

**CRITICAL REVIEW: CHIVA CONFERENCE MAY 12<sup>TH</sup> 2017**  
**Update on paediatric HIV trials in the UK and CHIVA guidelines**  
**Dr Anna Turkova on behalf of.**  
**TEAMS BREATHER, ODYSSEY, SMILE and CHIVA Guidelines**

The session began with feedback on the Breather study. It has run since 2007, when 199 young people, aged between 8 and 17 were recruited into the RCT. The control arm of the study took antiretrovirals (ARV's) daily (continuous therapy -CT), the other 99 took ARV's for 5 days then had 2 pill free days (short cycle therapy- SCT). It originally ran for 48 weeks but was extended to 96 weeks, 97% of the participants were enrolled into the longer study. "Results demonstrated non-inferiority of SCT compared to CT."

This is the summary slide presented at CROI 2017

- Sustainable non-inferiority of VL suppression in YP on EFV-based first line ART was demonstrated for SCT vs CT over almost 3yrs
- >70% SCT patients remaining on the strategy
- Of those stopping SCT, nearly half stopped for reasons other than VL rebound
- Most YP experiencing viral rebound on SCT re-suppressed on the same regimen on return to CT
- SCT is a viable option for adherent HIV-1 infected YP on EFV-based first-line ART with 3-monthly VL monitoring.

Anna then went on to discuss the qualitative data, and how the young people at first found it difficult to adapt to the change in their regimen, but then valued the tablet free days, usually at the weekend.

\*I found this particularly interesting to my practise. In the past I've known of parents who are separated, and the mother who was sending their child to visit the father, never sending the child's ARV's because the father was not aware of the child's and mother's diagnosis. In such cases the child would no longer be at risk if they were on the correct regimen. Also we have recently witnessed a number of cases where young adults both at home and away at university who have developed detectable viral loads and poor adherence (ranging from missing odd doses to stopping medication completely). In fact this is one of the reasons as an adult nurse that I have attended the CHIVA conference, to improve my knowledge in order to improve the service for young adults in transition to our service. I believe whilst this isn't the absolute solution to the problems we've witnessed, I believe it does offer an option that may suit this group of young adults. Physically enabling them to be pill free for a couple of days, which may suit their life styles better? Especially not having to worry about medication being forgotten or discovered etc. Sometimes I wonder if they've missed a few doses they may think well "I've messed up now so why bother". Also psychologically not having to think about pills over a week end and being just like their peers might help them with a sense of normality and make them more likely to adhere throughout the rest of the week.

**Donna Rees.**