

Factsheet Changing HIV treatment

Key points

- Talk to your doctor if you are concerned about any side-effects you are experiencing.
- If you are having problems taking your HIV treatment, it's important to be honest with your doctor.
- If side-effects persist, or your HIV becomes drug resistant, changing treatment may be an option.



There are a number of reasons why you may need to change your HIV treatment.

You might experience side-effects which become unmanageable, you may have trouble taking your treatment (called [adherence](#)), or the HIV drugs you take may not keep your [viral load](#) down. You might also need to change treatment because of [interactions](#) between HIV drugs and drugs you take for other conditions or because you experience drug resistance, which can develop when your HIV treatment does not work properly.

This factsheet is for people who might need to change their treatment because of side-effects or drug resistance.

Changing treatment because of side-effects

All drugs can cause [side-effects](#) and the drugs used in treating HIV are no exception. Side-effects are most noticeable soon after you start treatment with a drug but some only develop when you've been taking a drug for months or even years.

Sometimes you may experience a symptom and not be sure whether it's a side-effect of a drug or a symptom of something else. Talk to your doctor, or another member of your healthcare team, about any concerns you have. NAM's [Side-effects checker](#) may help you with this. You shouldn't feel that you have to cope with side-effects alone.

It is particularly important to talk to your doctor if you develop a rash or fever soon after taking certain drugs, such as abacavir (*Ziagen*, also in the combination pills *Kivexa*, *Triumeq* and *Trizivir*), nevirapine (*Viramune*) and etravirine (*Inteleance*), as this could be a sign of an allergic

reaction. Other side-effects can get worse the longer you leave them, so it's best to mention them as soon as they develop.

All anti-HIV drugs can cause side-effects, so it is possible that the drug you switch to might involve a risk of side-effects as well. There is also a chance that you might not find your treatment easier to take or that it is not as effective as your previous treatment. However, most people find a treatment combination that works for them.

“You shouldn't feel that you have to cope with side-effects alone.”

Changing treatment because of side-effects is quite common. If your viral load is undetectable and you have no resistance to anti-HIV drugs then you should be able to stop the drug that is causing your side-effects and switch to a different treatment. Don't stop taking your anti-HIV drugs without first speaking to a doctor.

Changing treatment because of resistance

The best thing you can do to help your HIV treatment to work is to [take it as prescribed every day](#). If you are having problems taking your treatment, it's important to be honest with your doctor about this.

The aim of HIV treatment is to have a [viral load](#) that is 'undetectable', usually defined as below 50 copies/ml. Your viral load should fall to undetectable levels within three to six months of starting treatment. If it doesn't, your doctor will talk to you about your current treatment.

If you don't take your treatment as prescribed, your viral load can increase to detectable levels and your HIV may become [resistant](#) to the anti-HIV drugs you are taking. You may need to change treatment. Your doctor will discuss your treatment options with you.

Changing treatment can be more complex if you have a detectable viral load or you have drug-resistant virus. Having drug resistance will also limit the number of replacement drugs that are available to you.

Before changing treatment you should have blood tests to see which drug or drugs your HIV has become resistant to. This is called '[resistance testing](#)'. These tests will help [you and your doctor](#) to choose the drugs that have the best chance of working against your HIV and be most effective for you. Resistance tests can only be done if your viral load is detectable.

When HIV develops resistance to one drug it can also develop 'cross-resistance' to other similar drugs as well.

A number of anti-HIV drugs are available as treatment options for people who have taken a lot of treatment in the past and who have drug-resistant HIV and it's becoming easier to find a combination of drugs that is effective. These include:

- etravirine (*Intence*), a non-nucleoside reverse transcriptase inhibitor (NNRTI).
- darunavir (*Prezista*), a boosted protease inhibitor.
- tipranavir (*Aptivus*), a boosted protease inhibitor.
- maraviroc (*Celsentri*), a CCR5 inhibitor.
- raltegravir (*Isentress*), an integrase inhibitor.
- dolutegravir (*Tivicay*), an integrase inhibitor.
- elvitegravir (*Vitekta*), an integrase inhibitor.
- enfuvirtide (*Fuzeon*), a fusion inhibitor. This is rarely used now but is another option for people who have resistance.

Other treatment options are in development for people with drug-resistant HIV who are highly treatment-experienced, some of which work against HIV in completely new ways.

Sometimes your doctor might recommend that you stay on a treatment that is failing to control your viral load. This is likely to be the case if you have no, or very few, other drug options available to you. Your treatment might still have some effect against HIV and mean that your [CD4 cell count](#) is high enough to reduce your risk of infections.

Including lamivudine (*Epivir*) in combinations that are failing to control viral load seems to be particularly beneficial.

Find out more

Side-effects Information booklet

Drug resistance Basic leaflet with pictures

Taking your HIV treatment Information booklet

Talking points Online, interactive tool