



Route 66 to medical literature



DFGSM3 Free Ride - Saloon

« Rationing Antiretroviral Therapy in Africa — Treating Too Few, Too Late »

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The approach to HIV treatment in Africa should be completely revisited.

The rationale behind current guidelines for antiretroviral therapy is rationing. This may well prove a wrong diagnosis, and treating more people when they are less sick, with better tolerated drug regimens, frequent viral-load assessment and quicker switches to a different regimen in case of failure might turn out to be cheaper in the long run.

Treatment is given to too few people and initiated too late, when patients are already symptomatic, which means a year delay.

This increases the risk of death by 69% and encourages the spread of tuberculosis which, in turn, increases costs. This also compromises the effect of antiretroviral therapy on HIV transmission as patients remain viremic longer.

Treating patients earlier, with less toxic drugs, monitoring adherence to treatment, detecting failure and changing regimens would permit a more cost-effective management.

Access to care could be improved by decentralizing hospital services, opening clinic services for patients who are clinically sick, whereas patients with stronger immunity could receive follow-up care in the community.

Better drugs, more expensive though they may be, would mean simpler, more effective treatment, fewer treatment switches, thus keeping the general viremic load lower and saving money and lives.

The introduction of antiretroviral therapy in the 1990s, or Brazil's policy, first cost money but resulted in increased demand bringing about a dramatic drop in costs. This approach could in turn result in better treatment at a lower cost.

The message to manufacturers and ministries of health to support expanded access to better drugs and diagnostics must be clear to provide the best possible care.

269 words

<http://medicalenglish.univ-nantes.fr>