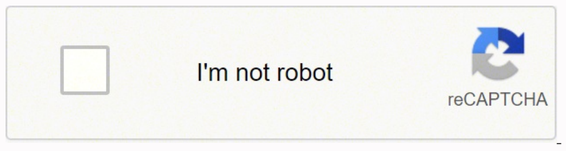
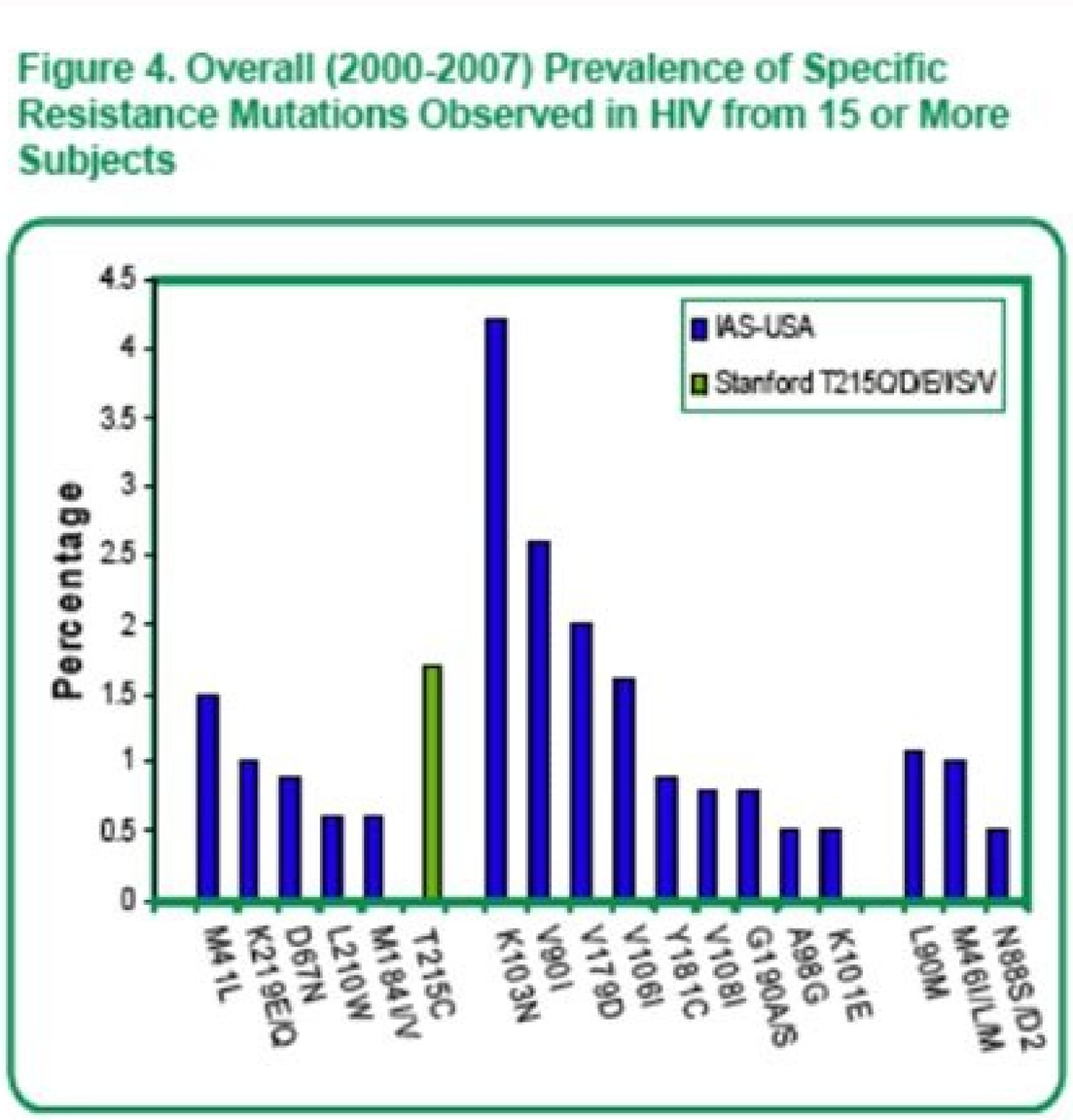


