

C'è bisogno di Linee Guida Nazionali diverse da quelle Europee ed Internazionali?

SI

Se utili a far emergere peculiarità nazionali

Epidemiologiche (fattori di rischio, co-infezioni, etc..)

Composizione delle popolazioni (età, co-morbidità, fattori di rischio, % migranti, etc...)

Presentazione alla ART (mediana CD4+, RAM, rimborsabilità, disponibilità generici, etc...)

***Le linee guida nazionali riflettono queste peculiarità?
In quanto differiscono dalle linee guida internazionali?***

Analizziamo alcuni aspetti...

When to start?

I risultati dei RCT **START** e **TEMPRANO** hanno confermato che **l'inizio immediato della cART** è associato a un **beneficio clinico sulla progressione** verso l'AIDS o la morte **anche in pazienti con linfociti T CD4+ > 500 cellule/ μ L.**

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Trial of Early Antiretrovirals and Isoniazid Preventive Therapy in Africa

The **TEMPRANO** ANRS 12136 Study Group*

ABSTRACT



HHS Public Access

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Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection

The **INSIGHT START** Study Group*

TEST AND TREAT

Changing criteria for ART initiation

- Most recent WHO guidelines: adapted the criteria for starting ART
 - CD4<200/mm³ from March 2008 to Dec 2009
 - CD4<350/mm³ from Dec 2009 to July 2012
 - CD4<500/mm³ from July 2012 to Dec 2014
- *Any CD4 cell count since 2015*

Recommendation

NEW

- ART should be initiated among all adults with HIV regardless of WHO clinical stage and at any CD4 cell count (strong recommendation, moderate-quality evidence).
 - o As a priority, ART should be initiated among all adults with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4) and adults with CD4 count ≤ 350 cells/mm³ (strong recommendation, moderate-quality evidence).

Changing Criteria for Antiretroviral Therapy Initiation in DHHS Guidelines – July 2016

CD4+ Count, cells/mm ³	1998	2001	2006	2008	2009	2012	2014	2016
> 500	Offer if VL > 20K	Offer if VL > 55K	Consider if VL ≥ 100K	Consider in certain groups*	Consider [†]	Treat ⁺	Treat ⁺	Treat
350-500	Offer if VL > 20K	Consider if VL > 55K	Consider if VL ≥ 100K	Consider in certain groups*	Treat	Treat	Treat	Treat
200-350	Offer if VL > 20K	Offer, but controversy exists	Offer after discussion with patient	Treat	Treat	Treat	Treat	Treat
< 200 or symptomatic	Treat	Treat	Treat	Treat	Treat	Treat	Treat	Treat

****Pregnant women, patients with HIV-associated nephropathy, and patients with HBV that requires treatment.***

†50% of panel members recommended starting antiretroviral therapy; 50% of members viewed treatment as optional.

+ Pregnant women, HIV associated disorders, HBV or HCV coinfections, viral load > 100,000 copies/ml, CD4 cell declining >100 cell/μl per year, Serodiscordant couples