HIV Treatments and Prevention Issues
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Treatment of HIV infection has evolved immensely since the first HIV medication became available more than a decade ago. Medications have helped many people live longer and improve their quality of life, and vaccines now being studied in clinical trials may ultimately prove valuable at preventing infection.

The success of treatments and the development of vaccine trials are major milestones in the care of people with HIV. However, current treatments are not cures and raise significant psychosocial and medical challenges, and the effectiveness of experimental vaccines is unproven. Despite this reality, perceptions of the success of new treatments may be related to increased risk-taking among both HIV-infected and uninfected people. HIV test counselors can help people at risk for HIV infection understand that the overall success of HIV treatment is not sufficient to justify engaging in unsafe behaviors.

This issue of the FOCUS Supplement presents basic information about HIV treatments, explores how misinformation may relate to risky behavior, and discusses ways in which the counselor may address their clients’ treatment-related questions and misconceptions. The case study that follows considers a client whose risk behaviors relate to the client’s interpretations of information about treatment.

Treatments: Unbalanced Portrayals

For many illnesses, people gain much of their knowledge about treatments from health care providers. In the case of “high profile” infectious diseases such as HIV, however, people are more likely to obtain information from and be strongly influenced by other sources. These include media news reports, entertainment programming, and advertising by pharmaceutical companies.

While portrayals of HIV through these sources can be accurate and well-balanced, often they are not. A popular news magazine recently heralded new treatments as a “cure,” the spouse of a celebrity with HIV announced on a television talk show that her husband’s “undetectable” viral load meant HIV had been eliminated from his body, and pharmaceutical companies have promoted HIV treatments with advertising that depicts HIV-infected men and women climbing mountains and hurling javelins. Further, promotional campaigns that tout an unproven HIV vaccine now in clinical trials may lead to premature expectations of an effective preventive tool.

People who gain their knowledge from popular sources may not recognize that the presentation of information may be unbalanced or inaccurate. These people may embrace optimistic portrayals with little scrutiny because such a view is consistent with their deep-seated hopes. Alternately, the uneven history of HIV treatment has led other people to be overly skeptical about the value of current treatments. What is clear is that clients bring their views of treatments—however accurate or inaccurate, balanced or unbalanced—into the counseling session, and these views may affect their behaviors and responses to the counseling and testing process.

Standard risk-assessment or demographic forms prompt counselors to discuss many subjects, but they do not ask counselors to discuss what clients know about treatments or vaccines. As a result, counselors may overlook these important topics. By asking about knowledge of treatments, counselors may identify misinformation. This, in turn, may provide counselors with an understanding of the ways in which clients’ knowledge about treatments may affect their behaviors. For instance, a client who...
Incorrectly believes that treatments can “cure” HIV disease, may see little reason to engage in safer behaviors to prevent HIV infection. It is, therefore, the counselor’s task to clarify misinformation that clients may have and explore the ways in which information about treatments may affect risk behaviors.

**Presenting Information**

During the course of a counseling session, the need to discuss HIV treatments may arise in a variety of ways. It is possible that clients will ask questions themselves or that counselors will recognize misconceptions as clients explain their reasons for engaging in high-risk activities. Before discussing treatment issues, it can be useful to consider how treatment information may affect a particular client’s risk behaviors.

In order to talk about treatments with clients, counselors need to have basic knowledge about treatments. For example, counselors should know that treatments that eradicate HIV would be ideal, but that such treatments do not yet exist. Current HIV treatments used in combination with one another have proven to have some effectiveness in keeping HIV from replicating—or copying itself—for an unknown period of time, but these treatment regimens do not eliminate the virus from the body. Counselors should understand and be able to convey to clients that people take treatments in combination for several reasons: different medications may target different parts of HIV replication process, thus attacking the virus on different fronts; different medications may have different side effects and may be combined in ways to make these side effects the most tolerable for individual clients; and, perhaps most important, taking treatments in combination is an effective way of limiting resistance to any single drug.