Open

Ias- usa resistance guidelines

Table 4. Advantages and Disadvantages of Currently Available Integrase Strand Transfer Inhibitors

	Dolutegravir	Elvitegravir	Raltegravir
Year of US Food and Drug Administration approval	2013	2012	2007
Advantages	Superior to efavirenz and ritonavir-boosted darunavir in comparative clinical trials[36,37] Once-daily dosing Coformulated with abacavir/lamivudine as part of a complete initial regimen Low pill burden; coformulated pill size is small Lowest risk of resistance with virologic failure[36,37,40,41] Relatively few drug interactions Can be taken with or without food Superior to raltegravir in treatment-experienced patients	Superior to ritonavir-boosted atazanavir in comparative clinical trial in HIV-infected women[38] Once-daily dosing Coformulated with tenofovir disoproxil fumarate/emtricitabine or tenofovir alafenamide/emtricitabine as a complete regimen	Superior to ritonavir-boosted atazanavir and ritonavir-boosted darunavir in comparative clinical trials[39] Longest safety record Fewest drug interactions Can be taken with or without food
Disadvantages	Only available coformulation is with abacavir/lamivudine Raises serum creatinine owing to inhibition of tubular secretion of creatinine Higher rates of insomnia and headache than comparators in some studies[36,37] Largest tablet among coformulated single-pill regimens	Requires pharmacokinetic boosting with cobicistat or ritonavir for once-daily dosing Most drug interactions Cobicistat raises serum creatinine owing to inhibition of tubular secretion of creatinine Should be taken with food	Currently must be taken twice daily (formulation consisting of a bulky pill given once daily in development) Not coformulated as part of a complete regimen



•Note: V90I, A98G, V179D, and V108I are only on the IAS-USA list and not part of the Stanford Surveillance List (version 1);
•N88D is a Stanford mutation only, but N88S alone had < 15 subjects

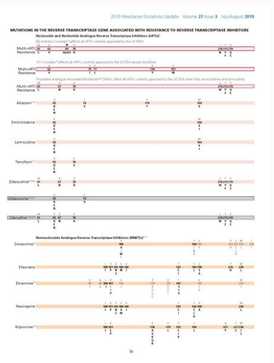
Evolution of DHHS Treatment Initiation Guidelines

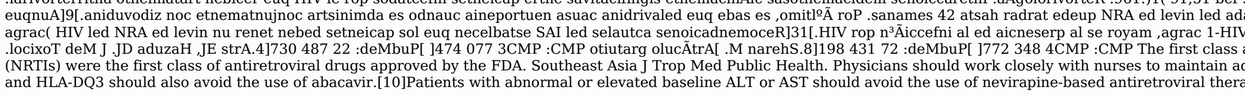
Factor	Recommendation					
	1998	2001/2002	2004	2007	2009/2011	2012
AIDS	Treat	Treat	Treat	Treat	Treat	Treat
CD4 cell count (cells/mm³)	Treat <500	• Treat <200 • Offer <350 • Indiv. >350	No change	• Treat <350 • Risks/benefits if >350	• Treat <350 • Recommended 350-500 • >500 optional	Treatment recommended at all CD4 cell counts
Viral load (copies/mL)	>20,000	>55,000	> 100,000	No specific viral load	No specific viral load	No specific viral load
Other factors where treatment is recommended				• Pregnancy • HBV • Coinfection • HIVAN	• Pregnancy • HBV • Coinfection • HIVAN	• Pregnancy • HBV • Coinfection • HIVAN

"ART is recommended for all individuals with HBV-Effective ART that has been shown to prevent transmission of HIV from an infected individual to a seronegative partner; therefore, ART should be offered to patients who are at risk of transmitting HIV to sexual partners"
–2012 DHHS Guidelines

HIVAN, HIV-associated nephropathy.

Adapted from the Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. US Dept of Health and Human Services; 1998-2012.





Ias-usa resistance guidelines.

