambiar su plan de tratamiento para el VIH. El tratamiento inyectable podría ser adecuado si usted es un adulto con el VIH que:

- tiene una carga viral indetectable (o ha logrado supresión viral),
- no tiene antecedentes de falla de tratamiento, y
- no tiene ninguna alergia conocida a los medicamentos contenidos en la inyección.

Si usted y su proveedor de atención médica deciden cambiar su tratamiento para el VIH en pastillas al inyectable, deberá ver a su proveedor de atención médica regularmente para que le administre las inyecciones. Dígale a su proveedor de atención médica lo antes posible si ha faltado o planea faltar a una cita para la inyección.

¿Cuáles son los beneficios de tomar los medicamentos para el VIH todos los días, según las indicaciones?

El tratamiento para el VIH reduce la cantidad de VIH en la sangre (carga viral).

- Tomar los medicamentos según las indicaciones ayudará a mantener baja su carga viral.
- El tratamiento para el VIH puede hacer que la carga viral sea bien baja (*supresión viral*). Tener supresión viral significa tener menos de 200 copias de VIH por mililitro de sangre.
- El tratamiento para el VIH puede reducir la carga viral a niveles tan bajos que las pruebas no la pueden detectar (*carga viral indetectable*).
- Si se reduce después de comenzar el tratamiento para el VIH, eso significa que está funcionando. Siga tomando el tratamiento para el VIH según las indicaciones.
- Si se salta dosis del tratamiento para el VIH, aunque sea de vez en cuando, le dará al VIH la oportunidad de multiplicarse rápidamente. Esto puede hacer que se debilite su sistema inmunitario y que usted se enferme.
- Lograr y mantener una carga viral indetectable (o *mantenerse en supresión viral*) es la mejor manera de mantenerse sano y proteger a los demás.

El tratamiento del VIH previene su transmisión a otros.

- Si su carga viral es indetectable, usted no transmitirá el VIH a través de las relaciones sexuales.

- Tener una carga viral indetectable probablemente reduce el riesgo de transmitir el VIH al compartir agujas, jeringas u otros implementos para la inyección de drogas (p. ej., calentadores), pero no sabemos en cuánto.
- También previene la transmisión perinatal. Si una persona con el VIH toma sus medicamentos para el VIH según las indicaciones a lo largo de todo el embarazo y el parto, y le da tratamiento para el VIH a su bebé durante 4 a 6 semanas después de su nacimiento, el riesgo de transmisión puede ser del 1 % o menos.
- Tener una carga viral indetectable reduce sustancialmente el riesgo de transmitirle el VIH al bebé al amamantarlo, pero no lo elimina. La recomendación actual en los Estados Unidos es que las personas con el VIH no deben amamantar a sus bebés.

Tomar los medicamentos según las indicaciones ayuda a prevenir la resistencia a los medicamentos.

- Se produce resistencia a los medicamentos cuando las personas con el VIH no toman sus pastillas según las indicaciones o se saltan dosis de la inyección. El virus puede cambiar (*mutar*) y esto podría limitar sus opciones de tratamiento eficaz contra el VIH.
- Si usted presenta resistencia a los medicamentos, esto limitará las opciones para que tenga un tratamiento exitoso.
- Las cepas del VIH resistentes a los medicamentos pueden transmitirse a los demás.

¿El tratamiento para el VIH, ¿causa efectos secundarios?

El tratamiento para el VIH puede causar efectos secundarios en algunas personas. Sin embargo, no todas las personas presentan efectos secundarios. Los efectos secundarios más comunes son:

- náuseas y vómitos
- diarrea
- dificultad para dormir
- sequedad de la boca
- dolor de cabeza
- sarpullido
- mareos
- fatiga
- dolor temporal en el sitio de la inyección (en el caso del tratamiento inyectable)

Hable con su proveedor de atención médica si su tratamiento lo hace sentir enfermo. Es posible que su proveedor de atención médica le recete medicamentos para ayudar a manejar los efectos secundarios o que cambie su plan de tratamiento.

¿Qué debo hacer si estoy pensando en tener un bebé?

También dígame a su proveedor de atención médica si usted, o su pareja, está en estado de embarazo o pensando quedar en estado de embarazo. Él o ella determinará el tipo correcto de medicamento para el VIH que puede ayudar a prevenir la transmisión del VIH al bebé.

