DOLUTEGRAVIR + SLEEP

Wide awake? Bring the pattern.

Insomnia is a possible adverse reaction listed for dolutegravir. That does not establish why you are having trouble sleeping. Other causes and other medicines may matter.

Keep treatment decisions with your prescriber

Do not stop, skip, change the dose or move the dosing time on your own. Contact your prescribing team to discuss sleep changes and the appropriate next step.

Know what you take

Dolutegravir is an antiretroviral medicine used in combination treatment for HIV. Bring the exact product name and your full medication and supplement list, including combination tablets. This guide does not tell you which treatment regimen to use.

Use the guide with your own team

A short timeline can make the conversation easier. You do not need to wait until you have perfect notes to contact your prescriber.

01 / A USEFUL TIMELINE

Before the change. After the change.

Timing can help your prescriber investigate. Timing alone does not prove a medication caused a symptom.

Before

What was your usual sleep like? Were there already problems falling asleep, staying asleep or waking earlier than intended?

Treatment changes

Record when treatment began or changed, if you know. Note other changes in medicines, supplements or routine. Label uncertain dates as estimates. Do not make a new treatment change to test the theory.

Now

Describe bedtime, roughly how long falling asleep takes, awakenings, wake time and next-day impact. Mention other factors such as caffeine, naps, shift work or stress when relevant. Share observations rather than deciding the cause yourself.

02 / MAKE IT CONCRETE

One night.
One next-day effect.

Choose an example that is true for you. A brief description often says more than “I sleep badly.”

Illustrative language — use only if true

“I usually went to bed around ten. Since the treatment change, I have often still been awake after midnight. The next day I need to pause tasks because I feel tired.” Add frequency and what else changed.

Avoid false precision

If you did not track an exact time, say approximately. Do not invent a sleep diary after the fact or copy this example into a medical record as your experience.

Do not infer a second diagnosis

Trouble sleeping alone does not establish HIV-associated neurocognitive disorder or a disability rating. If thinking, memory or function has changed, describe it separately to your clinician.

03 / ASK FOR THE NEXT STEP

Review the pattern. Agree on a plan.

Your prescriber can review treatment, other possible causes and whether further assessment or a treatment adjustment is appropriate.

Three questions to bring

Could this sleep change be related to treatment or something else? What should we evaluate next? What should I keep track of, and when should I follow up?

Confirm the instructions

Before you leave, repeat back the agreed plan. If a treatment change is advised, make sure you understand exactly what to do. Ask how to contact the team if symptoms worsen or the plan is unclear.

Check the record

Ask whether the notes reflect the timing and daily effects you described. Request correction of factual errors through the clinic’s process. An accurate timeline supports care; it does not guarantee a particular diagnosis or claim result.

SOURCES AND SCOPE

Read the source. Keep the scope clear.

Prepared September 22, 2026. General education for a care conversation; not an individual diagnosis, treatment instruction or promised VA result.

DailyMed: TIVICAY prescribing information

Open the official source

VA HIV: cognitive impairment

Open the official source

CONTROL THE FOUNDATION

Your health is where the evidence begins.

You cannot control the VA, the examiner or the timeline. You can take the next step toward having your conditions properly evaluated and your daily reality accurately documented.

Four paths. Only one brings both pieces together.

Wrong medicine. Wrong claim.

Gaps in the medical foundation and the claims process.

Wrong medicine. Right claim.

The right filing cannot fill gaps in the medical record.

Right medicine. Wrong claim.

The medical foundation is there, but is not put to work correctly.

Right medicine. Right claim.

Health evaluated. Findings documented. Evidence put to work.

Leave either piece incomplete and you risk a denial or a rating that does not reflect the conditions you live with. Start with your health. It is the foundation the claim depends on.

You can start with your care team. Or let us coordinate it.

VHN brings veteran-focused independent care, records, appointments and follow-up into one coordinated process. Your case manager keeps the moving pieces connected. Use your own accredited representative, or ask about an introduction.

SEE IF VHN IS RIGHT FOR YOU

Independent clinicians establish medical findings. Accredited representatives handle claims. The VA decides outcomes.