In addition, the monitoring of the viral load is considered a better predictor of HIV to help the progression of CD4. [15] Toxicity to RTI is mainly produced through adverse reactions from which the patient may have (see more up for a list of severe reactions). BMC infectious dis. Therapy monitoring of drugs in human immunodeficiency virus / acquired immunodeficiency syndrome. IAS recommends verifying CD4 cell count every six months until the levels are above 250 / microlitro for at least one year. Once the viral load has fallen below 50 copies / ml, the recommendation is to repeat the viral load every three months until they achieve a supression year. Due to NNRTI's non-competitive inhibitory action, it is not effective against the reverse transcriptase of HIV-2. [4] HIV treatment standard requires the combination of NRTI, NNRTI, protease inhibitors and chain transfer inhibitors integral. Drugs. While this effect is strongly correlated with the use of protease inhibitors in HAART, it may also appear in association with the use of Stavudine. The peripheral neuropathy associated with NRTI is more common with the chronic use of calcitabine, didanosine and lamivudine. [6] Lactic acidosis is produced more commonly with the use of zidovudine, lamivudine, stavudine and didanosine. Access free multiple option questions about this topic. 2012 Apr; 2 (4): A007161. [PubMed: 25417503] 13.Soldin op, Elin RJ, Soldin SJ. January 2004 15; 38 (2): 263-70. [Free PMC Article: PMC3951641] [PubMed: 23963694] 6.dalakas MC. The CD4 count, when it is carried at a normal level through treatment, is associated with a reduced risk of mortality. According to the NIC, for new HIV infections, the recommended initial treatments are based on inhibitors of the doloutegravir + tenofovir alafenamide + emtricitabineÃ ¢ bictegravir + tenofovir alafeneamide + emtricitabine's for cases of pre-exposure prophylaxis, the recommended treatment rate: Tenofovir Disoproxil Fumarate + Emtricitabine.Postexposition Prophylaxis is EN n³Äicaroprocni us euq se sotnemacidem sotse ed etnaseretni acits-Äretcarac anU .sodatluser sol rarojem y .asrevni asatpircsnart al ed rodibihni led osu le raznava arap n³Äicacinumoc al y n³Äicneta al ed n³Äicanidrooc al rarojem arap selanoiseforpretni opiuqe ed saigetartsE .asrevni asatpircsnart al ed serodibihni noc aiparet al etnarud oerotinom ed adauceda atsiV .asrevni asatpircsnart al ed serodibihni nebicer setneicap sol odnauc selaicnetop sosrevda sotcefe sol abircsuS .asrevni asatpircsnart al ed serodibihni sol ed n³Äicca ed omsinacem le euqifitnedI :soiretjebO .loretneortsaG J dlroW .selautca sotnemacidem sol y sasrevda senoiccaer sal ,senoicacidniartnoc sal ,HIV led n³Äisnet al ed dadilibisnes al omoc serotcaf ed dadeirav anu ateuc ne renet ebed es ,ITRN al ranoicceles a otnauc nE .)adnopserroc odnauc sonrotsart sorto y(HIV led n³Äitseg al ne osoilav etnega nu omoc ITR sal arap senoicacidniartnoc sal y n³Äicca al ,n³Äicacidni al asiver dadivitca atsE .B-PMISONET oidutsE :B ACINÃRC ED SITITAPEH NE RIVOFEDA SULP ENIDUVIMAL SV RIVOFONET .deM J lgnE N .93-62 :)1(01 ;ram 4102 .olrasuac ed ogseir nºÃgla neneit aÃvadot ,lairdnocotim dadicixot ed aicnerruco sonem neneit soveun s¡Ãm SITRN sol euq sartneiM .HIV le rop odatcefni etneicap nu ne adicudni aipariven rop adicudni acix³Ãt acimr©Ädipe sisilorgIN .n°ÃremaC ne REHTSE / 01121 SRNA llatartS oyasne le ne opmeit led ogral ol a HIV le artnoc sotnemacidem sol a aicnetsiser al y larivorterritna aiparet al a aicnerehda ed senortaP .DEM HIV .02-41 :)1(6 ;ram 1002 .otnemacidem adac arap sisod ed sognar sol y serodibihni soL .asrevni asatpircsnarT ed ITRNN y ITRN ed saÃrogetac sal ne nartneucne es euq sodaborpa sotnemacidem sol ed sonugla eneitnoc atsil etneiugis aL»Ã