

MODULE 6:

Antiretroviral Therapy (ART)



DURATION: 225 minutes (3 hours, 45 minutes)



LEARNING OBJECTIVES:

By the end of this Module, participants will be able to:

- Dispel myths about antiretroviral medicines (ARVs) and antiretroviral therapy (ART)
- Define what is meant by “ARV” and “ART”
- Explain who needs ART and how we know when someone should start ART
- Understand key issues to be discussed and addressed before a person starts ART
- Discuss the goals and benefits of ART
- Help explain to clients that ART is “treatment for life”
- Know common first-line ARVs and ART regimens and explain to clients how to take them
- Help clients recognize, manage and know when to go to the doctor for ART-related side effects



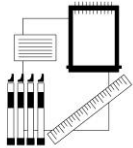
CONTENT:

Session 6.1:	Introduction: Myths and Facts about ART
Session 6.2:	Who Needs ART?
Session 6.3:	Goals and Benefits of ART
Session 6.4:	Common ART Regimens
Session 6.5:	Common Side Effects of ARVs
Session 6.6:	Module Summary



METHODOLOGIES:

- Game
- Large group discussion
- Interactive trainer presentation
- Case studies
- Brainstorming
- Small group work
- Role-play



MATERIALS NEEDED:

- Flip chart
- Markers
- Tape or Bostik
- True and false cards for each participant for use in Session 6.1
- Commonly prescribed adult and pediatric ARVs, including all packaging (boxes, bottles, etc.)
- Colored paper
- Colored markers
- Scissors
- National ART Guidelines (adult and pediatric)



WORK FOR THE TRAINER TO DO IN ADVANCE:

- Read through the entire Module and make sure you are familiar with the training methodologies and content.
- Invite an ART pharmacist to co-facilitate the Module and brief the pharmacist on the training methods and content.
- Adapt the content on ARVs and ART (e.g., eligibility, common regimens, etc.) to be consistent with national guidelines.
- Make “True” and “False” cards for each participant for Session 6.1. To do so, you can cut pieces of regular-sized paper in half and write TRUE on one and FALSE on the other.
- Collect all commonly used ARVs, including their original bottle and boxes. If possible, collect both adult and pediatric formulations, including syrups.

SESSION 6.1: Introduction: Myths and Facts about ART (20 minutes)



TRAINER INSTRUCTIONS

Methodologies: Game, Large Group Discussion

- Step 1:** Review the Module learning objectives.
- Step 2:** Give each participant a card that says “TRUE” and a card that says “FALSE” on it.
- Step 3:** Go through the myths and facts statements below one by one, mixing up the myths and facts, and ask participants to hold up their “TRUE” card if they think the statement is true or the “FALSE” card if the statement is a myth. Remind participants that a myth is a popular belief that people share. Include any local myths about ART in your setting.
- Step 4:** Ask selected participants why they think a statement is true or false and encourage discussion and debate in the large group. Also ask participants how they think these myths and rumors started.
- Step 5:** Summarize the discussion by reminding participants that there are a lot of myths about ARVs and ART that can be harmful and prevent people from starting treatment or taking their medicines the right way. All Peer Educators should know the facts about HIV treatment and be able to explain them to clients and community members. It is also okay for Peer Educators to tell clients they are not sure of the answer to a question about ART and to check in with a member of the multidisciplinary team.

KEY INFORMATION

Some common myths and facts about HIV treatment:

