

Author(s): , Nandi L Siegfried, Ololaken Uthman, George W Rutherford

Date: 2009-09-11

Question: Early ART versus standard or deferred ART (CD4 \leq 200 or CD4 \leq 250 cells/ μ l) for asymptomatic, HIV-infected, treatment naive adults

Settings:

Bibliography: , Siegfried NL, Uthman O, Rutherford GW. Optimal time of initiation for asymptomatic, HIV-infected, treatment naive adults. Cochrane Database of Systematic Reviews

Quality assessment							Summary of findings					Importance
No of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	No of patients		Effect		Quality	
							Early ART versus standard or deferred ART (CD4 \leq 200 or CD4 \leq 250 cells/ μ l)	control	Relative (95% CI)	Absolute		
Death												
2	randomised trials	no serious limitations ¹	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ²	6/539 (1.1%)	24/526 (4.6%)	RR 0.26 (0.11 to 0.62)	34 fewer per 1000 (from 17 fewer to 41 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Tuberculosis												
2	randomised trials	no serious limitations ¹	no serious inconsistency	no serious indirectness	no serious imprecision	reporting bias ²	19/539 (3.5%)	36/526 (6.8%)	RR 0.54 (0.26 to 1.12)	31 fewer per 1000 (from 51 fewer to 8 more)	⊕⊕⊕O MODERATE	CRITICAL
Disease progression measured by opportunistic disease (follow-up mean 18 months; Opportunistic disease events)												
1	randomised trials	no serious limitations ¹	no serious inconsistency	serious ³	no serious imprecision	reporting bias ²	1/131 (0.8%)	3/118 (2.5%)	RR 0.30 (0.03 to 2.85)	18 fewer per 1000 (from 25 fewer to 44 more)	⊕⊕OO LOW	CRITICAL
Any Grade 3 or 4 adverse event												
1	randomised trials	no serious limitations	no serious inconsistency	no serious indirectness	serious ⁴	no reporting bias	31/408 (7.6%)	18/408 (4.4%)	RR 1.72 (0.98 to 3.03)	32 more per 1000 (from 1 fewer to 90 more)	⊕⊕⊕O MODERATE	CRITICAL
Sexual transmission – not measured												
0	-	-	-	-	-	None	0/0 (0%)	0/0 (0%)	-	-	-	IMPORTANT
Immunologic response - not measured												
0	-	-	-	-	-	None	0/0 (0%)	0/0 (0%)	-	-	-	IMPORTANT
Adherence/tolerance/retention - not measured												
0	-	-	-	-	-	None	0/0 (0%)	0/0 (0%)	-	-	-	IMPORTANT
HIV drug resistance - not measured												
0	-	-	-	-	-	None	0/0 (0%)	0/0 (0%)	-	-	-	IMPORTANT
Virologic response - not measured												
0	-	-	-	-	-	None	0/0 (0%)	0/0 (0%)	-	-	-	IMPORTANT

¹ The SMART study is a post hoc analysis of a sub-set of a larger trial

² As the SMART sub-set is a post hoc analysis there may be other trials which did not conduct or publish similar analyses of potential sub-sets within the original trials. This is a form of publication bias and we have therefore downgraded the results accordingly

³ This result is a post hoc subset analysis from only one trial and the evidence is therefore not directly able to answer the outcome of disease progression

⁴ The results are from one trial only and therefore were downgraded for imprecision.