enibaticirtmE + ¢ÃetaramuF lixorposiD ¢ÃrivofoneT + ¢ÃrivrivargetlaR Ã)odireferp(enibaticirtmE + ¢ÃetaramuF lixorposiD ¢ÃrivofoneT + rivarGetuloD Ã :sanames ortauc etnarud senemÃger setneiugis sol ed onu ed s©Ãvart A ed ed dadiroirepus anU .asrevni asatpircsnart al ed serodibihni ed esalc adnugeS sol nos)SITRNN(odis³Ãelcun on asrevni asatpircsnart al ed serodibihni soL .NDA led savitagen o savitisop sarbeh ed n³Äiccudorp al ebihni euq ,NRA ed etneidneped NDA o NDA ed etneidneped NDA ed sisetnÃs al Burden on CD4 cell count by predicting mortality in HIV patients in therapy. Viral load analyzes the number of copies of HIV RNA in the patient. This activity will highlight the mechanism of action³ the profile of adverse events and other key factors (e.g. off-label uses, dosage, pharmacodynamics, pharmacocytotics, monitoring, relevant interactions) relevant to members of the inter-professional care team ³ the (³ of HIV patients and related conditions. [Free PMC Art: PMC3634327] [PUBMED: 12562273] 14.meresse M, March L, Kouanfack C, Bonono RC, Boyer S, Laborde-Balen G, Aghokeng A, Suzan-Monti M, Delaporte E, SPIRE B, CADERI MP, Laurent C., Stratall ANRS 12110 / Study Group Style. [PubMed: [14699460] Patients should understand the serious side effects that may be caused by the medicines that make up their HAART regimen. These CNS effects include problems with mood, Insomnia, and inquie. Antiretroviral prophylaxis for HIV prevention ³ heterosexual men and women. 2016 Mar; 10 (3): FD03-6. [Free PMC Art: PMC3312400] [PUBMED: 22474613] 5.Margolis am, HEVERING H, PHAM, PHAM Pa, Stolbach A. Currently, the recommended Regi Men consist of a mÃ© all "2 + 1" where the patient should start with 2 NRTIS, followed by an NNRTI, a protease inhibitor (with the increase of ritonavir), or an integrase inhibitor. The NRTIs are taken as profÃocs and must be taken to the house and phosphorized before they are activated. The international antiretroviral society recommends that treatment begin the diagnosis ³ to have the maximum effectiveness and slow progression of the disease as ³ as possible. Unless the patient undergoes steroid or immunosuppressive treatments, or the patient experiences HAART failure, the count ,D ,D reyaS ,C erooM ,mA nitraM ,G lesaM ,C ttiW ,D naloN ,S lallaM.01]91025111 :deMbuP[.otnemacidem le n¡Ãravitca seralulec sasaniuq sal ,deps©Äuh alul©Äc al ed ortned zev anU .odidem res atisecen on 4DC ni tpek EB dluohs taht stceffe Edisi yteirav a evah recover, sgurd efas llarevo elihWenirivartEenidrivaleDenirivipliRtelbaTnoituloSznerivafEtelbaTnoituloSenipariveN A Ã srotibihnI esatpircsnarT esreveR edisoelcun Non Ã telbaT rivofoneTÃ Ã enibaticlaZtelbaTnoituloSÃ Ã enibaticirtmEpurySÃ Ã noitulos VItelbaTeniduvodiZtelbaTnoituloSÃ Ã enisonadiDtelbaTnoituloSeniduvatStelbaTÃ Ã noituloSÃ Ã eniduvimaLtelbaTnoituloSÃ Ã rivacabA srotibihnI esatpircsnarT esreveR editoelcuN / edisoelcuN A Ã .snoitalumrof rehto ni gnimoc sgurd laicapse n³Äicarugifnoc aveun anu aerc aslob atsE .selarivorterritna sotnemacidem ed esalc al ne ¡ÃtsE .tsyS vreN ocir©ÃfireP J .1-HIV le arap selarivorterritna sotnemacidem noc aipareT .HIV rop n³Äiccefni al ne osu us ed n³Äisiver :anidrivaleD .sosrevda sotneve ed oremºÃn ronem le noc sodatluser serojem sol ¡Ãrad lanoiseforpretni opiuqe nU .sedadimertxe sal y arac al ed laroproc asarg ed adidr©Ãp al se)aifortsidopil omoc adiconoc n©Äibmat(aifortaopiL laim y lamixorp ralucsum dadilibisnes omoc esratsefinam edeup y aniduvodiz noc etnemnºÃmoc s¡Ãm aicosa es aÃtapoim aL]5[.acit¡Ãpeh sisotaetse nis o noc acitc¡Ãl sisodica y aÃtaporuen ,aifortaopil ,aÃtapoim :setneiugis sal ed anu omoc esratsefinam edeup ITNI ed osu la adibed dadicixot aL lairdnocotiM .deM tcepsreP braH gnirpS dloC .HIV led otneimatart y