¿Puedo usar un método anticonceptivo mientras estoy en tratamiento para el VIH?

Usted puede usar cualquier método anticonceptivo para prevenir el embarazo. Sin embargo, algunos tratamientos para el VIH pueden hacer que los anticonceptivos hormonales sean menos eficaces. Hable con su proveedor de atención médica sobre qué método anticonceptivo es adecuado para usted.

¿Interferirá mi tratamiento para el VIH en mi terapia hormonal?

La mayoría de los tratamientos para el VIH pueden usarse de manera segura con la terapia de afirmación de género, la terapia hormonal para la menopausia y la terapia de remplazo de testosterona. Sin embargo, pueden producirse efectos secundarios. Hable con su proveedor de atención médica si desea recibir tratamiento para el VIH y terapia hormonal al mismo tiempo. Su proveedor de atención médica monitoreará cualquier efecto secundario que tenga y ayudará a asegurarse de que su tratamiento para el VIH y su terapia hormonal sigan según lo planeado.

¿Qué pasa si mi tratamiento no está funcionando?

- Su proveedor de atención médica podría cambiar el tipo de tratamiento que usa para el VIH.
- No es raro que se hagan cambios, ya que el mismo tratamiento no funcionará igual en todas las personas.

Es difícil apegarse al plan de tratamiento. ¿Cómo puedo manejar los desafíos?

Si tiene dificultad para seguir su plan, dígaselo a su proveedor de atención médica de inmediato. Juntos, pueden identificar las razones por las cuales usted se salta dosis y hacer un plan para abordar esas razones.

Hable con su proveedor de atención médica sobre los problemas que tenga con su tratamiento para el VIH.

- **Problemas para tomar las pastillas.** Esto puede hacer que seguir este tipo de tratamiento para el VIH sea un desafío. Su proveedor de atención médica puede ofrecerle consejos para abordar estos problemas, e incluso cambiar a una opción de tratamiento inyectable para el VIH.
- **Efectos secundarios.** Las náuseas o diarrea pueden hacer que una persona no quiera continuar su tratamiento para el VIH. Hay medicamentos u otros tipos de apoyo, como consejería nutricional, para asegurarse de que reciba los nutrientes más importantes. Esto puede ayudar con los efectos secundarios más comunes.

- **Fatiga por el tratamiento.** Algunas personas encuentran que con el tiempo se les hace más difícil apegarse a su plan de tratamiento. Dele importancia a hablar con su proveedor de atención médica sobre su seguimiento del plan de tratamiento.
- **Horarios ajetrechos.** Si trabaja fuera de su casa o viaja puede ser fácil olvidarse de tomar las pastillas o saltarse una dosis de la inyección. Posiblemente pueda tener una cantidad adicional de pastillas en el trabajo o el auto. Pero hable primero con su proveedor de atención médica, ya que las temperaturas extremas pueden afectar a algunos medicamentos.

Hable con su proveedor de atención médica si se salta alguna dosis de su tratamiento para el VIH.

Saltarse una dosis de las pastillas. En la mayoría de los casos, puede tomar sus pastillas tan pronto como se dé cuenta de que se saltó una dosis. Luego tome la siguiente dosis a la hora establecida habitual (a menos que su farmacéutico o proveedor de atención médica le haya dicho algo distinto).

Saltarse una dosis de la inyección. Si faltó a una cita para ponerse la inyección, hable con su proveedor de atención médica para ponerse la siguiente dosis.

Saltarse dosis. Hable con su proveedor de atención médica o farmacéutico sobre las formas que puedan ayudarlo a acordarse de tomar su tratamiento para el VIH. Su proveedor de atención médica puede incluso decidir cambiar su rutina de tratamiento para que se ajuste a sus necesidades médicas y las circunstancias de su vida.

Busque ayuda para la salud mental o los trastornos por consumo de sustancias.

- **Estar enfermo o deprimido.** Cómo se sienta mental y físicamente puede afectar su voluntad de apegarse a su plan de tratamiento. Su proveedor de atención médica, trabajador social o administrador de casos pueden remitirlo a un proveedor de salud mental o a grupos de apoyo locales.
- **Consumo de sustancias (drogas o alcohol).** Si su consumo de sustancias está interfiriendo en su capacidad de mantenerse sano, quizás sea hora de buscar ayuda. .
- Si necesita ayuda para encontrar servicios de tratamiento de trastornos por consumo de sustancias o salud mental, use el [localizador de tratamiento de la SAMHSA](#).

