

## **TREATMENT RECOMMENDATIONS: WHEN TO INITIATE THERAPY IN THE SETTING OF AN ACUTE OI**

There is no consensus regarding the optimal time to begin HAART in the presence of a recently diagnosed OI. The decision regarding initiation of HAART should consider the availability of effective therapy for the OI, the risk of drug interactions and overlapping drug toxicities, the risk for and potential consequences of the development of IRS, and the willingness and ability of the patient to adhere to the HAART regimen. Despite this lack of consensus, however, the following specific recommendations can be made:

- ❖ In cases of cryptosporidiosis, microsporidiosis, PML, and KS, the early benefits of potent HAART would appear to outweigh any increased risk; hence, potent HAART should be started as soon as possible.
- ❖ In the setting of TB, MAC, PCP, and cryptococcal meningitis, awaiting a response to OI therapy is usually warranted prior to initiating HAART.
- ❖ When an OI occurs within twelve weeks of starting HAART, IRS should be suspected; treatment for the OI should be started, and HAART should be continued.
- ❖ When an OI occurs despite complete virologic suppression (late OI), therapy for the OI should be initiated; potent HAART should be continued; and if the CD4+ T cell response to HAART has been suboptimal, modification of the HAART regimen may be considered.
- ❖ When an OI occurs in the setting of virologic failure, OI therapy should be started; antiretroviral resistance testing is recommended where available; and the HAART regimen should be modified, if possible, to achieve better virologic control.