

# HIV Treatment Session Case #1: Treatment options in a naïve HIV- positive woman

Monica Gandhi MD, MPH  
University of California, San Francisco

# Choosing therapies in treatment naïve patients

- **Case:** 36 yo woman with HIV CD4 528 cells/mm<sup>3</sup>, viral load 13,829 copies/mL presents to your practice saying she has “heard of the new guidelines” about starting HAART earlier. She is ARV naïve, has no concomitant conditions and is on no medications. She is housed, smokes 1 pack per day, uses EtOH and cocaine occasionally, not sexually active, and wants the “easiest to take regimen ever”. No genotypic resistance and HLA-B5701 negative

- ARS Question

# Case (continued)

- The patient is started on Atripla® and does quite well initially without any side effects
- She returns to you four months later with a new male sexual partner and announces she is not always using condoms
- States she and her new partner are contemplating having a baby

- ARS Questions (2)

# Case (continued)

- You switch the patient to an atazanavir-ritonavir based regimen and she does quite well, maintaining virologic suppression
- She returns to you 3 months later saying that her new boyfriend is “giving her an ulcer” and admits she has been taking over the counter proton pump inhibitors two or three times a day

- ARS Question

# Case (continued)

- You switch patient to raltegravir and she does well, continuing to maintain her virologic suppression
- She starts a new job at a supermarket and comes to you complaining of bilateral lower leg pain
- She worries that this pain is secondary to her new ARV

- ARS Question

# Case (continued)

- The patient's CPK is normal and her leg pain resolved after she switched to a desk job at the supermarket from a checker
- However, she says she wants a once a day regimen and you switch her to darunavir/ritonavir/ tenofovir/emtricitabine