Towards personalized care for people living with HIV: Supporting open dialogue and informed treatment choices

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Learning objectives

1. Discuss strategies to optimize ART regimens for people living with HIV while maintaining viral suppression
2. Identify key factors associated with individual preferences for antiretroviral therapy, including long-acting or simplified regimens
3. Outline collaborative, person-centred strategies to improve shared decision-making in HIV

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Expert faculty

Professor José Arribas

Research Director of HIV and Infectious Diseases
University Hospital La Paz, Madrid, Spain

Ms Harriet Langanke

Founder of GSSG, a sexual health foundation
Cologne, Germany

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Case 1: Weight gain on long-term ART

Personal details

David

Age: 50 years

Sex: Male

Years since diagnosis: 25

Comorbidities: None

Current concomitant medications: Atorvastatin

Treatment history

Prior ART regimens: Two

Prior virologic failure: None

Prior drug resistance mutations: None; no recent testing

Prior ART toxicities: None

Prior PrEP: None

HBV infection status: Negative

HBV immunity status: Immune

Current status

Viral status
CD4⁺ T-cell count (cells/mL): 591
Plasma HIV RNA (copies/mL): 30

Current regimen: ABC/3TC/DTG

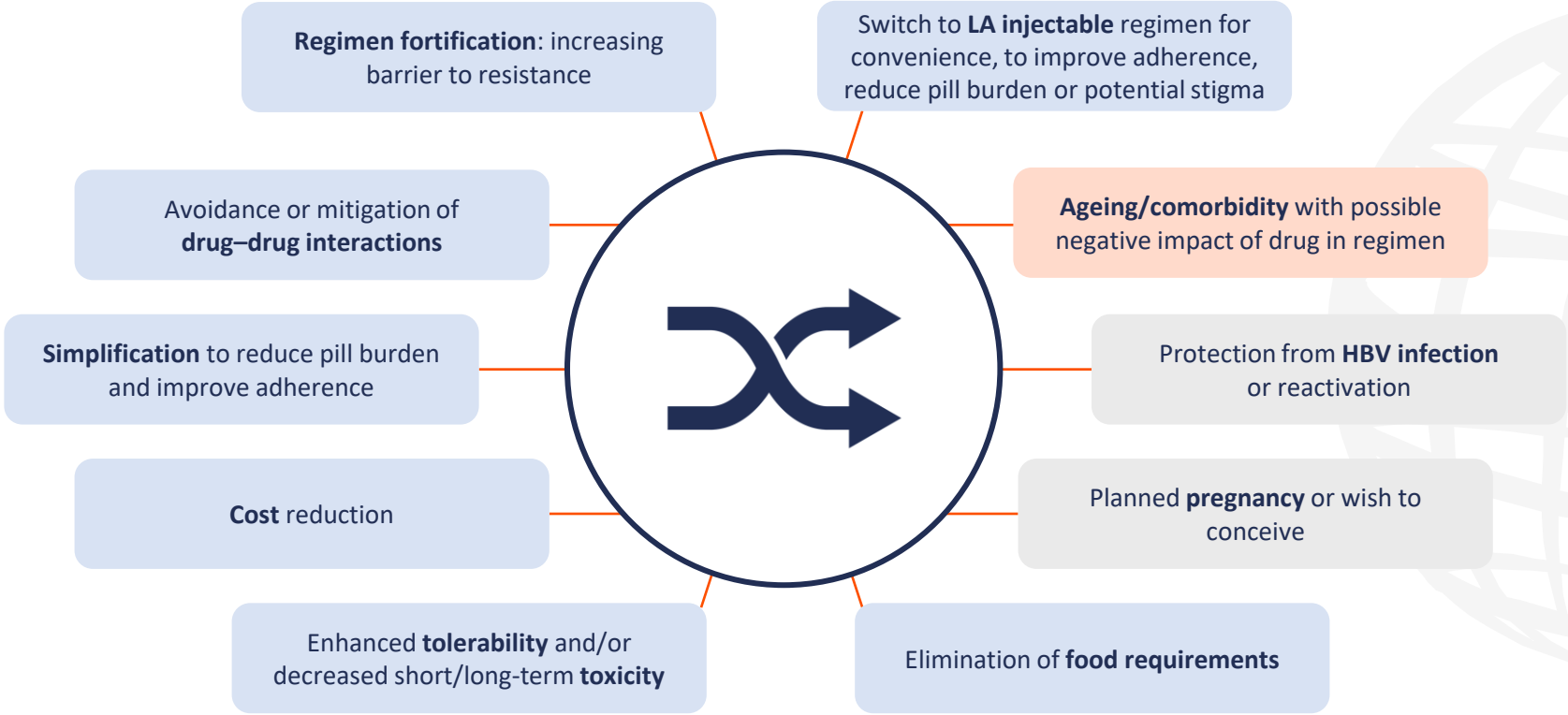
Time on current regimen: 5 years

Concerns for this visit

David is here today to talk about:

- **Weight gain** (overweight but not obese)

Potential switch indications in virally suppressed individuals[1,2]