Myth	Fact
ART is a last resort and is only good for people that are sick and dying.	Even people who look and feel healthy may need ART. The medicines work best if they are taken as soon as they are needed. People should not wait until they are very sick to start ART.
ART can cure AIDS.	ART is a lifelong, daily treatment. ART is not a cure for AIDS. There is NO CURE for AIDS.
It is hard to be on ART because you have to come to the clinic so often.	Most people taking ART only need to come back to the clinic once each month and sometimes even less often.
You have to take ARVs on a full stomach, so people who do not have enough food cannot take them.	It is true that some ARVs should be taken with food, but most of them can be taken with a small amount of food.
Only rich people can afford to take ART.	In most countries, people can get ART for free now.
Pregnant women cannot take ARVs because they will hurt the baby.	Pregnant women can safely take ARVs. ARVs help keep the mom healthy and can prevent HIV infection in the baby.
People can share ARVs with family members.	Each person in the family needs to get her or his own ARVs from the clinic. If you share them, it means you are not taking the correct dose for yourself.
Once you are feeling better, you can stop taking ART.	ART is for life! Even if you start to feel better after you start ART, stopping will eventually make you sick again. Stopping ART will also make it very difficult to have the medicines work if you start taking them again. When this happens, you might need to take different kinds of ARVs that are not always available.
If you take ART, you can have sex without condoms because the HIV will not spread anymore.	People can still pass HIV to others while on ART, even if they feel healthy. It is important to always use condoms when you have sex.
Traditional medicines are just as good as ART.	While some traditional medicines can help people feel better, research has shown that ART is the best way to treat HIV.
If the ARVs make you feel sick, you should stop taking them.	Some ARVs can cause mild to serious side effects in some people, so it is important to know the signs and seek regular care by a doctor or nurse. Most side effects can be managed or will go away over time.
There are no ARVs for babies and children.	There are special kinds of ARVs for babies and children, and the dose is based on their weight. Children should not be given adult ARVs unless instructed by a doctor.
***Add other myths in your community.	

SESSION 6.2: Who Needs ART? (45 minutes)



TRAINER INSTRUCTIONS

Methodologies: Interactive Trainer Presentation, Large Group Discussion, Case Studies

- Step 1:** Write “ARVs” on one flip chart paper and “ART” on another. Ask participants to brainstorm about the definition of each phrase. Fill in as needed, using the content below and reminding participants that it is important to know the difference between ARVs and ART.
- Step 2:** Ask participants who are taking ART to talk about when they started treatment. Guide the discussion with these questions:
- *How did you know you were ready to start ART?*
 - *How did you get ready to start taking ARVs? What did/did not make you feel ready?*
- Step 3:** Ask participants to brainstorm how to know if someone is ready to start ART. Guide the discussion with these questions:
- *What are the clinical signs that a person is ready to start ART?*
 - *How do we know if a person is ready to start ART?*
 - *What are some of the issues we can help people address to ensure that they are ready and able to take medicines every day for their whole life?*
- Record ideas on flip chart and use the content below to supplement the discussion.
- Step 4:** Read through each of the 3 case studies below, and discuss each in the large group. Focus on what Peer Educators would say to these clients about the criteria for starting ART.
- Step 5:** Close the session by asking 2-3 participants to recap the difference between ARVs and ART and to give a summary of who needs ART and how to help people get ready to take ARVs.

KEY INFORMATION

ARVs and ART: Key Definitions

ARVs: Antiretroviral medications used to fight HIV. ARV refers to 1 single type of medicine, for example nevirapine (NVP) or zidovudine (AZT).

ART: Antiretroviral therapy, including a combination of at least 3 different antiretroviral medications, is used to fight HIV. Sometimes this is also called HAART. HAART stands for highly active antiretroviral therapy.

The cases in which a person should be given 1 or 2 ARVs for a short period of time, instead of ART, are:

- **Pregnant women** who are given AZT and NVP during and after pregnancy because they are not eligible for ART
- **HIV-exposed infants** who are given NVP right after delivery and AZT for 7 days or 4 weeks after delivery
- **Post-exposure prophylaxis (PEP)** - for example, if a person is raped or if a health care worker is stuck by a used needle in the clinic

Who needs ART?

Not everyone who is living with HIV needs to start ART right away (except for infants and children, in most cases). Only the health care team, with the client, can make the decision when to start ART.

For adults to start ART, they must have an HIV-positive test result and meet clinical and social criteria. Check with your national guidelines. Note there are different criteria for children. This will be discussed in *M*.

