Management of Children Receiving Antiretroviral Therapy

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The Panel on Antiretroviral Therapy and Medical Management of Children Living With HIV (the Panel) recommends all children with HIV initiate antiretroviral therapy (ART) and receive lifelong treatment. Nearly all children will experience antiretroviral (ARV) regimen changes at some point during their care. Providers may consider ARV regimen changes for the following reasons:

- *Treatment simplification:* Modifying ARV regimens in children who are currently receiving effective ART to simplify the regimen
- *Treatment optimization:* Increasing the treatment potency or barrier to resistance of an effective but older or potentially fragile regimen, improving the adverse-event profile, or addressing child or caregiver preferences
- *Toxicity management:* Recognizing and managing ARV drug toxicity or intolerance (see Management of Medication Toxicity or Intolerance)
- *Treatment failure:* Recognizing and managing treatment failure (see Recognizing and Managing Antiretroviral Treatment Failure)

Modifying Antiretroviral Regimens in Children With Sustained Virologic Suppression on Antiretroviral Therapy

Panel's Recommendations
• Children who have sustained virologic suppression on their current antiretroviral (ARV) regimen should be evaluated regularly for opportunities to change to a new regimen that facilitates adherence, simplifies administration, increases ARV potency or barrier to drug resistance, and decreases the risk of drug-associated toxicity (AII). • Before changing a child's ARV regimen, clinicians must carefully consider the child's and caregiver's preferences, previous regimens, past episodes of ARV therapy failure, prior drug-resistance test results, drug cost, insurance coverage, and the child's ability to tolerate the new drug regimen (AIII). Archived drug resistance can limit the antiviral activity of a new drug regimen. • Children should be monitored carefully after a change in treatment. Viral load measurement is recommended 2 to 4 weeks after a change in a child's ARV regimen (BIII).
Rating of Recommendations: A = Strong; B = Moderate; C = Optional *Rating of Evidence: I = One or more randomized trials in children† with clinical outcomes and/or validated endpoints; I* = One or more randomized trials in adults with clinical outcomes and/or validated laboratory endpoints with accompanying data in children† from one or more well-designed, nonrandomized trials or observational cohort studies with long-term clinical outcomes; II = One or more well-designed, nonrandomized trials or observational cohort studies in children† with long-term outcomes; II* = One or more well-designed, nonrandomized trials or observational studies in adults with long-term clinical outcomes with accompanying data in children† from one or more similar nonrandomized trials or cohort studies with clinical outcome data; III = Expert opinion* *† Studies that include children or children/adolescents, but not studies limited to postpubertal adolescents*