

NRTI COMBINATIONS

Dietary restriction		DOSAGE
	KIVEXA (Abacavir/ Lamivudine) 600/300 mg	
	TRUVADA (Emtricitabine/ Tenofovir) 200/300 mg	
	COMBIVIR (Lamivudine/ Zidovudine) 150/300 mg	
	TRIZIVIR (Lamivudine/ Zidovudine/Abacavir) 150/300/300 mg	

INTI

Dietary restriction		DOSAGE
	3TC (Lamivudine) 300 mg	
	3TC (Lamivudine) 150 mg	
	RETROVIR (Zidovudine) 100 mg	
	VIDEX EC (Didanosine) 400 mg > 60 kg	
	VIREAD (Tenofovir) 300 mg	
	ZERIT (Stavudine) 40 mg ≥ 60 kg	
	ZIAGEN (Abacavir) 300 mg	
	ZIAGEN (Abacavir) 300 mg	

INTEGRASE INHIBITOR

Dietary restriction		DOSAGE
	ISENRESS (Raltegravir) 400 mg	

CLASS COMBINATION WITH INTEGRASE INHIBITOR

Dietary restriction		DOSAGE
	STRIBILD (Elvitegravir/Cobicistat/ Emtricitabine/Tenofovir) 150/150/200/ 300 mg	

	MORNING		WITH FOOD
	EVENING		WITHOUT FOOD
	AT ANY TIME, BUT AT THE SAME TIME EACH DAY		

INNTI: NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
INTI: NUCLEOTIDE OR NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
IP: PROTEASE INHIBITORS

PIs

Dietary restriction		DOSAGE
	KALETRA (Lopinavir/ Ritonavir) 200/50 mg	
	KALETRA (Lopinavir/ Ritonavir) 200/50 mg	
	PREZISTA (Darunavir) 800 mg + NORVIR (Ritonavir) 100 mg	
	PREZISTA (Darunavir) 600 mg + NORVIR (Ritonavir) 100 mg	
	REYATAZ (Atazanavir) 300 mg + NORVIR (Ritonavir) 100 mg	
	REYATAZ (Atazanavir) 200 mg	
	APTIVUS (Tipranavir) 250 mg + NORVIR (Ritonavir) 100 mg	
	INVIRASE (Saqinavir) 500 mg + NORVIR (Ritonavir) 100 mg	
	INVIRASE (Saqinavir) 500 mg + NORVIR (Ritonavir) 100 mg	
	VIRACEPT (Nelfinavir) 625 mg	
	TELZIR (Fosamprenavir) 700 mg + NORVIR (Ritonavir) 100 mg	
	TELZIR (Fosamprenavir) 700 mg + NORVIR (Ritonavir) 100 mg	

* BID dosing is recommended in ARV-experienced patients with HIV protease mutations.
 ** BID dosing is recommended in patients with 3 or more Lopinavir-specific mutations, pregnant women, and patients taking medications that may reduce the effectiveness of Kaletra.
 *** BID dosing is recommended in ARV-experienced patients with one or more Darunavir specific mutation(s).



INNTI

Dietary restriction		DOSAGE
	INTELENCE (Etravirine) 200 mg	
	EDURANT (Rilpivirine)	
	SUSTIVA (Efavirenz) 600 mg	
	VIRAMUNE (Nevirapine) 200 mg	
	VIRAMUNE XR (Nevirapine) 400 mg	

❖ Meal with on average 533 calories. Taking Rilpivirine with a nutritional supplement such as boost, ensure etc. is not enough to optimize the drug's absorption.
 ⓘ No fatty meals.
 * 14 first days of treatment: dose is one 200 mg caplet daily.
 ** After the first 14 days of treatment.

CLASS COMBINATION (NRTI/NNRTI)

Dietary restriction		DOSAGE
	ATRIPLA (Efavirenz/ Emtricitabine/Tenofovir) 600/200/300 mg	
	COMPLERA (Rilpivirine/ Emtricitabine/ Tenofovir) 25/200/300 mg	

* Do not take with a high fat meal
 ** Meal with on average 533 calories. Taking Rilpivirine with a nutritional supplement such as boost, ensure etc. is not enough to optimize the drug's absorption.

