AETC AIDS Education & Training Center Program Mountain West

HHS Adult and Adolescent Antiretroviral Treatment Guidelines

September 2025 Updates

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Disclaimer

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Outline
What's New in the Guidelines

- New chapter on cardiovascular and metabolic complications
- Revisions to laboratory testing and monitoring
- New subsections on initial antiretroviral therapy
  - Acute/early infection, starting during a hospitalization, elite controllers
- Updates to suboptimal CD4 recovery section

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

New Chapter: Cardiovascular and Metabolic Complications in Persons with HIV

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Updates on Cardiovascular Complications for PWH
Key Points

- Alternate ARVs should be considered in place of abacavir and lopinavir/ritonavir if high underlying ASCVD risk or known ASCVD (AII)
- For PWH aged 40-75 years, 10-year ASCVD risk score should be calculated using the Pooled Cohort Equations at least annually
- Women with HIV have higher relative ASCVD risk than men with HIV, plus greater underprediction of ASCVD by risk estimators

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

Updates on Cardiovascular Complications in PWH
Recommendations for When to Check a Serum Lipid Panel

Updates on Cardiovascular Complications for PWH
Recommendations for When to Check a Serum Lipid Panel
• At entry into care at the time of ART initiation
• 3-6 months after ART initiation once viral suppression has been achieved
• Annually for those aged ≥40 years or receiving statin therapy
• Every 1-3 years for those ≤40 years and not receiving statin therapy
• With changes in CVD risk factors

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

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Statin Therapy
Recommendations Based on the REPRIEVE Trial

Persons with HIV and Low-Intermediate (<20%) ASCVD* Risk Estimate
Age 40-75 Years ASCVD 10-Year Risk Score 5-20% **(AI)** ASCVD 10-Year Risk Score <5% **(CI)**
Moderate-Intensity Statin • Pitavastatin: 4 mg once daily **(AI)** • Atorvastatin: 20 mg once daily **(AII)** • Rosuvastatin: 10 mg once daily **(AII)**
Age <40 Years
Insufficient data for recommendation

*Abbreviations: ASCVD = atherosclerotic cardiovascular disease

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

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Updates on Metabolic Complications for PWH
Weight Gain

- ART initiation should not be delayed due to concerns for weight gain **(AIII)** and ART should not be interrupted or discontinued due to weight gain **(AIII)**
- Specific ARVs should not be selected to prevent or reduce weight gain **(AII),** as available evidence suggests this strategy is ineffective
- Providers should include weight monitoring and counseling on strategies for weight control as part of comprehensive care for PWH

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

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September 2025 HHS Guidelines Update
New Statements About Initiation of ART

New and Revised Statements About Initiation of ART		
Acute/early infection: start as soon as possible	New diagnosis in hospital: start if possible	Elite controller: generally recommend starting

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

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September 2025 HHS Guidelines Update
Recommended Frequency of CD4 Monitoring

Clinical Scenario	CD4 Monitoring
After initiating ART	3 months after initiation
During first 1-2 years of ART with viral suppression and CD4 count ≥300 cells/mm^3	Every 6 months
After 1-2 years of ART with viral suppression and CD4 count ≥300 cells/mm^3	Optional
If CD4 count <300 cells/mm^3	Every 3-4 months
After modifying ART due to virologic failure	Every 3 to 6 months

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

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September 2025 HHS Guidelines Update
Other Lab Testing Updates

- When to include an integrase resistance test at baseline:
  - If transmitted integrase resistance suspected, history of cabotegravir PrEP, *or history of integrase inhibitor use for PEP*
- When to include an integrase resistance test at treatment failure:
  - If history of integrase inhibitor use for treatment *or prevention*
- HBV serology panel:
  - Entry into care *plus repeat if switching off TAF or TDF if non-immune*

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

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September 2025 HHS Guidelines Update
HIV-Hepatitis B Virus (HBV) Considerations

- HBV reactivation has been reported in PWH with prior exposure (positive core antibody, negative surface antigen) when HBV-active agents are withdrawn
- However, regardless of surface antibody level, PWH and prior HBV exposure are at low risk for reactivation and associated hepatitis/hepatocellular injury
- A monitoring strategy is considered a safe and effective way to assess for HBV reactivation in low-risk PWH (BIII)

Source: HHS Antiretroviral Guidelines for Adults and Adolescents. Updated September 25, 2025. clinicalinfo.hiv.gov

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September 2025 HHS Guidelines Update
Suboptimal CD4 Recovery Despite Virologic Suppression

- Updated evidence on clinical consequences of suboptimal CD4 recovery, including increased risk of AIDS and non-AIDS events and mortality
- Early diagnosis and prompt ART initiation provides maximal CD4 recovery
- To date, there is no effective therapeutic intervention to improve CD4 count for people with suboptimal CD4 recovery
  - Interventions not recommended: changing ART, intensifying ART, interleukin-2
- Focus on preventive care, modifiable risk factors, management of comorbidities

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Summary
Key Take-Home Messages of Guidelines Update

- Emphasizes importance of considering cardiovascular and metabolic comorbidities for PWH
- Underscores that managing comorbidities is more important than changing ART for most individuals with cardiometabolic complications
- Emphasizes that CD4 count monitoring is not necessary for individuals with a suppressed viral load and good CD4 recovery
- Highlights benefit of early ART, ART started during a hospitalization, and ART for elite controllers

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