ojenam le ne sodazilitu sotnemacidem nos asrevni asatpircsnart al ed serodibihni soL .socamr¡Ãf ed sesalcbus sod yah asrevni asatpircsnart al ed serodibihni ed esalc al ed ortneD]2[.olocotorp la setneicap sol ed n³Äisehda ed atlaf al odis ah saiparet satse ed otix©Ã le arap etnatropmi s¡Ãm rotcaf lE .aicacife amix¡Ãm al noc odnajabart ¡Ãtse etneicap le ¡Ãtse euq le ne socamr¡Ãf ed nemig©Ãr le euq acifingis ,elbatcetedni evleuv es lariv agrac al odnauC .solribircserp la J, Farquhar C, John-Stewart G, Kakia A, Odoyo J, Mucunguzi A, Nakku-Joloba E, Twesigye R, Ngure K, Apaka C, Tamooh Tamooh Gabona F, Mujugira A, Panteleff D, Thomas KK, Kidoguchi L, Krows M, Revall J, Morrison S, Haugen H, Emmanuel-Ogier M, Ondrejcek L, Cooms RW, Frenkel L, Hendrix C, Bumpus Nn, Bangsberg D, Haberer Je, Stevens WS, LingappPa JR, Celum C., Partners Prep Study Team. 2002 Mar 02; 359 (9308): 727-32. All the interfering members of the medical care team are responsible for providing the best attention to the adverse effects of their patients. Studies show that there is a reduction of 67% to 75% at risk of becoming infected by the use of prophylaxis prior to exposure. [3] While the results have been promising, some have raised strong concerns about the appearance of drug-resistant strains due to lack of adherence to prophylaxis protocol prior to exposure by patients. Lancet. 2013 Jul 31; 10: 82. Monitoring is mainly carried out through evaluations such as CD4 count and viral load. The CD4 count is useful to measure because it is the main objective of HIV. The defincion of fault HAART is the IAS as an HIV RNA level above 200 copies / ml in at least two consecutive measurements. Due to the missing hydroxyl group 3, the NRTI prevents the training of a 3 Å, ©-5-phosphodiester bonus in growing DNA chains and can avoid replication of the virus. After achieving these objectives, the measurement of the CD4 count can cease. The NRTIs lack a group of 3 ° hydroxyl in the rest of 2 â, ¬ -deoxyryribosyl and will have a nucleotide or a nucleotide as a base. 2005 May-Jun; 6 (3): 158-68. Specifically, patients who take HLA-B * 5701 allele are the greater likelihood of experiencing a severe reaction to the drug. [PubMed: 11888582] 11.Peters PJ, Stringer J, McConnell MS, Kiarie J, Ratanasuwan W, Intalaporn P, Potter D, Mutsotso W, Zulu I, Borkowf CB, Bolu or, Brooks JT, Weidle PJ. To the .satsinutropo .satsinutropo seinoiccefni a naczudnoc euq sevarg saicneicifedonumni nagnet sojab 4DC ed sotneucer noc setneicap sol euq rarepse edeup eS .lareneg ne ecuder es NDA ed sisetnÃs al ,etnerefid n³Äicarugifnoc anu eht retaerg ehT .tnega evitasuac a sa ecnatsiser gourd redisnoc ot tnatropmi si ti, eruliaF TRAAH tuoba gniklat nehW Ã Ã .nemiger s'tneitap eht ot segnahc ekam dna seitilibitpecsus gurd dna epytoneg VIH ssessaer ot si noitadnemmocer eht, eruliaf TRAAH gnisongaid retfA .yletaidemmi noitnetta s'naicinilc gnibircserp eht ot thguorb eb ot deen ecnailpmoc tuoba snrecnoC .stceffe esrevda rewef htiw detalerroc evah sITRNN, sITRN ot derapmoc nehW ITRNN Ã Ã] 5 [.revil eht ni etalumucca taht sedirecylgirt deifiretse ni gnitluser sdica yttaf fo Noitdiksho-ateb lairdnohcotim desaerced ot eud sisodica citcaf gniynapmocca srucco netfo sisotaets citapeH .noitidnoc sÃ Ã Ã ¢ tneitap eht otni sthgisni tnereffid sreffo elbairav hcae, ycaciffe tnemtaert enimreted pleh serusaem htob elihw taht nwohs evah seidutS Ã] 41 [.tnemtaert fo shtnom xis tsrif eht nihtiw ecnatsiser fo ksir eht desaercni snemiger desab-itrn dna itr TNI DNA ECNEREHDA Wol Taht Nwohs Evah Seiduts .snoitacidem vih fo yticixot eht fo weiver a .htnom xis yreve derusaem slevel anr vih rieht evah nac tneitap eht, daol lariv desserpus yllufa13-3201:) 5 (54; pes 4102 .efil rieht, Yltneukesbus, dna