Únase a un grupo de apoyo o pídale apoyo a sus familiares o amigos. Ellos pueden ayudarlo a acatarse a su plan de tratamiento.

HIV Treatment: The Basics

 hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-treatment-basics

Last Reviewed: August 16, 2021

Key Points

- The treatment for HIV is called antiretroviral therapy (ART). ART involves taking a combination of HIV medicines (called an HIV treatment regimen) every day.
- ART is recommended for everyone who has HIV. People with HIV should start taking HIV medicines as soon as possible. ART cannot cure HIV, but HIV medicines help people with HIV live longer, healthier lives. ART also reduces the risk of HIV transmission.
- A main goal of HIV treatment is to reduce a person's viral load to an undetectable level. An undetectable viral load means that the level of HIV in the blood is too low to be detected by a viral load test. People with HIV who maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative partners through sex.

What is the treatment for HIV?

The treatment for HIV is called antiretroviral therapy (ART). ART involves taking a combination of HIV medicines (called an HIV treatment regimen) every day.

ART is recommended for everyone who has HIV. ART cannot cure HIV, but HIV medicines help people with HIV live longer, healthier lives. ART also reduces the risk of HIV transmission.

How do HIV medicines work?

HIV attacks and destroys the infection-fighting CD4 cells (CD4 T lymphocyte) of the immune system. Loss of CD4 cells makes it hard for the body to fight off infections and certain HIV-related cancers.

HIV medicines prevent HIV from multiplying (making copies of itself), which reduces the amount of HIV in the body (called the viral load). Having less HIV in the body gives the immune system a chance to recover and produce more CD4 cells. Even though there is still some HIV in the body, the immune system is strong enough to fight off infections and certain HIV-related cancers.

By reducing the amount of HIV in the body, HIV medicines also reduce the risk of HIV transmission. A main goal of HIV treatment is to reduce a person's viral load to an undetectable level. An undetectable viral load means that the level of HIV in the blood is too low to be detected by a viral load test. People with HIV who maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative partners through sex.

When is it time to start taking HIV medicines?

People with HIV should start taking HIV medicines as soon as possible after an HIV diagnosis. It is especially important for people with AIDS-defining conditions or early HIV infection to start HIV medicines right away. (Early HIV infection is the period up to 6 months after infection with HIV.)

Women with HIV who become pregnant and are not already taking HIV medicines should also start taking HIV medicines as soon as possible.

What HIV medicines are included in an HIV treatment regimen?

There are many HIV medicines available for HIV treatment regimens. The HIV medicines are grouped into seven drug classes according to how they fight HIV.

The choice of an HIV treatment regimen depends on a person's individual needs. When choosing an HIV treatment regimen, people with HIV and their health care providers consider many factors, including possible side effects of HIV medicines and potential drug interactions.

What should people know about taking HIV medicines?

Taking HIV medicines keeps people with HIV healthy and prevents HIV transmission. Taking HIV medicines every day and exactly as prescribed (called medication adherence) also reduces the risk of drug resistance.

But sometimes, HIV medicines can cause side effects. Most side effects from HIV medicines are manageable, but a few can be serious. Overall, the benefits of HIV medicines far outweigh the risk of side effects. In addition, newer HIV medicines cause fewer side effects than medicines used in the past. As HIV treatment continues to improve, people are less likely to have side effects from their HIV medicines.

HIV medicines can interact with other HIV medicines in an HIV treatment regimen or with other medicines a person is taking. Health care providers carefully consider potential drug interactions before recommending an HIV treatment regimen.

Tratamiento para la infección por el VIH: Conceptos básicos

 hivinfo.nih.gov/es/understanding-hiv/fact-sheets/tratamiento-para-la-infeccion-por-el-vih-conceptos-basicos

Última revisión: Agosto 16, 2021

Puntos importantes

- El tratamiento de la infección por el VIH se llama tratamiento antirretroviral (TAR). El TAR es una combinación de medicamentos contra el VIH (llamado régimen de tratamiento) que se debe tomar a diario.
- El TAR se recomienda para todas las personas seropositivas. Esas personas deben comenzar a tomar medicamentos contra la infección por el VIH lo más pronto posible. El TAR no puede curar esa infección, pero los medicamentos contra el VIH ayudan a las personas seropositivas a tener una vida más larga y sana. También reduce el riesgo de transmisión del VIH.
- Una meta importante del tratamiento contra el VIH es reducir la carga viral de una persona a un nivel indetectable. Una carga viral indetectable significa que la concentración del VIH en la sangre es demasiado baja para detectarla con la prueba de la carga viral. Las personas seropositivas que mantienen una carga viral indetectable realmente no presentan riesgo de transmitir la infección por el VIH a sus parejas seronegativas durante las relaciones sexuales.