Clinical staging (a check-up by the doctor or nurse looking for specific symptoms and signs of HIV and AIDS):

- If the person is very ill, losing weight very fast and has many opportunistic infections, such as bad diarrhea, fever or TB, she or he will usually need to begin ART immediately, no matter what the CD4 cell count.

CD4 test (check your national ART guidelines):

- CD4 cell count below 200, even if the person does not show any symptoms
- CD4 cell count below 350, if the person is showing symptoms, such as TB
- For pregnant women, anyone who has a CD4 cell count below 350

Client readiness for ART (check your national ART guidelines):

It is important that a client be ready to start taking ART. *M* contains more on adherence preparation and support, but these are some key issues that should be addressed before a person starts ART. Remember, these are not all mandatory for a person to start ART, but are highly recommended to help the person be ready!

- Wants ART and is committed to taking it correctly
- Received pre-ART education and counseling (there is more on this in Module 8)
- Understands that ART is a lifelong commitment
- Understands and accepts possible side effects and how to manage them
- Understands the value of disclosing to at least one person

- Has a treatment supporter or “buddy”
- Has an adherence plan
- Has had any previous non-adherence issues to care or medicines addressed as part of the adherence plan
- Has support to address any psychosocial barriers to adherence
- Will accept a phone call or home visit from a Peer Educator, community health worker or health care provider if she or he misses an appointment at the clinic

Group Case Studies

Case Study 1:

T___ comes out of the clinic upset. He tells you he is angry because he traveled for two hours to get to the clinic, but the doctor would not give him ART today and said he needed to come back next week. What are some of the reasons why the doctor may not have given T___ ART today?

Case Study 2:

You are walking to the market and G___ stops you because she knows you are a Peer Educator. She tells you she tested positive for HIV and is going to the clinic to get ART because it will help her live longer. What questions would you ask G___? What things would you tell her about when people should start ART?

Case Study 3:

A client named W___ comes out of the doctor’s office very confused. He does not feel well and his CD4 cell count is 150. The doctor would not give him ART because the Peer Educator and counselor mentioned they had some concerns. W___ has not told anyone about his HIV-status and he has often missed his CTX doses. The Peer Educator asked W___ to come back to speak with her again in 3 days. W___ is eligible for ART because his CD4 cell count is 150, but what are some of the non-medical issues that the Peer Educator needs to address with W___ before he can start ART?

SESSION 6.3: Goals and Benefits of ART (30 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation, Small Group Work, Role-Play

- Step 1:** Ask if any of the participants can recall how HIV affects the body (discussed in *Module 3*). For example, ask what HIV does to the CD4 cells. Review how HIV affects the body if needed.
- Step 2:** Lead a discussion on how ART works in the body and why it is necessary to take a combination of ARVs to fight HIV, using the content below. Keep the explanations as simple as possible to make sure all participants understand.
- Step 3:** Ask participants to turn to the person sitting next to them. One person should play the role of the Peer Educator and the other a client. Ask the Peer Educator to explain how ART works to the client, using very simple terms. Have pairs switch roles after about 5 minutes. Pairs should give each other feedback on their explanations.
- Step 4:** Ask participants to reflect on their own or family members' experiences with ART and to list some of the goals and benefits of ART. Write on flip chart and fill in as needed from the content below. Then, discuss what ART does NOT do, highlighting that it does not cure HIV.
- Step 5:** Remind participants that HIV can still be passed from person to person even if one or both people are on ART.

KEY INFORMATION

How does ART work?

As we learned, HIV attacks the body's immune system and CD4 "soldier" cells. HIV enters CD4 cells and reproduces itself to make more virus.

When on ART, we take a combination of 3 or more ARVs, from at least 2 different classes of drugs, because each medicine does something different in the body. Different ARV medicines:

- Prevent HIV from entering the CD4 cells
- Prevent HIV from growing inside the cells
- Prevent HIV from leaving the cell to infect other cells

Why so many medicines?

