Treatment as prevention

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TasP

• What potential impact will TasP have on adherence, virological failure and resistance?
## TasP

### HPTN 052 Trial

<table>
<thead>
<tr>
<th></th>
<th>CD4 T cell at ART initiation (median)</th>
<th>Adherence (&gt;95%)</th>
<th>Virological failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Therapy</td>
<td>442 (373-522)</td>
<td>79%</td>
<td>5% (45/886)</td>
</tr>
<tr>
<td>Delayed therapy</td>
<td>&lt;250</td>
<td>74%</td>
<td>3% (5/184) p:0.23</td>
</tr>
</tbody>
</table>

Cohen M et al NEJM 2011, 365: 493-505
TasP

Factors impacting on adherence:

• Perception of personal need for ART (necessity beliefs)
• Concerns about ART including side effects
• Confidence in ability to adhere
• Psychological issues (depression)
• Socioeconomic issues (poverty, housing, immigration status)
BHIVA Adult treatment guidelines 2012: Treatment to reduce transmission

• The decision to start ART is the patient’s choice and must not be due to the pressure from partners or others.

• For a patient with a CD4 count above 350 cells/μL, it is uncertain whether any benefits of immediate treatment to their own health will be outweighed by any harm.

• There are risks associated to interrupting ART, once started, should generally continued indefinitely.

• High and consistent adherence to ART is required to maintain viral suppression and minimise transmission risk.

Bhiva.org/guidelines