



# Early Treatment, Non-AIDS Disease Management Stressed in New European Guidelines

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Antiretroviral (ARV) therapy is now recommended for certain people living with HIV with CD4 counts between 350 and 500 cells, according to new HIV treatment guidelines released this week by the European AIDS Clinical Society (EACS). The revised recommendations, which hint at similar changes to U.S. HIV treatment guidelines expected this winter, also review the screening, prevention and management of many non-AIDS-related diseases that are more likely to be documented in people living with HIV.

For people living with HIV between 350 and 500 CD4 cells, EACS now recommends treatment if any of the following conditions is present: hepatitis C coinfection, hepatitis B coinfection requiring therapy, HIV-associated nephropathy (kidney disease) or another specific organ deficiency.

Falling short of an official recommendation, EACS also said that HIV treatment should at least be considered for those with CD4s below 500, notably those who have viral loads above 100,000 copies, who experience a CD4 decline of at least 50 cells per year and those who are older than 50, are pregnant or have a high risk of cardiovascular disease or cancer.

The previous version of the EACS guidelines was updated in 2007—much like current U.S. HIV treatment recommendations maintained by the Department of Health and Human Services—and suggested holding off on ARV therapy until the CD4 cell count fell below 350. The revisions, which more closely resemble guidelines published in the late 1990s after combination ARV therapy became widely available, are based on research suggesting that HIV-positive people with CD4s between 350 and 500 remain at risk for a number of non-AIDS-related diseases in the absence of treatment. The revisions are also compounded by the belief that today's ARV options are more powerful, less toxic and easier to take than their predecessors a decade earlier.

Also included in the revised EACS guidelines are screening, prevention and management recommendations for various non-AIDS diseases, including regular monitoring for body composition changes, cardiovascular disease, hypertension, kidney disease, bone disease, neurocognitive impairment, depression and cancer (notably breast, cervical, anal, colorectal and prostate). Lifestyle interventions are also included, such as interventions to aid smoking cessation, dietary improvements and increased exercise.

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