CCR5 INHIBITOR

Dietary restriction		DOSAGE
	CELENTRI (Maraviroc) 150 mg	
	CELENTRI (Maraviroc) 300 mg	
	CELENTRI (Maraviroc) 300 mg	

Adjust the dosage according to drug interactions.
 See manufacturer recommendations.

FUSION INHIBITOR

Dietary restriction		DOSAGE
	FUZEON (Enfuvirtide) 108 mg/fole	

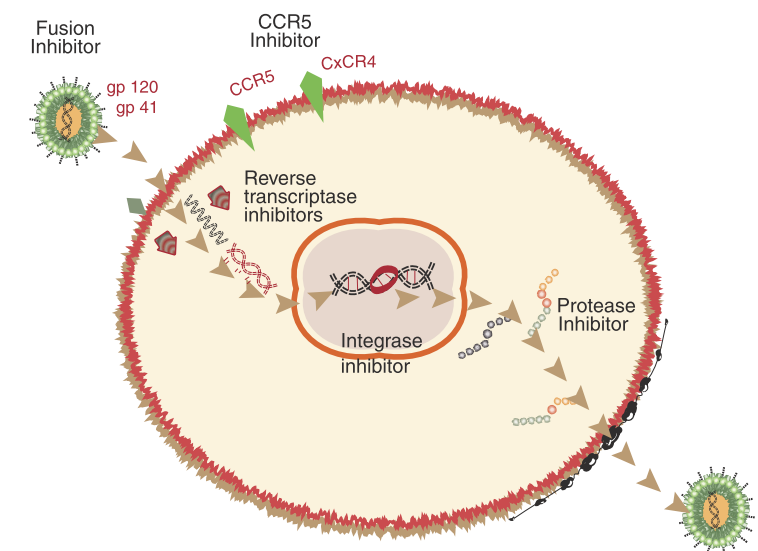
OTHER MEDICATIONS

NAME	WITH FOOD Yes / No	HOUR

NOTES

CONTACTS

HIV LIFE-CYCLE AND ANTIRETROVIRAL SITE OF ACTION



WHAT ARE THE TREATMENT OBJECTIVES?

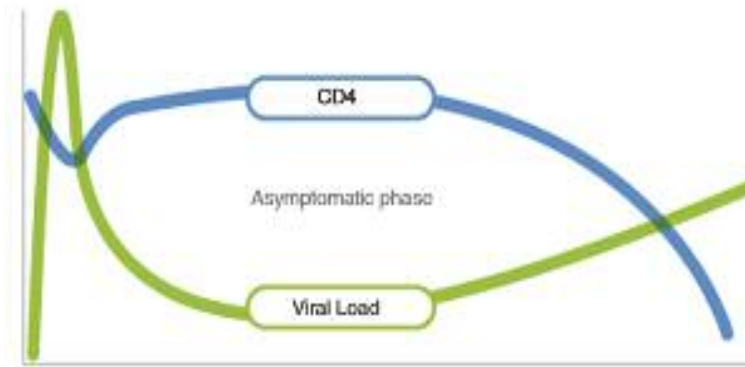
Different antiretroviral (anti-HIV) drugs act at different stages of HIV replication.

When taken regularly, according to the instructions, antiretroviral therapy lowers the level of virus in the blood (viral load) and improves your immune function (CD4+ T lymphocytes).

Our aim is to:

- ↓ lower your viral load to below 50 copies/mL
- ↑ raise your CD4 count as much as possible

The objective is to maintain your health and reduce the risk of developing infections which appear when your immune defences are down.



Your viral load is : _____
Your CD4 count is : _____

WHAT ARE THE MOST COMMON ADVERSE EFFECTS? VALID ONLY IF CHECKED.

The main adverse effects that may be observed at the start of treatment fall into four categories: systemic effects, gastrointestinal effects, skin reactions and effects on the central nervous system.