People need to take many ARVs (usually 3 but sometimes more), not just 1 or 2, because HIV attacks the cells in many different ways and the different medicines work in different ways.

When a person takes ART the right way, every day, for life, it helps CD4 cells fight against HIV and the virus does not attack as many cells. This means the person has more healthy CD4 cells that can help the body protect itself from infection.

Goals and benefits of ART:

- Keep the person healthy by increasing the number of healthy CD4 cells
- Prevent HIV from reproducing in the person's CD4 cells
- Prevent HIV from leaving one cell and infecting other cells
- Prevent transmission of HIV from a mother to her baby
- Keep the immune system strong so the body can prevent and fight infections
- Make the person feel healthier and able to work, take care of self and family, and be an active member in the community

ART does NOT...

- ART does not cure HIV. Once people have HIV, they will have it for their entire lives, even if they feel healthy or their CD4 cell count is very high.
- ART does not prevent the spread of HIV to another person. ART helps keep HIV under control in a person's body, but she or he can still pass it to other people.
- **This is why it is important to always practice safer sex!**

Step 7:



Common first-line ART regimens for adults (adapt to your national ART guidelines):

Regimen	Name and dose		Timing	Possible side effects
AZT+3TC+NVP	AZT/ZDV	zidovudine 300 mg	Twice daily or every 12 hours	Nausea, headache, vomiting, fatigue, anemia, muscle pain, weakness
	3TC	lamivudine 150 mg	Twice daily or every 12 hours	Stomach pain, nausea, numbness or tingling in hands and feet, vomiting
	NVP	nevirapine 200 mg	Once daily for 14 days, then twice daily or every 12 hours	Nausea, headache, vomiting, fever, rash. Rashes can be deadly – see a doctor right away.
AZT+3TC+EFV	AZT/ZDV	zidovudine 300 mg	Twice daily or every 12 hours	Nausea, headache, vomiting, fatigue, anemia, muscle pain, weakness
	3TC	lamivudine 150 mg	Twice daily or every 12 hours	Stomach pain, nausea, numbness or tingling in hands and feet, vomiting
	EFV	efavirenz 600 mg (400 mg if <40 kg)	Once daily, at night. Do not take with a high fat meal. Should not be taken when pregnant.	Rash, nausea, dizziness, diarrhea, headache, sleeplessness, bad dreams
d4T+3TC+NVP	d4T	stavudine 30 mg if <60 kg 40 mg if >60 kg	Twice daily or every 12 hours	Changes in body shape, weight loss, fatigue, stomach pain, numbness in hands and feet. Numbness in hands and feet – see a doctor right away.
	3TC	lamivudine 150 mg	Twice daily or every 12 hours	Stomach pain, nausea, numbness or tingling in hands and feet, vomiting
	NVP	nevirapine 200 mg	Once daily for 14 days, then twice daily or every 12 hours	Nausea, headache, vomiting, fever, rash. Rashes can be deadly – see a doctor right away.
d4T+3TC+EFV	d4T	stavudine 30 mg if <60 kg 40 mg if >60 kg	Twice daily or every 12 hours	Changes in body shape, weight loss, fatigue, stomach pain, numbness in hands and feet. Numbness in hands and feet – see a doctor right away.
	3TC	lamivudine 150 mg	Twice daily or every 12 hours	Stomach pain, nausea, numbness or tingling in hands and feet, vomiting
	EFV	efavirenz 600 mg (400 mg if <40 kg)	Once daily, at night. Do not take with a high fat meal. Should not be taken when pregnant.	Rash, nausea, dizziness, diarrhea, headache, sleeplessness, bad dreams

Second-line ART regimens

If the first-line regimen does not work well, the doctor may switch a client to a second-line regimen. This regimen will probably include at least 2 new ARVs. Check your national ART guidelines to see what second-line ART regimens are available in the country.