Case 2: Pill fatigue during ART

Personal details

Anna

Age: 34 years

Sex: Female

Years since diagnosis: 4

Comorbidities: None

Current concomitant medications: None

Treatment history

Prior ART regimens: One

Prior virologic failure: None

Prior drug resistance mutations: None; no recent testing

Prior ART toxicities: None

Prior PrEP: None

HBV infection status: Negative

HBV immunity status: Immune

Current status

Viral status
$CD4^+$ T-cell count (cells/mL): 565
Plasma HIV RNA (copies/mL): 15

Current regimen: BIC/TAF/FTC

Time on current regimen: 3 years

Concerns for this visit

Anna is here today to talk about:

- **Pill fatigue**

Pill fatigue versus pill burden[3–5]

	Fatigue	versus	Burden
Nature	Emotional exhaustion from long-term medication use		Physical/logistic difficulty with multiple or large pills
Impact	Psychological impact		Practical challenges
Causes	Lifelong treatment Life stressors		Complex regimens Number of pills
Outcome	**Reduced motivation for adherence**		

Long-acting ART considerations

Possible advantages:[1,5,6]

- Convenience/reduced pill burden
- Reduced stigma
- Easier to keep status private
- More freedom, e.g. to travel
- Potential improved adherence

Possible disadvantages:[5,6]

- Need to travel to clinic for injection
- Use of needles
- Injection-site reactions
- Cost or insurance coverage

CAB/RPV FDA indication[7]

- Complete HIV-1 regimen to replace current stable regimen
- Virologically suppressed (HIV-1 RNA <50 copies/mL) adults and adolescents ≥12 years and ≥35 kg
- No history of treatment failure or known/suspected resistance to CAB/RPV

CAB/RPV EMA indication[8]

- Complete HIV-1 regimen for those on current stable regimen
- Virologically suppressed (HIV-1 RNA <50 copies/mL) adults and adolescents ≥12 years and ≥35 kg
- No present/past evidence of viral resistance or virological failure with NNRTI or INI agents

Case 3: Starting ART post-HIV diagnosis

Personal details

Lucas

Age: 26 years

Sex: Male

Years since diagnosis: <1

Comorbidities: None

Current concomitant medications: None

Treatment history

Prior ART regimens: None

Prior virologic failure: N/A

Prior drug resistance mutations: None

Prior ART toxicities: N/A

Prior PrEP: None

HBV infection status: Negative

HBV immunity status: Unvaccinated

Current status

Viral status
$CD4^+$ T-cell count (cells/mL): 190
Viral load (copies/mL): 265,000

Current regimen: N/A

Time on current regimen: N/A

Concerns for this visit

Lucas is here today to talk about:

- His **new HIV diagnosis**

Recommended initial regimens: ART-naïve adults[1,2*]

Option 1: Two NRTIs + INSTI

- TAF FTC BIC
- TAF FTC + DTG
- TDF FTC + DTG
- TDF 3TC + DTG

US EU

- TAF 3TC DTG

US

Option 2: NRTI + INSTI

- 3TC DTG

US EU

- FTC + DTG
- 3TC + DTG

EU

Except if HIV RNA >500,000 copies/mL, HBV coinfection, or ART to start before HIV resistance or HBV test results available. Not recommended after PrEP failure

Option 3: Two NRTIs + NNRTI[†]

- TAF FTC + DOR
- TDF FTC + DOR
- TDF 3TC + DOR
- TDF 3TC DOR

EU

*Guideline recommendations differ for people with a history of PrEP use due to the possibility of resistance mutations.
[†]DOR is not effective against HIV-2, has not been compared to an INSTI and genotypic resistance testing is needed before starting.

Abbreviations

3TC, lamivudine; ABC, abacavir; ART, antiretroviral therapy; BIC, bictegravir; CAB, cabotegravir; DOR, doravirine; DTG, dolutegravir; EMA, European Medicines Agency; FDA, Food and Drug Administration; FTC, emtricitabine; HBV, hepatitis B virus; INI, integrase inhibitor; INSTI, integrase strand transfer inhibitor; LA, long-acting; NNRTI, non-NRTI; NRTI, nucleoside reverse transcriptase inhibitors; PrEP, pre-exposure prophylaxis; RPV, rilpivirine; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate.

References

1. HHS. 2024. Available at: https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf (accessed 2 May 2025).
2. EACS. 2024. Available at: https://eacs.sanfordguide.com/eacs-part1/art/eacs-switch-strategies (accessed 2 May 2025).
3. Nachega JB, et al. *Clin Infect Dis.* 2014;58:1297–307.
4. Claborn KR, et al. *Psychol Health Med.* 2015;20:255–65.
5. H-I-V.net. 2025. Available at: https://h-i-v.net/clinical/treatment-fatigue-and-hiv (accessed 2 May 2025).
6. Aidsmap. 2024. Available at: www.aidsmap.com/about-hiv/what-do-we-know-about-injectable-hiv-medication (accessed 2 May 2025).
7. FDA. Cabotegravir/rilpivirine PI. Available at: www.accessdata.fda.gov/drugsatfda_docs/label/2025/212888s016lbl.pdf (accessed 2 May 2025).
8. EMA. Cabotegravir SmPC. Available at: www.ema.europa.eu/en/documents/product-information/vocabria-epar-product-information_en.pdf (accessed 2 May 2025).