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## HIV treatment - today's reality of living with HIV

The continuous development of new and improved medical treatment both for HIV and the illnesses associated with it, has led to major changes in the pattern of HIV disease progression which people in the UK and similar countries can expect to experience.

First of all, doctors have become very skilled at treating some AIDS-defining illnesses. For example, the AIDS-defining pneumonia, PCP, was often fatal in the very early days of the HIV epidemic. Now, doctors are able to treat it and people who have had it go on to live healthy lives for many years afterwards.

What's more, doctors know how to prevent many infections from occurring in the first place. Once your immune system becomes damaged to such an extent that you are vulnerable to certain infections, it is possible to take medicines to prevent these developing. This is called prophylaxis. It's considered in more detail in the section [Symptoms and illnesses](#).

However, the biggest improvement of all came in the mid-1990s, when effective treatment that targets HIV itself became available. This antiretroviral treatment has led to very substantial reductions in the numbers of people dying of HIV or becoming ill because of HIV in the UK and other countries. Use of antiretroviral drugs has been shown to prevent peoples' immune systems from becoming weakened by HIV. What's more,

antiretroviral therapy has also been shown to work for many people with advanced HIV disease, including people with AIDS, for many of whom anti-HIV drugs have brought about a remarkable recovery in health.

It's also worth noting that there have been further significant improvements in HIV treatment since the mid-1990s with anti-HIV drugs becoming available that are more powerful, easier to take and less likely to cause side-effects than those used even five years ago. What's more, many promising new HIV drugs are in development. Treatments for HIV are considered in a lot more detail in the section [HIV treatment](#).

## How long will I live? - Prognosis

The prognosis, or life expectancy, for people with HIV has changed dramatically since the first cases of AIDS were diagnosed in the early 1980s. In those early days, it was thought that most people would die within a few months of first being diagnosed with the condition. This changed, partly because it was recognised that HIV was the cause of AIDS and that it took many years to gradually destroy the immune system, and partly because doctors gradually learnt more about recognising and treating infections and cancers commonly seen in people with HIV. By the mid-1990s (before the introduction of effective HIV treatment), it was thought that in rich countries such as the UK, it would take between eight and 15 years (on average) after infection with the virus for HIV to cause life-threatening illness or death.

But this has changed significantly because of effective HIV treatment. Many doctors now believe that, provided a person with HIV receives effective HIV treatment before their immune system has been severely damaged by the virus, and if they take their drugs properly and can tolerate them, they could live a more or less normal life span. Indeed, doctors now think that with the right treatment and care, many people with HIV will be able to live into their 70s - that's a more or less normal life-expectancy. Some doctors are even more optimistic and think that newer, more powerful and less toxic anti-HIV drugs, will mean that people with HIV will be able to live a completely normal life span.

That's not to deny that people with HIV still become ill. Indeed, a few hundred HIV-positive people a year die in the UK, many as a direct consequence of their HIV infection. But these deaths often involve people who are diagnosed with HIV late in the disease process, when their immune system is already severely damaged. Furthermore, much of the serious illness seen in people with HIV in the UK now is no longer directly caused by HIV itself.

Research into the prognosis of people starting HIV treatment indicates that the risk of becoming very ill or dying because of HIV within the next five years is linked to five key factors: having a CD4 count below 200 or a viral load above 100,000 at the time of starting treatment; being aged over 50; being an injecting drug user; or having had a prior AIDS-defining illness.

For a long time the UK treatment guidelines recommended that patients should start HIV treatment once their CD4 count fell below 200, which is an indication that HIV has damaged the immune system to such an extent that it becomes vulnerable to serious illness. In 2008, this recommendation was changed so that people are now advised to start treatment sooner, when their CD4 cell count is around 350. Better results and less illness are seen in people who start treatment at CD4 cell counts around 350. It is also strongly recommended that you start anti-HIV drugs if you become ill because of HIV. Starting treatment in these circumstances has been shown to improve prognosis compared to delaying treatment until later.

You can find out more about when to start HIV treatments in the section [HIV treatment](#).

Some non-AIDS-related illnesses are seen more frequently in people with HIV than in the general population. These include liver disease caused by hepatitis viruses B or C; heart disease; and certain cancers. Treating HIV has been shown to reduce the risk of some of these illnesses which is why you are recommended to start

HIV treatment when your CD4 cell count is around 350. Many people with HIV, however, develop depression or their treatment causes side-effects. Treatments for depression work well in people with HIV and it's nearly always possible to do something about side-effects. There's more information on hepatitis B and C in the section on [Symptoms and illnesses](#), and depression is considered in a lot more detail in the section on [Mental and emotional wellbeing](#). The section [Side-effects](#) provides a lot more information about these.

Obviously, there are many other causes of ill health apart from HIV, and so more general health advice (such as stopping smoking, taking regular exercise, eating a balanced diet) is also relevant to people with HIV. To find out more about these issues, read the section [Daily health issues](#), [Exercise](#) and [Nutrition and HIV](#).