Some common second-line ART regimens may include the following ARV medicines:

- ABC (abacavir)
- ddI (didanosine)
- TDF (tenofovir)
- LPV/r (Kaletra)
- Others

A Note on Pediatric ART:

There is more about ART for infants and children in *Module 6*. Many of the same ARV medicines used for adults are also used in children, but there are some major differences:

- Pediatric ARVs are sometimes in syrups and need to be given with syringes.
- If syrups are not available, tablets may need to be crushed or dissolved in liquid.
- The dose of pediatric ARVs depends on the child's weight. The dose will change as the child grows.
- Giving ART to children requires a lot of dedication and hard work by caregivers!

SESSION 6.5: Common Side Effects of ARVs (45 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Brainstorming, Interactive Trainer Presentation

- Step 1:** Introduce the session by asking participants what is meant by the term “side effect.” Record on flip chart and fill in using the content below if needed.
- Ask participants who take ART what kinds of side effects they (or their children on ART) have experienced. Use the following questions to guide the discussion:
- *What was the side effect?*
 - *How long did the side effect last?*
 - *What did you do to manage the side effect?*
- Step 2:** Explain that ARVs are strong medications and that many adults and children will experience some kind of side effects. Most of the time side effects are not severe and will go away with time and as the body gets used to the medicines. However, some side effects are dangerous and the person should go see a doctor right away. Also, some side effects can last a long time.
- Step 3:** Prepare flip chart papers with the major categories of side effects listed in the content below. Each flip chart should have one side effect written along the top (e.g. “HEADACHE,” “DIARRHEA,” “RASH,” etc.). Post the flip charts in different places around the room.
- Step 4:** Give out markers to each participant. Ask participants to walk around the room, stopping at the flip charts with the names of side effects/symptoms they or someone they know has experienced. Ask them to write down what helped make the side effect go away on the flip chart papers. For example, if the flip chart title is “HEADACHE,” a participant may write “cool compresses” underneath.
- Step 5:** Once the participants have circulated around the room, review each flip chart and use the content below to help participants learn about side effects, how to help clients with side effects and when a client should visit the health facility right away. Also discuss some of the long-term side effects of ARVs, such as changes in body shape.
- Step 6:** Post a new flip chart paper labeled “DANGER SIGNS.” Ask participants to list which side effects/signs they think are the most dangerous and require going to the doctor or nurse right away. Write these on the flip chart. Use the content in the box below to fill in as needed.
- Step 7:** Close the session by reminding participants that Peer Educators play an important role in helping clients prepare for, prevent and manage side effects. It is very important that people with dangerous side effects come to the clinic right away and never stop taking their ARVs without consulting their doctor or nurse.

KEY INFORMATION

For some people, one of the hardest parts of starting ART can be managing the side effects of the different medicines.

A side effect is a reaction to the medicine in the body – it can be good or bad, expected or unexpected.

- Peer Educators play an important role in helping clients to learn about, prepare for and manage their side effects as part of the multidisciplinary care team.
- It is important for clients to know that starting ART is not an immediate cure for feeling bad. The medicines will help them feel much better over time, but probably not right away.
- The body needs some time to adjust to any new medicine. Many side effects will go away after a few weeks of starting ART. It is important to be patient. During this time of initial side effects, clients still need to take their medicines the right way, every single day.
- Some side effects will last a long time, such as changes in a person's body shape.
- There is a difference between minor side effects that will go away (where the client should keep taking the medications) and more serious side effects that require the person to see a doctor or a nurse right away.
- It is sometimes difficult to know which side effects children are having, since they may not be able to describe what they are feeling. Be aware of changes in mood, sleep, eating, etc. when children start taking ART.
- A client should never make the decision alone to stop taking some or all of the medicines. This should only be done in consultation with health care workers at the ART clinic.
- If a client has to stop taking ARVs for any reason, there is a safe way to do it.
- If a client is having problems with taking ARVs, the person should come to the clinic right away.