¿Qué es el tratamiento de la infección por el VIH?

El tratamiento de la infección por el VIH se llama tratamiento antirretroviral (TAR). El TAR es una combinación de medicamentos contra el VIH (llamado régimen de tratamiento) que se debe tomar a diario.

A todas las personas con infección por el VIH se les recomienda el TAR. El TAR no cura el VIH, pero los medicamentos contra el VIH ayudan a las personas que lo tienen a llevar una vida más larga y sana. El TAR reduce también el riesgo de transmisión del VIH.

¿Cómo funcionan los medicamentos contra el VIH?

El VIH ataca y destruye las células CD4 del sistema inmunitario que combaten las infecciones. La pérdida de células CD4 le dificulta al cuerpo combatir las infecciones y ciertos tipos de cáncer relacionados con el VIH.

Los medicamentos contra el VIH impiden que el virus se reproduzca (se replique), lo que reduce la concentración del VIH en el cuerpo (llamada la carga viral). Al tener menos concentración del VIH en el cuerpo, el sistema inmunitario tiene más posibilidad de recuperarse y de producir más linfocitos CD4. Aun cuando quede todavía algo del VIH en el cuerpo, el sistema inmunitario está lo suficientemente fuerte como para combatir las infecciones y ciertos tipos de cáncer relacionados con el VIH.

Al disminuir la concentración del VIH en el cuerpo, los medicamentos contra el VIH también reducen el riesgo de transmisión de ese virus. La meta principal del tratamiento contra el VIH es reducir la carga viral a una concentración indetectable. Una carga viral indetectable significa que la concentración del VIH en la sangre es demasiado baja como para que pueda ser detectada con una prueba de la carga viral. Las personas con el VIH que mantienen una carga viral indetectable no tienen efectivamente riesgo alguno de transmitir el VIH a sus parejas seronegativas a través del sexo.

¿Cuándo es hora de empezar a tomar los medicamentos contra el VIH?

Las personas seropositivas deben comenzar a tomar medicamentos contra el VIH lo más pronto posible. Es particularmente importante que quienes tengan afecciones características del SIDA o estén en la etapa temprana de la infección por el VIH comiencen a tomar inmediatamente los medicamentos para combatirlas. (La etapa temprana de la infección por el VIH es el período que se extiende hasta 6 meses después de contraerla.)

Las mujeres seropositivas que queden embarazadas y que no tomen medicamentos contra el VIH deben comenzar a tomarlos lo más pronto posible.

¿Qué medicamentos contra el VIH están incluidos en un régimen de tratamiento contra el VIH?

Hay muchos medicamentos contra el VIH disponibles para regímenes para el tratamiento contra el VIH. Los medicamentos contra el VIH están agrupados en siete clases de medicamentos según la forma en que combaten dicha infección.

La selección de un régimen de tratamiento de la infección por el VIH depende de las necesidades particulares de cada persona. Al escoger ese régimen, las personas seropositivas y sus proveedores de atención de salud tienen en cuenta muchos factores, incluso los posibles efectos secundarios de los medicamentos contra el virus y sus posibles interacciones medicamentosas.

¿Qué deben saber las personas sobre el tratamiento con medicamentos contra la infección por el VIH?

El tratamiento con medicamentos contra la infección por el VIH mantiene sanas a las personas seropositivas y evita la transmisión del virus. Al tomarlos a diario y exactamente de la forma en que se recetaron (lo cual se llama cumplimiento terapéutico) también se reduce el riesgo de farmacorresistencia.

Sin embargo, a veces, los medicamentos contra la infección por el VIH pueden causar efectos secundarios. La mayoría de esos efectos son manejables, pero algunos pueden ser graves. En general, los beneficios de los medicamentos de esa clase superan con creces el riesgo de efectos secundarios. Además, los medicamentos de fabricación más reciente causan menos efectos secundarios que los empleados en el pasado. A medida que sigue mejorando el tratamiento de la infección por el VIH, es menos probable que las personas tengan efectos secundarios causados por esos medicamentos.