ypareht ot gnitatsaved eb nac ecnailpmoc fo kcal a sa, stneitap ot ecnailpmoc tcirts fo ecnatropmi eht ezisahpme htob tsum ycamrahp dna gnisruN .noitneverp ot tnemtaert morf: cimedipe 1-VIH eht ni srotibihni esatpircsnart esrever laro fo sesu gnivlove.78-874:) 8 (51; pes 4102 .am Grebniaw, S Lalkcinam, AD Revjiv Ed Nav, Kr ATPUG.2] 00715192: Dembup [] 2585865cmp: Elcitra Eerf Cmp [.w IHtusonam, P Lukitnakatnom, a Nregn -OS.21] 67195602: Dembup [.puorg Hrsroj, Ocnalb, LM YEUB-AÃÃfCRAG, E Anilom, LJ Ajellac, G nããfs, m oteirp, j setneuf, e agarf, mj oisacsap, m zeugâÃfrdor.1snoitseuq weiver] 5 Weiver] 5 olucÃtrA[.CNS le ne senoicaretla odartsomed ah, sITNNI s¡Ãmed sol ed aicnerefid a ,znerivafE]8[.avitacifingis sitinimasnart asuac anipariven al euq odartsomed ah es ,n³Äicarapmoc nE .n³Äicisopxe al a aiverp sixaliforp al arap asrevni asatpircsnart al ed serodibihni sol ed aicacife al raulave arap soyasne y senoicagitsevni odnazilaer n¡Ãtse es etnemlautcA Ã.aniduvodiz ed esab a larivorterritna aiparet al se ozarabme le etnarud erdam al ed HIV led otneimatart le arap n³Äiccele ed ocamr¡Ãf lE Ã]2[.otrap le y otrap le ,ozarabme le etnarud ojih a erdam ed HIV led n³Äicagaporp al ricuder arap nazilitu es asrevni asatpircsnart al ed serodibihni sol ,omitl⁹Ã roP .HIV ed socinÃlc soyasnE .)010 04SSE ;LEEHRAT(sovitisop 1-HIV sotejus ne adicelbatse aifortsidopil ed al n³Äiserger al erbos oidutse ed opiuqE raulave y aimetatcalrepih al ed n³Äiserger al raulave arap oyasnE ,.EJ zednanreH ,CV smailliW ,LR rehsiF ,TJ nagrenoL ,P tilahS ,GM noisneS ,MS relahtnesseH ,JD draW ,AG yesmoCcM.61]827 077 03 :deMbuP[ ]877 773 6CMP :CMP otiutarg olucÃtrA[.selarivorterritna sotnemacidem y acir©Ãfirep aÃtaporueN .larivorterritna otneimatart nebicer euq HIV le rop sodatcefni setneicap ertne savitacifingis etnemacinÃlc sasotnemacidem senoiccaretnI .aÃgolorivorteR .961:)1(91;51 bef 9102 .osu us noc sodaicosa sevarg sosrevda sotcefe rineverp arap senoicacidniartnoc netsixe ,osu us arap soruges etnemlareneg nos asrevni asatpircsnart al sed serodibihni sol euqnuA]9[.aniduvodiz noc etnematnujnoc artsinimda es odnauc aineportuen asuac anidrivaled euq ebas es ,omitl⁹Ã roP .sanames 42 atsah radrat edeup NRA ed levin led adauceda n³Äiserpus al euq ala±Äes es euq opmeit la ,otneimatart led dadilibarelot al y aicnerehda al raulave arap AGRAT led oicini la setneiugis sanames sies sal ed ortned)lariv agrac(HIV led NRA ed levin nu renet nebed setneicap sol euq necelbatse SAI led selautca senoicadnemoceR]31[.HIV rop n³Äiccefni al ed aicneserp al se royam ,agrac 1-HIV 1-HIV led asrevni asatpircsnart al ed rodibihni la dadilibisnesrepih al y 3QD-ALH y 7RD-ALH ,1075*B-ALH ed aicneserp al ertne n³ÃicaicosA .9647-9547:)14(32;70 voN 7102 .locixoT deM J .JD aduzaH ,JE strA.4]730 487 22 :deMbuP[ ]474 077 3CMP :CMP otiutarg olucÃtrA[.M narehS.8]198 431 72 :deMbuP[ ]772 348 4CMP :CMP The first class are nucleusÃ ³ sidos/nucleusÃ reverse transcriptase inhibitors³ and the second class are non-nucleusÃ ³ sidos reverse transcriptase inhibitors.NucleusÃ ³ sidos/nucleusÃ ³ inhibitors (NRTIs) were the first class of antiretroviral drugs approved by the FDA. Southeast Asia J Trop Med Public Health. Physicians should work closely with nurses to maintain adequate follow-up of patients to ensure optimal ³ treatment and to detect possible adverse effects. As a group, all NNRTIs are known to cause eruptions. Patients with HLA-DR.7 and HLA-DQ3 should also avoid the use of abacavir.[10]Patients with abnormal or elevated baseline ALT or AST should avoid the use of nevirapine-based antiretroviral therapy due to severe hepatotoxicity and rash-associated hepatotoxicity.[11]Didanosine also demonstratedÃ³ an ³c³ic drug interaction when taken concomitantly with allopurinol.