Some important ARV side effects to know about:

Rash and skin problems:

- May go away, but may be a bad reaction if taking NVP
- Peer Educators can advise clients to:
 - Keep skin clean and dry
 - Only use mild soaps
 - Drink a lot of clean, boiled water to keep skin healthy
 - See the doctor or nurse if the itching is severe; the skin is peeling, looks infected (for example, has pus), is blistering or has open sores; if the client has a fever; or if the rash is in the eyes and mouth
 - **If taking NVP, see the doctor or nurse right away if there is any kind of rash**

Numbness or tingling feelings:

- Can be caused by taking d4T or ddI, but also other ARVs and TB medicines or if there are other infections. Diabetes and drinking too much alcohol can also be the cause.
- Peer Educators can advise clients to:
 - Wear loose socks and shoes to protect the feet
 - Check the feet to make sure there are no infections or open sores
 - Keep feet uncovered when in bed
 - Soak feet in warm water and massage them if this feels good

- Keep feet up
- Do not walk too much at one time and take breaks
- Eat healthy foods and take multivitamins every day
- **See the doctor or nurse when numbness/tingling starts. There are some medications that may be able to help the symptoms.**

Nausea and vomiting:

- Usually go away in 2-4 weeks
- Peer Educators can advise clients to:
 - Take medicines with food
 - Eat small meals more often
 - Eat crackers or dry bread
 - Chew on ginger or drink ginger tea
 - Stay away from fried or greasy and fatty foods
 - Stay away from very spicy foods
 - Drink a lot of clean, boiled water, weak tea and lemon water
 - Do not drink too much coffee or strong tea
 - Stop using traditional medicines that may be making things worse
 - **See the doctor or nurse if there is fever, vomiting more than 3 times each day, inability to drink, stomach pains, dehydration or confusion**

Headaches:

- Usually go away in 2-4 weeks
- Peer Educators can advise clients to:
 - Rest in a quiet, dark room
 - Put a cold cloth over the face and eyes
 - Stay away from strong tea and coffee
 - Take paracetamol or aspirin
 - **See the doctor or nurse if it does not go away with paracetamol or if there is fever, vomiting, blurry vision or convulsions**

Diarrhea:

- Usually goes away in 2-4 weeks
- Peer Educators can advise clients to:
 - Not stop eating or drinking
 - Eat small meals during the day
 - Eat soft foods like rice and bananas
 - Stay away from spicy, greasy or fatty foods
 - Drink sips of clean, boiled water, weak tea, oral rehydration salts or lemon water
 - **See the doctor or nurse if there is blood or mucous in the diarrhea, if there is fever, if diarrhea occurs more than 4-5 times in a day, if diarrhea occurs for more than 5 days in a row or if the person loses more than 2 kg**

Cannot sleep or has nightmares:

- Usually goes away in 2-4 weeks (most common with clients taking EFV)
- Peer Educators can advise clients to:
 - Take ARVs at bedtime
 - Avoid heavy meals before going to sleep

- Avoid drugs or alcohol
- Avoid foods or drinks with sugar or caffeine before going to sleep
- Talk about feelings and worries with Peer Educators, friends or family members
- **See the doctor or nurse if they are really depressed or suicidal**

Tiredness:

- This is very common and can be caused by many things.
- Peer Educators can advise clients to:
 - Avoid alcohol and drugs
 - Do light physical activity, like taking a walk
 - Eat lots of fruits and vegetables and make sure to get enough iron
 - Take multivitamins
 - Try to get enough sleep at night and rest during the day if needed
 - **See the doctor or nurse if they have a drug or alcohol problem or feel really depressed**

Long-term side effects: Many of the side effects people have when starting ART will go away over time. However, there are some long-term side effects that Peer Educators should be aware of. These may include:

- Changes in body shape – this is a long-term side effect that can be caused by ART, especially regimens with d4T. Some PLHIV may develop more fat on their stomach, breasts or other areas and lose fat in their face, arms and legs.
- A build up of lactic acid in the body, which can cause weakness, nausea and other symptoms
- Increased fat and sugar levels in the blood
- Changes to different organs in the body (rare)

Peer Educators can advise clients to:

- Eat well and exercise
- Discuss any changes in their bodies with the doctor or nurse (there may be medications that can be given to limit these changes)
- Attend all of their clinic visits and get lab tests on schedule
- Continue taking the ARVs

Remember: Clients should not stop taking their medications if they have side effects! The decision to stop or change ARVs should be made by the client and a health care worker together.

