Treating HIV Early Lowers Liver Fibrosis Risk

This is according to the large randomized controlled START trial.

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Starting antiretroviral (ARV) treatment for HIV when CD4s are still high reduces the risk of liver fibrosis compared with waiting to start ARVs until the immune system has deteriorated somewhat, aidsmap reports. This holds true even among people without hepatitis B or C virus (HBV/HCV).

Publishing their findings in the journal Hepatology, researchers conducted an analysis from the global START trial, a randomized controlled study that enrolled people with HIV who had a CD4 count greater than 500 and randomized them to start ARVs immediately or wait until their CD4s had dropped below 350.

The analysis focusing on fibrosis risk included 4,580 people, including 2,273 randomized to the immediate-treatment group and 2,307 randomized to the deferred-treatment group. They were followed for a cumulative 14,379 years.

The participants had a median age of 36 years old. Twenty-seven percent were female and 30 percent were Black. Forty-five percent had a history of smoking, 3 percent were dependent on alcohol or other substances, 4 percent were coinfected with HCV and 3 percent were coinfected with HBV. A total of 0.3 percent had chronic liver disease, 0.2 percent had hepatic steatosis and 3 percent had diabetes. Two percent were taking statins and 1 percent were taking treatment for tuberculosis (TB).

The participants' liver function was assessed according to the APRI scoring system, which looks at AST liver enzymes and platelet counts, as well as the FIB-4 scoring system, which considers both those factors plus ALT liver enzymes.

At the study's outset, 84 percent of the participants had no fibrosis according to either scoring system and 94 percent had no fibrosis according to both scoring systems.

Among those who began the study with no fibrosis, starting ARVs immediately, compared with delaying, was associated with a 34 percent lower risk of developing fibrosis during the study's follow-up period. Factors associated with a higher risk of developing fibrosis included being male and having hep C.

When using the APRI scoring system, additional factors tied to a greater risk of fibrosis included a history of alcoholism or substance abuse and higher ALT enzymes. When using the FIB-4 scoring system, additional factors included lower albumin levels, higher total cholesterol and higher triglycerides.

To read the aidsmap article, click here.

To read the study abstract, click here.

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