Systemic effects: Fatigue, headache, minor aches and pains, muscle pain. These effects generally subside after the first weeks of treatment. They disappear when your body becomes accustomed to the drugs. Try to start your therapy when you are well rested. If possible, take a few days off work. For headache and muscle pain, acetaminophen (Tylenol) may be useful. You should, however, notify your doctor if these symptoms are accompanied by fever, a rash, shortness of breath, or if you become pale or experience gastrointestinal effects including a loss of appetite, abdominal pain accompanied by nausea, vomiting or any other unusual and persistent adverse effects.

Gastrointestinal effects: Diarrhea, loss of appetite, nausea sometimes with vomiting. Taking medications with food often helps to reduce digestive effects. First, make sure your medication may be taken with food. Sometimes changing your schedule can help to better control digestive effects. Certain people may require medications for the treatment of nausea, such as dimenhydrinate (Gravol) or diarrhea (Imodium, calcium or other medication). Be sure to notify your doctor if you vomit daily, if you have more than three diarrheal stools a day, if you have a fever, if there is blood in your stool and, finally, if the digestive symptoms are accompanied by intense fatigue or if these symptoms persist and become worse. It is essential to avoid dehydration, so you should seek advice without delay.

Skin reactions: Rashes usually appear during the first two weeks of treatment. They are more frequently observed with drugs in the NNRTI class.

In general, these rashes (or redness) are not severe and your doctor will ask you to continue taking the medication and will prescribe an antihistamine to reduce the itching they may cause. In rare cases, this reaction may be severe and treatment may have to be discontinued. You must therefore notify your doctor immediately if you notice a redness of the skin. Your doctor will judge the severity of the reaction and decide whether or not to discontinue the medication. If you have a severe reaction, a fever and your overall condition deteriorates (intense fatigue, gastrointestinal effects, mouth sores, difficulty breathing, etc.), notify your doctor promptly or go to the emergency ward if you are unable to contact your doctor.

One of the antiretroviral drugs, called atazanavir (Reyataz), can cause a yellowing of your skin and the white of your eyes. This is a condition known as hyperbilirubinemia. The effect is usually greater at the start of treatment and tends to subside over time. The effect is not dangerous, but if it causes discomfort, you should talk to your doctor.

Central nervous system: Finally, with some antiviral drugs, particularly efavirenz (Sustiva), you may observe effects such as insomnia, dizziness in the morning, strange dreams, mood swings, etc. For the great majority of people, these effects disappear after two weeks, but for others, they may persist to varying degrees. More critical effects, although it is hard to attribute such effects to the drug, such as depression or psychosis, have been associated with efavirenz (Sustiva) in very rare cases. If you have any adverse event that persists or disrupts your activities or relationships, advise your doctor.

WHY DO I NEED TO TAKE THE DRUG REGULARLY?

Medications must be taken regularly (at the same time each day and as directed by your doctor or pharmacist) to ensure there is always a sufficient amount in your blood.

If the concentration is too low, the virus will begin to replicate itself and become drug resistant. As a result, the drug will lose its effectiveness on the virus and your treatment will no longer be effective.

This medication must also be taken on a long-term basis. So it is important to take the time to choose a schedule that fits with your lifestyle and your activities. As much as possible:

1. Try to integrate taking your medication into your lifestyle, not the other way around.
2. Combine the taking of drugs with daily activities: taking your medication after supper, before bedtime or before brushing your teeth, for example, is a systematic way to remember to take it.
3. It is usually easier to take medications at home, where you are less likely to forget.
4. Changes in routine (trips, weekends, shift changes): before a change occurs, determine which strategies you will use to avoid forgetting your dose of medication.
5. Think ahead: always have an extra daily dose on hand. Renew your prescriptions a week early.
6. Use tools to adhere to your regimen, such as a pill organizer or a timer or watch with an alarm, or use a journal to keep track of your medications.
7. Establish a network (friends / family) that will help you in taking your medicines.

Keep in mind that anyone can have trouble adhering to treatment. Don't hesitate to consult your healthcare team and ask for help.

MIXING MEDICATIONS!

Most HIV drugs can interact with other drugs. It is important to let your pharmacist or doctor know about all other prescription drugs, over-the-counter medications, natural products and recreational drugs you are using.