Los medicamentos contra la infección por el VIH pueden interactuar con otros empleados en un régimen de tratamiento de esa infección o con otros que tome una persona. Los proveedores de atención de salud examinan cuidadosamente la posible interacción medicamentosa antes de recomendar un régimen de tratamiento de la infección por el VIH.

HIV Treatment and Care

 [cdc.gov/hiv/clinicians/treatment/treatment-clinicians.html](https://www.cdc.gov/hiv/clinicians/treatment/treatment-clinicians.html)

Antiretroviral therapy (ART) reduces HIV-related morbidity and mortality at all stages of HIV infection and reduces HIV transmission.¹⁻⁸ When taken consistently as prescribed, ART can suppress viral load, maintain high CD4 cell counts, prevent AIDS, prolong survival, and reduce risk of transmitting HIV to others, all of which are important treatment goals.^{9,10} Current treatment guidelines recommend ART for all people with HIV, regardless of CD4 cell count. ART should be started as soon as possible after diagnosis and should be accompanied by patient education regarding the benefits and risks of ART and the importance of adherence to ART.

ART Initiation

Health care providers play a crucial role in helping patients initiate ART, including describing the benefits of early initiation of ART, offering and prescribing ART, helping to manage long-term ART use, and providing information on other interventions that can reduce HIV transmission risk.

By engaging patients in brief conversations at every office visit, providers can emphasize the benefits of consistent, long-term adherence to their prescribed ART regimen and the potential consequences of nonadherence. One way health care providers can enhance communication is to ask their patients open-ended questions during their office visits. These questions can help providers better understand the patient's views, barriers, and ability to adhere to their treatment regimen.

Here are some examples of questions providers can ask patients about initiating ART:

- “What have you heard about HIV medicines?”
- “What are the most important results you hope to get from treatment?”
- “What are your concerns about HIV medicines?”

ART Adherence and Viral Suppression

There are many benefits to ART, including improved health and reduced risk of HIV transmission – but adherence is key!

The success of ART is contingent on adherence to achieve and maintain viral suppression. Data show, however, that not all HIV-positive individuals on ART are virally suppressed, while even fewer maintain viral suppression over time. According to CDC's national surveillance data, an estimated 60% of persons with diagnosed HIV in the United States in

2015 were virally suppressed.¹¹ Among HIV-positive persons in the United States in HIV clinical care (defined as either receiving HIV medical care or having a CD4 or viral load test within the past year), about 80 percent were virally suppressed at their last test.^{11,12,13} Also, slightly more than two-thirds of HIV-positive persons in care achieved and maintained viral suppression over 12 months, which means up to one-third (or 1 in 3) did not maintain viral suppression over that time period.^{12,13}

Health care providers can positively impact ART adherence among people with HIV by engaging in regular conversations at every office visit to identify ART adherence barriers, offer adherence support services, and provide information on other interventions that can improve patient adherence and reduce HIV transmission to others.^{14,15}

Here are some examples of questions providers can ask patients to assess their ongoing adherence to ART:

- “How has it been going taking your HIV medicines?”
- “What seems to get in the way of taking your medicines?”
- “Have you missed any doses of your medication and if so, what was going on at that time?”

Once the conversation has started, health care providers may find that patients are encountering barriers to adherence. Below is a list of common barriers and ways providers can address them through routine conversations during patient visits.

Patient beliefs and behaviors , such as not taking their medications when they “feel well.”	Explain the importance of consistent ART adherence even when they feel well or their viral load is already undetectable, and the decrease in transmission risk when viral suppression is achieved.
Cognitive or organizational barriers , such as lack of logistic skills and comprehension level.	Offer advice about and tools for adherence, such as weekly pill boxes, dose reminder alarms, and linking dosing to daily events/activities. Use a feedback strategy (such as “tell me what you just heard”) to help patients avoid confusion about new medicines, dosing schedule, and/or changed regimen.

Treatment competence or the overall ability to adhere to a potentially complicated and long-term regimen.

- Involve patients in decision making, including selection of the ART regimen, if options exist.
- Ensure patients understand the treatment plan, including drug regimen, dosing schedule, and dietary restrictions.
- Prepare patients for situations or changes in routine that could trigger nonadherence or short-term interruption, such as side effects, illicit drug use, or running out of HIV medication.
- Encourage patients to keep one or two days worth of medication on hand in case of emergency to avoid missed doses.
- Encourage patients to recruit friends and/or family members to help with adherence.