Drug resistance occurs when the virus—which naturally mutates with each new generation—develops a mutation that gives it protection from the effects of a particular medication. Combination therapy with at least three different HIV medications increases the chances of controlling viral replication. Counselors should understand that adherence to drug regimens—taking all medications at the intervals and amounts they are prescribed—also helps to ensure that the virus does not “breakthrough” the treatment and start replicating again during “windows” in therapy when drug levels are too low. Finally, it is important to understand what viral load measurements mean: a client with a viral load “below the level of detection,” sometimes imprecisely labeled “undetectable,” has a viral load in his or her bloodstream that is low enough that it cannot be measured by current tests. This does not suggest that viral replication is completely shut down, and it is important to note that a person with HIV remains HIV infected and that HIV may remain in other parts of the body (for example, the lymph system, semen and vaginal tract, and the intestinal tract), may be able to transmit HIV and ultimately may develop resistance to the current treatment regimen.

Counselors should know that an increasing number and variety of treatments have entered widespread use over the past three years, and that research on new treatments continues. Counselors should also be aware that although research to develop a vaccine that prevents HIV infection has led to current clinical trials, researchers acknowledge that, even if these test are successful, a “proven” vaccine will not be widely available for many years. In addition, some vaccine trials now involve persons on antiretroviral therapy. The rationale is that such a vaccine may “boost” HIV immunity in those already infected. However, this theory also awaits proof before vaccination can be widely available.

When clients present misinformation about HIV treatments, counselors should help clients understand two things. First, many treatments approved by the Food and Drug Administration (FDA) have shown promising results in helping people live with HIV infection. Second, there remains no cure for HIV infection and no proven vaccine to prevent HIV infection. Counselors do not need to know detailed information about specific treatments, but they should be able to provide referrals to medical providers, as well as treatment-related publications or websites, from which clients can gain this information. Counselors may benefit from talking with others at their program sites, such as treatment advocates, nurses, or physicians, who have treatment knowledge and experience in working with clients on treatment issues. They may also benefit from attending continuing education trainings on new treatments and regularly consulting treatment-related publications or websites.

**Linking Treatment Beliefs to Risk**

When clients who report engaging in risk behaviors do not ask about treatments, counselors should attempt to
learn the extent to which views of treatment may be influencing client behavior. Ask clients what, if anything, they feel about the possibility of becoming infected at the time they engage in risk behavior, and what they know about current treatments for HIV. If clients report engaging in risk behaviors and subsequently ask about treatment issues, counselors can follow the client’s lead in linking these two subjects and further explore what HIV infection means to this client. The extent to which clients are affected in their risk-taking decisions by the treatment landscape varies greatly, and these views are influenced by the extent to which clients view treatments as a cure, and the extent to which they believe the challenges of taking treatments—including side effects and the difficult requirements of treatment regimens—are tolerable or insignificant.

When a counselor senses that a client’s risk behavior is related to misinformation about HIV treatments, the counselor can begin by acknowledging the client’s views. In doing so, it is important for the counselor to avoid questioning the client’s thought process or ability to understand. Clients may become uncomfortable and feel alienated if they believe a counselor is telling them that they have learned poorly. Counselors should instead acknowledge that treatment issues are complex, that many portrayals of HIV treatments directly or indirectly convey the mistaken idea that treatments are “cures,” that advertising often seeks to present the most optimistic aspect of a situation, that news media often highlight issues superficially, and that it can be difficult to gain an accurate understanding in the midst of such unbalanced or inaccurate portrayals. Explore with clients how they feel about hearing information that may be different from the views they had held prior to the counseling session.

When clients who show an accurate knowledge of treatments but still assert that becoming HIV-infected is an outcome that they are willing to accept, counselors can further explore topics related to treatments. Such clients may be underestimating the challenges of treatment side effects or of sustaining treatment regimens over time, and exploring these topics may be useful. However, clients often engage in risk behavior after deciding that the behavior is too important, regardless of the risk or other consequences, to forego or that it is too difficult to avoid engaging in the behavior. In addition, counselors should assess and explore related topics: the extent to which a client may be experiencing “burnout” related to the epidemic; the extent to which such burnout diminishes a commitment to safer behaviors; and a client’s level of “wishful thinking,” which may be the result of years of hoping for a cure.

The Treatment Ordeal

When a high-risk client shrugs off his or her risky behavior with a statement such as, “I can just take pills if I get infected,” explain that HIV medications that prolong people’s lives also can deteriorate quality of life, health, and comfort. Clients may have not recognized the seriousness of treatment side effects, including fatigue, nausea, diarrhea, neuropathy—a debilitating tingling in the arms and legs—and lipodystrophy—a disfiguring redistribution of body fat.

