Answers

Recommended Principles of Antiretroviral Therapy in HIV Disease

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1. Which of the following statement is not true about antiretroviral therapy?
   (a) Achievement of maximal HIV suppression to undetectable level by most sensitive assay for the longest durable period is the virologic goal of antiretroviral therapy
   (b) **HAART normally comprises three active drugs from one or more classes** ✓
   (c) Salvage treatment nowadays can aim at re-control of viral replication with undetectable viral load
   (d) A patient can be resistant to an antiviral that has not been taken before due to cross-resistance development
   (e) None of the above

2. Which of the following statement is not true regarding development and usefulness of newer antiretrovirals?
   (a) More convenient to take, e.g. less dosing, less relation to meal
   (b) Reduction of pill burden
   (c) New drug classes targeting different points of HIV life cycle
   (d) Unique resistance profile to overcome resistance of older drugs in the same class
   (e) **None of the above** ✓

3. Which of the following statement is true on the application of highly active antiretroviral therapy (HAART)?
   (a) Administration to HIV positive mother during delivery for prevention of mother-to-child transmission
   (b) Post-exposure prophylaxis for needle-stick injury cases with significant exposure
   (c) Disease treatment of HIV infected subjects
   (d) Administration to neonate born to HIV positive mother
   (e) **All of the above** ✓

4. Which of the following condition is generally not indicated for the initiation of antiretroviral therapy?
   (a) AIDS
   (b) Symptomatic HIV disease
   (c) **Co-infection with chronic hepatitis B not requiring treatment** ✓
   (d) CD4 >200 - <350/ul
   (e) CD4 <200/ul

5. Which of the following factors are important considerations for the initiation or non-initiation of HAART?
   (a) HIV disease status
   (b) Patient's wish and preparedness for life-long commitment
   (c) Patient's understanding of pros and cons of HAART
   (d) Informed consent to start or delay treatment
   (e) **All of the above** ✓

6. Which of the following laboratory testing is important in the course of antiretroviral therapy?
    (a) CD4/CD8 T lymphocyte subset test
    (b) HIV-1 viral load assay
    (c) HIV-1 resistance testing
    (d) Complete blood count
    (e) **All of the above** ✔

7. Which of the following is not true regarding use of HAART in treating HIV disease?
    (a) **Treatment of acute HIV infection should be prescribed as standard clinical practice** ✔
    (b) HAART for chronic HIV infection should be prescribed only by physicians competent in HIV medical management
    (c) Suboptimal use of HAART can lead to drug resistance and treatment failure
    (d) Effective suppression of HIV may bring benefit to public health control
    (e) None of the above

8. Which of the following is not part of the regular monitoring of the patient after initiation of antiretroviral therapy?
    (a) Drug toxicities and tolerance
    (b) Drug adherence
    (c) **Immune recovery as gauged by activated CD4 cells** ✔
    (d) Success of viral suppression
    (e) HIV disease progression

9. Which of the following has to be assessed as part of the process in HAART initiation?
    (a) Concomitant drugs and potential interactions
    (b) Underlying disease or risk factors that will predispose to adverse effects of HAART, e.g. metabolic disease
    (c) Host factors that may hinder adherence, e.g. depression
    (d) Viral factors that may suggest resistance, e.g. HIV acquisition from a partner on treatment
    (e) **All of the above** ✔

10. Which of the following is an important component of HIV management besides HAART?
    (a) Prophylaxis and treatment of opportunistic infections
    (b) Risk reduction and behavioural modifications to avoid infection with other pathogens, e.g. sexually transmitted infections
    (c) Psychosocial support and counseling
    (d) Access to relevant specialties/sub-specialties care
    (e) **All of the above** ✔