

What are ARVs?

ARVs = **Antiretroviral** medicines. ARVs suppress or 'control' the HIV virus. Examples of ARVs are **Tenolam, Efavirenz, Zidolam, Nevirapine, Abacavir, Dolutegravir, Atazanavir** and **Lopinavir**. Cotrimoxazole is not an ARV – it has no effect against HIV, but can help in treating and preventing Opportunistic Infections.

How do ARVs work?

The HIV virus uses CD4 cells as a factory to produce more HIV viruses. ARVs suppress the HIV virus by blocking HIV from multiplying. This also protects the CD4 cells. HIV will still be in the body, but it won't be able to reproduce so the amount of HIV (**viral load**) in the body goes down.

When should someone start ART?

Everyone with HIV should be put on ARVs as soon as possible. This is because ARVs not only protect your immune system and your body from the harmful effects of HIV, but they also decrease the chance of HIV being transmitted to others.

Can I stop taking ARVs if I feel well?

ARVs are for life. If you stop taking your ARVs, you not only risk getting harmful effects to your body and immune system, but you may develop resistance. This means that your ARVs may stop working for you when you do start taking them again.

First Line ART

'First line' is the first combination of ARVs taken by people living with HIV. Different ARV combinations are used, depending on the client's age and weight.

Tenofovir, Lamivudine and **Efavirenz (Tenolam E)** is the most common combination for adults and adolescents. This is one pill per day.

Zidovudine, Lamivudine and **Nevirapine (Zidolam N)** is the most common combination for children. This is usually two pills per day but may be more in younger children.

Abacavir, Lamivudine and **Lopinavir** is the most common drug combination for small children. This is three pills per day.

Second Line ART

If a client on first line ART continues to have a high viral load, this is a sign that the ARVs are not controlling the HIV. It is therefore important to change to a different combination, known as 'second line'. The combination of medicines used will depend on age, weight and the combination used in first line, but may options include:

- Zidovudine, Lamivudine and Atazanavir - Zidolam and Aluvia – three pills per day
- Tenofovir, Lamivudine and Atazanavir - Tenolam and Aluvia – two pills per day
- Abacavir, Lamivudine and Atazanavir - Abacavir and Aluvia – two pills per day
- Abacavir, Lamivudine and Lopinavir - Abacavir and Kaletra - three pills or more per day depending on dosage

Atazanavir is only used as second line drug, while young children also receive Lopinavir as first line drug.

So what is ART?

ART stands for **Anti Retroviral Treatment**. ART is when a combination of ARV medicines are used to control HIV. It is important to treat HIV with more than one ARV medicine because the virus may otherwise gain strength and develop resistance. So ART usually involves three different ARVs. However these are combined in to one or two tablets to make it easier to take.

Treatment for HIV



ARVs can be given both to **keep the virus suppressed** and to protect children and partners of people living with HIV to **protect them from acquiring the virus**.

The goal of ART is to suppress the viral load so that it is not visible in the body, to boost the body's immune system, to prevent new OIs from developing and to prevent transmission of HIV



ARVs may have side effects. However, not everyone experiences side effects or the same side effects. If you or your client are worried about side effects **ALWAYS** ask your health care provider. Never stop taking ARVs by yourself. Many side effects can be managed and your health care provider will know whether to continue with the medicines or to change them.

Some examples of side effects.

- **Tenolam E** – dizziness, drowsiness, headache, gynecomastia (breast development in boys)
- **Zidolam N** – anaemia, skin rash, numb hands and feet
- **Atazanavir** – abdominal pain, yellow eyes, running tummy
- **Lopinavir** – abdominal pain, running tummy



Did You Know

Dolutegravir is a new ARV that is being introduced as a first line drug in Zimbabwe. It is taken once a day, with few side effects and which is very effective in controlling HIV. One study in Botswana found that Dolutegravir may cause birth defects in babies born to mothers taking Dolutegravir. There are more studies looking in to this, but it is recommended that family planning is taken by adolescent girls and women who may get pregnant. It is important to talk about family planning with your health care worker!