Table V: Guidelines for When to Initiate Antiretroviral Therapy in Adults and Adolescents

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| * Antiretroviral therapy (ART) is recommended for all HIV-infected individuals. The strength of this recommendation varies on the basis of pretreatment CD4 cell count:
	+ CD4 count <350 cells/mm3 **(AI)**
	+ CD4 count 350 to 500 cells/mm3 **(AII)**
	+ CD4 count >500 cells/mm3 **(BIII)**
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| * Regardless of CD4 count, initiation of ART is strongly recommended for individuals with the following conditions:
	+ Pregnancy **(AI)** (see [perinatal guidelines](http://www.aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/0/) for more detailed discussion)
	+ History of an AIDS-defining illness **(AI)**
	+ HIV-associated nephropathy (HIVAN) **(AII)**
	+ HIV/hepatitis B virus (HBV) coinfection **(AII)**
 |
| * Effective ART also has been shown to prevent transmission of HIV from an infected individual to a sexual partner; therefore, ART should be offered to patients who are at risk of transmitting HIV to sexual partners (**AI** [heterosexuals] or **AIII** [other transmission risk groups]; see text for discussion).
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| * Patients starting ART should be willing and able to commit to treatment and should understand the benefits and risks of therapy and the importance of adherence **(AIII).** Patients may choose to postpone therapy, and providers, on a case-by-case basis, may elect to defer therapy on the basis of clinical and/or psychosocial factors.
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| ***Rating of Recommendations:****A = Strong; B = Moderate; C = Optional****Rating of Evidence:***  *I = data from randomized controlled trials; II = data from well-designed nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = expert opinion* |

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