Comorbid conditions – such as diabetes, dyslipidemia, hypertension, and viral hepatitis – that may further complicate the treatment plan design and the ability of the patient to adhere to the plan.

- Regularly review the total treatment plan, and simplify regimen if possible with consideration for patients' lifestyles and comorbidities.
- Anticipate (and plan to manage) possible drug-drug interactions.

Regimen-related barriers, including fear of treatment, fear of treatment-related side effects, and confusion about doses.

- Offer ART regimens that are highly effective and simple to take (e.g., once daily single-tablet dosing, few if any dietary restrictions).
- Explain that treatment has improved and is easier to take and better tolerated today than ever before.
- Encourage patients to recruit friends and/or family members to help with adherence.

Short-term side effects that can occur when patients start or change ART regimens, such as nausea, fatigue, disturbed sleep or dreaming.

- Alert patients that some people have side effects but that they are usually mild, short-lived, and can be managed.
 - Explain which side effects may occur with the ART they are taking.
 - Anticipate (and plan to manage) these side effects.
 - Instruct patients that if they experience these or other side effects, they should seek help before stopping their ART regimen.
-

Psychosocial barriers, such as mental health issues (e.g., depression, perceived low quality of life), drug or alcohol abuse, negative attitudes or beliefs about HIV, and lack of social support.

- When possible, refer patients to patient navigators for help with receiving essential support services related to mental health, substance use, and other support resources (e.g., psychologists, addiction specialists, support groups, adherence counselors, case managers)
- Remind patients not to share their ART with anyone.

Encourage patients to recruit friends and/or family members to help with adherence.

Structural barriers, such as lack of transportation, housing, childcare, or insurance covering ART and long-term HIV care.

When possible, refer patients to patient navigators for help with issues such as lack of transportation, housing, childcare, and access to insurance.

[Learn more about discussing ART adherence with patients.](#)

Viral Load Monitoring

Plasma HIV RNA viral load should be measured regularly to confirm initial and sustained response to ART. Most patients taking ART as prescribed achieve viral suppression within six months.

The frequency of viral load testing depends on several factors. Current guidelines recommend viral load monitoring as follows: ¹⁶

- With initiation of ART (before initiation and within 2 to 4 weeks after treatment initiation, followed by 4 to 8 week intervals until the levels become undetectable)
- After ART modification due to suboptimal response (within 2 to 4 weeks after treatment modification, followed by 4 to 8 week intervals until the levels become undetectable)
- After ART modification due to toxicity or need for regimen simplification (within 4 to 8 weeks after changing therapy)
- In patients on a stable, suppressive ART regimen (every 3 to 4 months, or every 6 months if virally suppressed for more than 2 years, to confirm durable viral suppression)
- In patients with suboptimal response (frequency depends on clinical circumstances)

Patients may experience a temporary increase or “blip” in their viral load, defined as viral loads transiently detectable at low levels. These blips usually go back down by the next viral load test. Patients who are using viral suppression as their primary prevention method and experience a blip may benefit from using other prevention strategies until their viral load is undetectable again. These prevention strategies could include condoms and pre-exposure prophylaxis (PrEP) for HIV-negative partners.

Regular, Ongoing Care

Keeping patients in regular care improves their health and reduces their risk of HIV transmission to others. The benefits of ongoing care can include addressing and supporting ART adherence, maintaining decreased viral load and increased CD4 count, lowering rates of progression to AIDS, decreasing rates of hospitalization, and improving overall health.¹⁷⁻¹⁹

Poor retention in HIV care is more common in people who have substance use disorders, serious mental health problems, unmet socioeconomic needs such as housing, food, or transportation, limited financial resources or health insurance, or schedules that complicate adherence to HIV medication.