Serious Side Effects that Require Immediate Care at a Health Facility

Advise the client to come to the clinic right away if he or she has:

- Red rash that is getting worse
- Rash in the eyes or mouth
- Severe headache with stiff neck
- Numbness/tingling/burning in the hands and feet
- High fever that will not come down
- Vomiting for more than 3 days
- Diarrhea 5 times or more in a day, diarrhea for more than 5 days or if there is blood in the diarrhea
- Problems breathing
- Abdominal pain
- Dehydration or cannot drink
- Blurry vision
- Depression or thoughts of suicide
- A lot of confusion
- Seizures or convulsions

Note: Some of the preceding information in this Module was adapted from the following sources:

AIDSinfo Drug Database. Available at: <http://www.aidsinfo.nih.gov/DrugsNew/Default.aspx?MenuItem=Drugs>.

Horizons/Population Council, International Centre for Reproductive Health, and Coast Province General Hospital, Mombasa, Kenya. (2004). *AAAMAA*. Nairobi, Kenya: Population Council.

SESSION 6.6: Module Summary (10 minutes)



TRAINER INSTRUCTIONS

Methodologies: Large Group Discussion, Interactive Trainer Presentation

- Step 1:** Ask participants what they think are the key points of this Module. What information will they take away from the Module?
- Step 2:** Summarize the key points of the Module using participant feedback and the content below.
- Step 3:** Ask if there are any questions or clarifications.
- Step 4:** Review the learning objectives with participants and make sure all are confident with their skills and knowledge in these areas.
- Step 5:** If there are areas participants do not fully understand or in which they need more help, go back and review the session before moving to the next Module.

KEY INFORMATION



THE KEY POINTS OF THIS MODULE INCLUDE:

- There are a lot of myths about ARVs and ART. Peer Educators need to know the facts and share correct information with others.
- ARVs are antiretroviral medications used to fight HIV.
- ART means antiretroviral treatment, including a combination of at least 3 different antiretroviral medications (ARVs), used to fight HIV.
- ART is a lifelong commitment, meaning people have to take the medicines every day, at the same time of day for their entire lives, even if they feel good.
- ART is not a cure for AIDS, and HIV can still be spread when taking ART.
- Traditional medicines may be able to help with some symptoms, but they are NOT a replacement for ART.
- Not everyone who is living with HIV needs to start ART right away (except for children, who usually need to start ART sooner than adults).
- There are a number of criteria a person must meet to start ART. These include both medical criteria (stage of disease and CD4 cell count) and non-medical criteria (like their ability to understand and adhere to treatment). Clients should be part of the decision to start ART with the health care team.
- Since HIV affects the body in different ways, different kinds of ARVs need to be taken to fight HIV. At least 3 types of ARVs (from 2 classes of drugs) should be taken at a time to fight HIV. The only exception is for pregnant women who are not eligible for ART and for HIV-exposed babies, who usually take 2 kinds of ARVs.
- If the first-line treatment does not work, the doctor may switch the client to a second-line regimen.

(KEY POINTS, CONTINUED)

- The ARVs for babies and children are similar to the ones for adults. The difference is that some come in syrups while others are in capsules and tablets that can be broken or crushed. The doses are also different and change based on the child's weight.
- Some people on ART have side effects that make them feel very bad. Many side effects go away within a few weeks of starting ART or a new drug. It is important to be patient because it takes time to get used to all new medicines. Some side effects, like changes in body shape, are long-term and probably will not go away.
- Other side effects, including rash, severe headaches, severe diarrhea and numbness are severe. If a client has these side effects, it is important that she or he go to the clinic right away.
- Clients should never stop taking their ART without consulting a clinician.