

## Monitoring of antiretroviral therapy

### Standard laboratory monitoring of patients after commencement of antiretroviral therapy.

Test <sup>†</sup>	When		Comments
	Baseline	Ongoing	
VL	Yes	At 3 months, 6 months and then 6-monthly	<ul style="list-style-type: none"> <li>If VL is undetectable for &gt; 12 months, then can reduce to 12-monthly</li> </ul>
CD4 <sup>+</sup> count	Yes	6-monthly; At virological/clinical failure	<ul style="list-style-type: none"> <li>Can be stopped if CD4<sup>+</sup> count &gt; 200 cells/<math>\mu</math>L and virologically suppressed</li> </ul>
FBC and differential count	Yes	Monthly for the first 3 months, then at 6 months for patients on AZT-containing regimens	<ul style="list-style-type: none"> <li>This test is only required for patients commencing AZT-containing regimens</li> </ul>
ALT	Yes	At initiation	<ul style="list-style-type: none"> <li>If baseline ALT is normal, then routine monitoring of ALT is not required</li> </ul>
CrCl	Yes	At 3 months, 6 months and then 6-monthly	<ul style="list-style-type: none"> <li>Also at 1 and 2 months in high-risk patients</li> <li>If symptoms of tubular wasting (e.g. muscle weakness), then check potassium and phosphate levels</li> </ul>
TC and TG	Not routinely	After 3 months on a PI-containing regimen	<ul style="list-style-type: none"> <li>If normal at 3 months, reassess only if other cardiovascular risk factors are present</li> </ul>

ALT, alanine transamine; AZT, zidovudine; CD4<sup>+</sup>, cluster of differentiation 4; CrCl, creatinine clearance rate; FBC, full blood count; PI, protease inhibitor; TC, total cholesterol; TG, triglycerides; VL, viral load.