There are several effective approaches to help patients stay in HIV care, improve medication adherence, achieve viral suppression, and improve health outcomes:

- Clinic-wide marketing (such as posters and brochures) and support (customer service training of patient-facing staff) to promote attending scheduled visits and provide patients a welcoming and courteous experience.^{20,21}
- A designated staff person, often referred to as a patient navigator, to focus on retention, adherence, and re-engagement efforts. The patient navigator can help with appointments, referrals, system navigation, service coordination, and transportation.²¹
- “Data to Care” approaches which use clinic and public health data to identify patients in need of retention, reengagement, or adherence support services to improve patient’s health outcomes, including achieving viral suppression (Note – the effectiveness of data to care strategies is variable and privacy concerns must be adequately addressed).²²⁻²⁴
- Providing medication adherence support for patients in care, either starting HIV treatment or struggling with adherence
- Providing retention and reengagement support for out-of-care persons or patients at risk of falling out of care (e.g., missed a care visit, experiencing barriers to care engagement)
- Local or state health department or local community-based organizations can help providers and HIV medical clinics by integrating their existing prevention services within the HIV care clinic to provide the support services patients need to improve engagement and adherence in HIV care.

[Learn more about discussing retention in care.](#)

Coinfections

- STD preventive services are an essential component of HIV prevention and care. Providers should engage patients in regular conversations about STDs, including review of sexual history and STD symptoms, at every visit. Patients with HIV should be screened for STDs at least annually, and more frequently if they or their sexual partners have multiple or anonymous sex partners. Certain STDs can increase HIV viral load and genital HIV shedding, which may increase the risk of sexual and perinatal HIV transmission. Correct and consistent condom use should be advised to prevent STDs and can reduce HIV transmission risk in those with an STD or unsuppressed viral load. Learn more about STD treatment and care.
- People with HIV are also at risk for a variety of **opportunistic infections such as TB and hepatitis virus**. These risks can be reduced by viral suppression and a number of other prevention behaviors.

Also refer to Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV developed by CDC, the National Institutes of Health, the HIV Medicine Association of the Infectious Disease Society of America (HIVMA/IDSA), and other experts in infectious disease.

Talking To Your Patients

[cdc.gov/hiv/clinicians/treatment/patient-provider.html](https://www.cdc.gov/hiv/clinicians/treatment/patient-provider.html)

Studies have found that low trust in providers and poor patient-provider relationships have been associated with lower retention in care and lower satisfaction with the clinic experience.¹⁻³ These findings underscore the need to build supportive relationships with patients that improve their health outcomes. Here are some ways health care providers and their practices can achieve this:

Help patients modify behaviors that lead to poor retention in HIV care.

- Communicate with the patient nonjudgmentally to learn what they know about the importance of retention.
- Identify skills that the patient might lack to remain in care, such as problem-solving skills.
- Guide the patient to identify possible changes that would eliminate or reduce barriers they face; congratulate patient when they are able lessen the barriers.
- Strategize with the patient to identify new goals and healthy behaviors.
- Actively refer patients to relevant clinic support services as needed to provide additional support for retention.

Foster patient trust.

- Be direct, nonjudgmental, and supportive.
- Use open-ended questions to involve the patient in decision making regarding their HIV treatment and overall care.

Allow open communication and collaborative decision making.

- Educate patients about their options and ask what questions come to mind when considering those options to encourage informed conversation as part of the decision making process.
- Encourage discussions on subjects about substance use, sexual behavior, and mental health.
- Provide referrals when appropriate, and assess patient willingness to complete the referral.*

Demonstrate interest in addressing barriers to care, including structural barriers, from the first interaction.

- When possible, extend office hours or offer more flexible appointment times one or more days per week (e.g., offer some walk-in or same-day appointments).
- Maintain accurate patient contact information and update it at every visit.
- Use patient-tracking systems to determine whether a patient has dropped out of care; contact patients promptly to reschedule missed appointments.
- Help patients find resources to address unmet needs and barriers to care. When possible, connect patients with childcare, transportation, or other services and offer collocation of primary care and social services.*
- When warranted, encourage patients to access substance use or mental health services.
- Encourage patients to identify friends and family who can help with encouragement, support, and attend medical appointments with them.

* Patient navigators, case managers, peer counselors, social workers, and treatment advocates can also assist with referrals and resources.

Talking with patients at each visit allows health care providers to reinforce positive behaviors, uncover barriers to successful long-term treatment, and facilitate access to services and resources as needs change over time. Below are some suggestions to help start the conversation:

- “I know it can be difficult to keep all your appointments, but it’s very important. What can we do to make sure you keep your next appointment?”
- “People with HIV do better overall when they come to their appointments on a regular basis. How can we work together to help you stay as healthy as possible?”
- “It’s been a while since you last came in. Let’s talk about what has been keeping you from coming to see me.”