

**AIDS ARENA IS CHANGING !**  
(The **XIII European AIDS** Conference,  
XI, 2011, Belgrade)  
(translated from Latvian)

While the conference did not provide any outstanding news, an important trait was the new EACS Guidelines (*Version 6.0/ XI, 2011*) (see below).

The AIDS arena has changed considerably. Even the Western world's health care systems start squeaking! Globally, more and more patients start receiving ART thanks to the low priced generics. Though, in the context of overall health care system, HIV is not something special any more. But this should not stop us asking for the best standard of care!

The latest tendency in HIV treatment developments is **looking for a panacea**, it being roused by the “*Berlin patient's*” case (*after sophisticated medical manipulations with stem cells as well (see infosh.#23) he as the first one has recovered from HIV infection*). Actually, it should not really have happened. Anyway, “*the cork is off*”...

Still, lots of hardships are awaiting scientists, for example: even one in a million of cells may be “*sleeping*” - and exactly the one with HIV hiding in it... But by stopping the treatment it may awaken! Or, the fact that treatments cannot get any better, with the existing ones driving the viral load already below the 5 copies threshold...

In the AIDS landscape re-evaluation of values starts taking place: one of the exhibition posters claims that even a **monotherapy (DRV)** could be efficient, and what the economical effect would be.

This gathering could also be called “**a stockout conference**”. At least, the audience got surprised by an EATG member's presentation with optimal therapeutical methodologies in cases when in a country there is a stockout of certain (*or even all*) ARVs...

**Some of the conclusions from the conference:**

- By stopping ART, patient gets thrown back into his/her initial conditions;
- Cohort studies with large databases have **not yet provided any proof of the need to start ART at 350<CD4<500** (*with some exceptions*);
- ART should be individualized!
- **Toxicity to liver** arises from HIV itself, not only from the ARVs!
- EMA (*European Medical Agency*) **has not accepted anything against lipodistrophy as yet!**
- HIV negative people may also have low CD4 counts (*for different*

*reasons*);

- **Rapid tests in 10% of cases are giving false positive results**; the same, there have been cases when HIV positive tests “*have become*” HIV negative. Therefore, confirmative tests are a must!

### **EACS GUIDELINES, 2011**

are the minimal standard of care. National guidelines should be brought close to them since they are giving the best medical opinion on good practice (*e.g., that doctors should inquire their patients about their mental and sexual health, etc, etc*).

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