

Variable guide: reason for starting, stopping or changing therapy



Please use the below codes when completing 'Start/Stop Reason' in **PART 8: ART** on CHARS paediatric follow-up forms.

Please give as many reasons as applicable for starting, stopping or changing therapy. Reasons have been separated into stop/start/change for clarity.

STOPPING TREATMENT/STARTING SUBSEQUENT THERAPY:

A	Treatment failure (e.g., virological, immunological, and/or clinical failure)
A1	Virological failure
A2	Immunological failure - CD4 drop
A3	Clinical progression
A4	Resistance test result
B	Abnormal fat redistribution
B1	Fat accumulation
B2	Lipoatrophy
B3	Gynecomastia
C	Concern of cardiovascular disease
D	Hypersensitivity reaction
D1	Rash
D2	Hypersensitivity with fever and constitutional symptoms (include ABC hypersensitivity)
E	Toxicity, predominantly from abdomen/G-I tract (incl. jaundice (e.g., from ATV))
F	Toxicity, predominantly from nervous system (e.g., anxiety, drowsiness, sleep disturbance)
G	Toxicity, predominantly kidneys (↑uPCR)
H	Toxicity, predominantly from endocrine system (e.g., insulin resistance)
I	Toxicity, haematological (e.g., anaemia, neutropenia)
J	Hyperlactataemia/lactic acidosis
K	Toxicity, not mentioned above / unspecified
L	Death
M	Comorbidity
N	Changing from a FDC to individual drugs (e.g., arrival from abroad, TDM results require change to individual drugs)
O	Availability of more effective treatment (not specifically failure or side effect related)
O1	Simplified treatment available (e.g., BD to OD, individual drugs to FDC)
O2	Treatment too complex
O3	Drug interaction
P	Structured Treatment Interruption (STI) P1 Unstructured treatment interruption
Q	Patient's or parent's wish/decision, not specified above
Q1	Non-compliance
R	Physician's decision, not specified above (where reason not coded for, please specify)
S	Pregnancy
T	Study treatment (<i>part of clinical trial</i>)
U	Other causes, not specified above (STATE REASON)
V	Unknown (reason not known)

STARTING TREATMENT FOR THE 1ST TIME:

W	Child taking MTC prophylaxis (<i>at birth</i>)
X	Asymptomatic HIV+ infant (<i>HIV+ child <1yrs starting therapy as stated in clinical guidelines</i>)
Y	Clinical guidelines (<i>includes because symptomatic, CD4 decline, etc.</i>)
T	Study treatment (<i>start of clinical trial</i>)
U	Other causes, not specified above (STATE REASON)
V	Unknown (reason not known)

CHANGING DOSE/FORMULATION:

Z	Body/size recalculation (<i>dose change due to child growth</i>)
Z1	Change to adult dose
Z2	Change in formulation
Z3	Change due to TDM results
N	Changing from a FDC to individual drugs
S	Pregnancy
U	Other causes, not specified above (STATE REASON)
V	Unknown (reason not known)

Abbreviations: ABC: Abacavir; ATV: Atazanavir; BD: twice daily; FDC: fixed dose combination; G-I: gastrointestinal; OD: once daily; TDM: therapeutic drug monitoring; uPCR: urinary Protein Creatinine Ratio

Please contact the CHARs team at chars@ucl.ac.uk if you have any queries.