

THE 12 COMMANDMENTS OF PREVENTING ARV RESISTANCE

1. Adherence is next to godliness! Take the needed time to make the patient understand how important adherence is.
2. Thou shalt not kill! Do not simply guess at the next regimen for your patient – get expert help. Our patients have limited options in Africa.
3. Do not be a deviant! Have a VERY good reason to digress from the DoH's ARV guidelines.
4. The only good viral load is a dead one! Anything detectable after 3 – 4 months of treatment means resistance is present or developing. Do something.
5. Thou shalt not order a resistance test without first asking an expert!
6. Thou shalt not covet other ARVs! Do not use drugs you are not familiar with.
7. Smite other clinicians who do not listen to these commandments! Or at least tell them to be more responsible.
8. Consider covering thy tail! Remember that NNRTIs hang around for ages.
9. Respect the struggle! Lifelong adherence to ARVs is tough, and is a daily reminder to patients having to live with a highly stigmatised disease. Discuss adherence at every consultation.
10. Resistance does not always equal clinical outcomes! Resistance does not always mean virological (VL detectable) failure. Virological failure does not always equal immunological (CD4 decreasing) failure. And immunological failure does not always equal clinical failure. Do not give up – it is rare that patients run out of ARV options even in the face of significant resistance.
11. Never add a single drug to a failing regimen! It may be the equivalent of monotherapy if there is resistance to the other drugs.
12. Do not give up hope for your patient!