



Pharmacology & HIV Care

This video explores the history of HIV treatment and the impact of medication regimens on the lives of people living with HIV, and highlights advancements in treatment and medication today. The importance of and barriers to medication adherence are also addressed so that viewers can walk away with an understanding of the challenges facing people living with HIV and explore the best possible plan for client-centred care.

History of HIV medication

- The first diagnoses of AIDS in North America were reported in 1981. The antiretroviral medication known as AZT, the first of its kind, was approved by the FDA in 1987 as a treatment for HIV/AIDS.
- HAART (highly active antiretroviral therapy) was introduced in 1996 and marked a turning point in HIV treatment. HAART is a combination of antiretroviral medicines that work together to maintain a healthy immune system by reducing the viral load, which is the measure of the amount of virus in the blood.
- Sometimes, the viral load can become undetectable. This does not mean that there is no virus in the body, but that the amount of virus is so low that a blood test cannot detect it.
- Some people also find that complimentary therapies, such as naturopathic medicine and acupuncture, are helpful in relieving stress and symptoms of HIV-related illnesses and the side effects of medication.
- Effective treatment with antiretroviral therapy may also reduce the chances of HIV transmission; universal precautions should always remain in place for all clients, including people living with HIV (see the **Bedside Care** video for more information).

Medication adherence

- Like with many medications, some people experience negative side effects from HIV treatment, which can impact medication adherence. Side effects can range from changes to body shape and muscle mass, to gastrointestinal complaints, to altered sleep and emotions. Some side effects are felt immediately and may subside over time, while others may be more subtle and carry long term effects.
- Another barrier to adherence can be the complexity of medication regimens, such as time of day medication should be taken and interactions with food and water or other drugs and substances.
- Non-adherence can not only raise the viral load in the body, but it also increases the chances of developing medication resistance. It is important to maintain honest, non-judgemental dialogue between the client and the care team (including the pharmacist) about what is and isn't working in the medication regimen.

Sources and links

CATIE offers a primer on HIV Treatment for care providers as well as resources for clients:

www.catie.ca/en/hiv-canada/6

The Ontario HIV Treatment Network shares the latest research in treatment and other factors that affect the health of people living with HIV: www.ohtn.on.ca