



Drug Information

Changing HIV Treatment Regimens

Why would someone need to change their HIV treatments?

The most common reasons why people need to change their HIV treatment regimen are:

- difficulty adhering to or tolerating treatments
- treatment failure

Difficulty adhering to/tolerating treatments:

People with HIV/AIDS may need to change their anti-HIV medications for a variety of reasons that make it difficult for them to continue taking the medications. These can include:

- unpleasant side effects of the medications
- inconvenient medication schedule
- high number of pills
- food restrictions
- drug interactions
- social factors such as housing, work schedule and environment
- lifestyle factors such as substance use
- emotional factors such as depression

What to do in these cases?

It is important to have an in-depth discussion with your doctor or pharmacist to identify the underlying problems that make the treatment regimen difficult for you to adhere to or tolerate. Then they can work with you to find ways to improve the situation.

(*See the fact sheet on “Adherence to Treatment” for more practical tips to help with adherence.)

If the difficulties are due to side effects of the medications, there may be ways to treat the side effects, such as changing the ways the medications are taken or taking other medications to reduce the unpleasant side effects. If that does not work, then it may be appropriate to switch the specific medication that causes the side effects.

Treatment failure

When the HIV treatment regimen cannot effectively control HIV or your CD4 (T-cell) count begins to decrease, it is called treatment failure.

Treatment failure is defined as:

- an increase or rebound in viral load to above detectable level
- a decrease in CD4/T-cell count
- development of HIV-related infections or complications



Treatment failure may be related to a number of factors:

- poor health at the start of treatment
- the original drug combination not strong enough
- poor adherence
- drug resistance
- drug toxicity or interactions
- alcohol or drug abuse
- poor absorption of medications
- other medical conditions not related to HIV

What to do in these cases?

When the HIV treatment regimen stops working, it means that the HIV has become resistant to some or all of the medications in the combination. In this situation, changes in treatment regimen should be guided by:

- previous medication history
- resistance testing results
- risks and benefits of new medications to be used
- how likely you can tolerate and adhere to the new treatments

Usually, the switch would require changing at least two medications in the combination or switching all medications and forming a totally new combination. You would need to work closely with your doctor and pharmacist to figure out which options would be most suitable for you. If you have used many licensed therapies, you may need to consider newer agents or drugs that may be available only through clinical trials. If you want to take a break or “drug holiday” before switching to a new treatment combination, you should discuss this option with your doctor and work with them to monitor your health closely to make sure it is safe to do so.

(*See the fact sheet on “Treatment Interruptions” for more information on drug holidays.)

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