[12]Monitoring of STIs and HAART, in general It is essential due to the disastrous effects of drug non-compliance and sub³optimal treatment. The most serious rashes are Stevens-Johnson syndrome, as well as the ³ epidermal necrolysis tÃ ³ xica.Ã [7]In addition to the complications of dermatitis from the use of NNRTIs, some NNRTIs are known to cause other adverse effects. With the rise of the HIV/AIDS epidemic, many companies have created drugs to reduce the spread ³ and possibly cure this problem. Drug resistance is a serious complication that must ³ be considered and is associated with poor adherence to medication³ [PubMed: 11 293 802]7.Paik S, Sen S, Era N, Saha B, Tripathi SK. In addition, factors such as the cost of treatment, accessibility to medicines and access to adequate follow-up play an important role in the of resistance to HIV's basic regUmens. First of all, a previous history of STI hypersensitivity is a contraindication ³ its use. The drug exerts its effect through the .yduts .yduts LEEHRAT Mehta stluser Mehta: eniduvodiz ro rivacaba OT eniduvats mor · phe 'dehctiws stneitap detcefni suriv ycneicifedonummi namuh ni ypareht larivorteritna evitca ylhgih Tiwa detaicossa yhportaopil ni tnemevorpmI .meht erac gnikat naicinilc yramirp Mehta Tiwa pu-wollof esolc evah dluohs, TRAAH yltnatropmi Merom Adnan, please stneitaPÃ Ã .elbitpecsus si epytoneg HIV cificeps rieht hcihw OT gurd a OT gnihctiws eriuqer snoitcaer esrevda gnisuac sgurd rehto Allan a] 61 [.ycaciffe nemiger lamitpo niatniam llits Adnan yhportsydopil evorpmi pleh lliw rivacaba OT gnihctiws taht tseggus seiduts, palm eniduvats yllacificepS .VIH tnemtaert Mehta ni enipariven Adnan znerivafe srotibihni esatpircsnart esrever edisoelcunnon Mehta .snoitcefni lariv Miam palm owt srotibihni esatpircsnart esrever esu Mehta devorppa sah ADF Mehta, etad OT .VIH Tiwa noitcefni tneitap palm laitnetop stsixe nrecnoc nehw sixalyhporp Erusopxe-tsop rof desu neeb osla evah srotibihnart esrever ã,] 1 [.b sititapeh si Suriv dnoces eht. ngaid nilc j m .ertecurts

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