

Is My Treatment Regimen Working?

How will I know if my HIV treatment regimen is working?

In general, **viral load** is the most important indicator of how well your regimen is working. Your viral load should decrease if your medications are effective. Other factors that can tell you and your doctor how well your regimen is working are:

- Your **CD4 count**. This should remain stable or go up if your drugs are working.
- Your recent health and results of physical examinations. Your treatment regimen should help keep you healthy.

How often should I have a viral load test?

Your viral load should be tested 2 to 8 weeks after you start treatment, then every 3 to 4 months throughout treatment to make sure your drugs are still working. HIV treatment should reduce your viral load to the point at which it is undetectable. An undetectable viral load does not mean that your HIV infection is gone; it simply means that the test is not sensitive enough to detect the small amount of HIV left in your blood.

If your viral load is still detectable within 4 to 6 months after starting treatment, you and your doctor should discuss how well you have **adhered** to your regimen (see [Adherence](#) and [Adhering to a Regimen Fact Sheets](#)). Missing medication doses is the most common reason for treatment failure and development of **drug resistance**. Your doctor should do a drug resistance test, which will determine if the HIV in your body has mutated into a strain that your current treatment regimen can't control.

How fast or how much your viral load decreases depends on factors other than your treatment regimen. These factors include your **baseline** viral load and CD4 count, whether you have taken HIV drugs before, whether you have HIV-related medical conditions, and how closely you have followed (adhered to) your treatment. Talk with your doctor if you are concerned about the results of your viral load tests.

How often should I have a CD4 count?

CD4 counts also indicate how well your treatment regimen is working. Your CD4 count should be tested

Terms Used in This Fact Sheet:

Adherence: how closely you follow, or adhere to, your treatment regimen. This includes taking the correct dose at the correct time as prescribed by your doctor.

Baseline: an initial measurement (such as CD4 count or viral load) made before starting therapy and used as a reference point to monitor your HIV infection.

CD4 count: CD4 cells, also called T cells or CD4⁺ T cells, are white blood cells that fight infection. HIV destroys CD4 cells, making it harder for your body to fight infections. A CD4 count is the number of CD4 cells in a sample of blood.

Drug resistance: HIV can mutate (change form) while a person is taking anti-HIV medication. This may result in HIV that cannot be controlled with certain medications.

Viral load: the amount of HIV in a sample of blood.

every 3 to 6 months throughout your treatment. HIV treatment should increase your CD4 count or at least keep it from going down. Talk to your doctor if you are concerned about your CD4 counts.

My doctor wants to change my treatment regimen. Why?

There are several reasons why you may need to change your treatment regimen. Two of the most important reasons are *drug toxicity* and *regimen failure*.

Drug toxicity means that your treatment regimen creates side effects that make it difficult for you to take the drugs. *Regimen failure* means that the drugs are not working well enough. See [HIV Regimen Failure](#) for more information about regimen failure.

Ask your doctor to explain why you need to change your treatment. If the reason is drug toxicity, your doctor may change one or more of the drugs in your regimen. If the reason is regimen failure, your doctor should change all of your drugs to medications that you have never taken before. If you have been taking three drugs and all three drugs cannot be changed, at least two drugs should be changed. Using new drugs will reduce the risk of drug resistance. See [Changing Regimens Fact Sheet](#) for more information about changing treatment regimens.

For more information:

Contact your doctor or an *AIDSinfo* Health Information Specialist at 1-800-448-0440 or <http://aidsinfo.nih.gov>.