Clients also may not recognize that the cost for the complete regimen of HIV and other medications can be more than $20,000 a year, or that a person may need to take as many as 30 pills a day and follow rigid eating and pill-taking schedules. For instance, some drugs need to be taken on an empty stomach, while others require a person to have eaten beforehand; some drugs are taken once daily while others are taken two, three, or four times throughout the day; and medications may need to be taken daily for the rest of a person’s life. Finally, clients may not realize that living with HIV usually requires taking not only a combi-

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nation of HIV antiviral treatments but also a variety of medications to prevent opportunistic infections.

All of this means that sustaining regimens over time is a continuing challenge. But the alternative—missing doses, even missing only a few doses—may undo all the work of HIV treatment. As mentioned above, it is important for clients to understand that missing a dose may lead to viral mutation and drug resistance and that, under these circumstances, an infection that had been controlled can suddenly flourish. Drug resistance is irreversible, and if a client becomes resistant to enough drug combinations, he or she may become untreatable. The client who engages in risky behaviors should know that drug resistant strains of HIV may be transmitted. Counselors should also make sure clients understand that a viral load below the level of detection does not mean that a client has no HIV in his or her body or that this virus cannot be transmitted. To illustrate the challenges of drug adherence, counselors may use an example with which the client is familiar. For instance, the counselor may recall with the client a 10-day course of antibiotic therapy for a bacterial infection, asking the client to remember the challenge of remembering to take all the pills on time and to complete the entire prescription, especially if the client began to feel better before 10 days had elapsed and regardless of unpleasant side effects. Counselors can then assert that the challenges of taking HIV medications can be exponentially greater.

**Conclusion**

While all of this information is unlikely to lead to behavior change, it can give the client a broader understanding of the challenges of living with HIV infection. As the client considers these issues over time—not just within the test counseling session—he or she may begin to view risk behaviors and his or her reasons for engaging in risk behaviors in other ways. The test counseling session is often the only significant intervention to counteract erroneous or incomplete information about treatment. In some cases, such a discussion may also be the only intervention counselors can provide that might help clients consider behavior change.

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**Case Study: Getting AIDS is "No Big Deal"**

Michael, a 27-year-old man who identified as having sex with only men, states that he has had about 24 sex partners in the past 12 months. He says the majority of his partners have been anonymous partners he has met and had sex with in bathhouses and sex clubs. He says that he "sometimes" used protection for anal receptive sex. His counselor, Denise, asks him for his definition of "sometimes," which he acknowledges has meant "hardly ever."

Through the risk-assessment session, Denise learns that Michael knows the basics of HIV transmission. He knows that "bottoming"—which refers to being the receptive partner in anal sex—without using a condom is a high-risk behavior. In light of this information, Denise asks Michael why he is willing to take the risk of infecting himself. He says he has been "lucky so far" and that, "Even if I get AIDS, it’s no big deal. I heard that the drugs—the cocktail—will make it like I don’t have it anyway."

Denise decides to explore further Michael’s knowledge of HIV treatments. Michael admits his information is limited and based largely on something he saw on a television newscast a couple of years ago. Denise explains that while some people have benefitted greatly from current anti-HIV treatments, many have experienced situations that are challenging, even debilitating. She explains that maintaining the treatment regimen itself can be very demanding. To emphasize her point further, she asks Michael about the last prescription medicine he took and whether he had taken his dosages faithfully until he finished the medication. He says he did not. Denise responds with understanding, and says, "It’s hard to keep up with even one medication for 10 days. Imagine dealing with four or more medications for the rest of your life. And not keeping up with an anti-HIV regime can result in much more harm than good."

Michael concludes that "getting AIDS is a bigger deal than I thought." He explains to the counselor that in light of this new information he will reconsider the importance of using condoms the next time he has anal sex. Denise negotiates with Michael to determine if he is willing to commit to a next step in preparation for the next time he has anal sex. She emphasizes the importance of thinking through his behavior before he enters a potentially risky situation, and Michael agrees to this. Denise and Michael then discuss ways in which he will carry out this plan.
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