

Care and Support  
for  
People Living with HIV/AIDS  
(PLWHA)

# Objectives



1. Describe the purpose and components of a comprehensive care and treatment program in primary, secondary and tertiary health care settings
2. Discuss the HIV/AIDS continuum of care
3. Discuss the management of HIV/AIDS as a chronic disease
4. Discuss symptom management, nutrition and opportunistic infection care

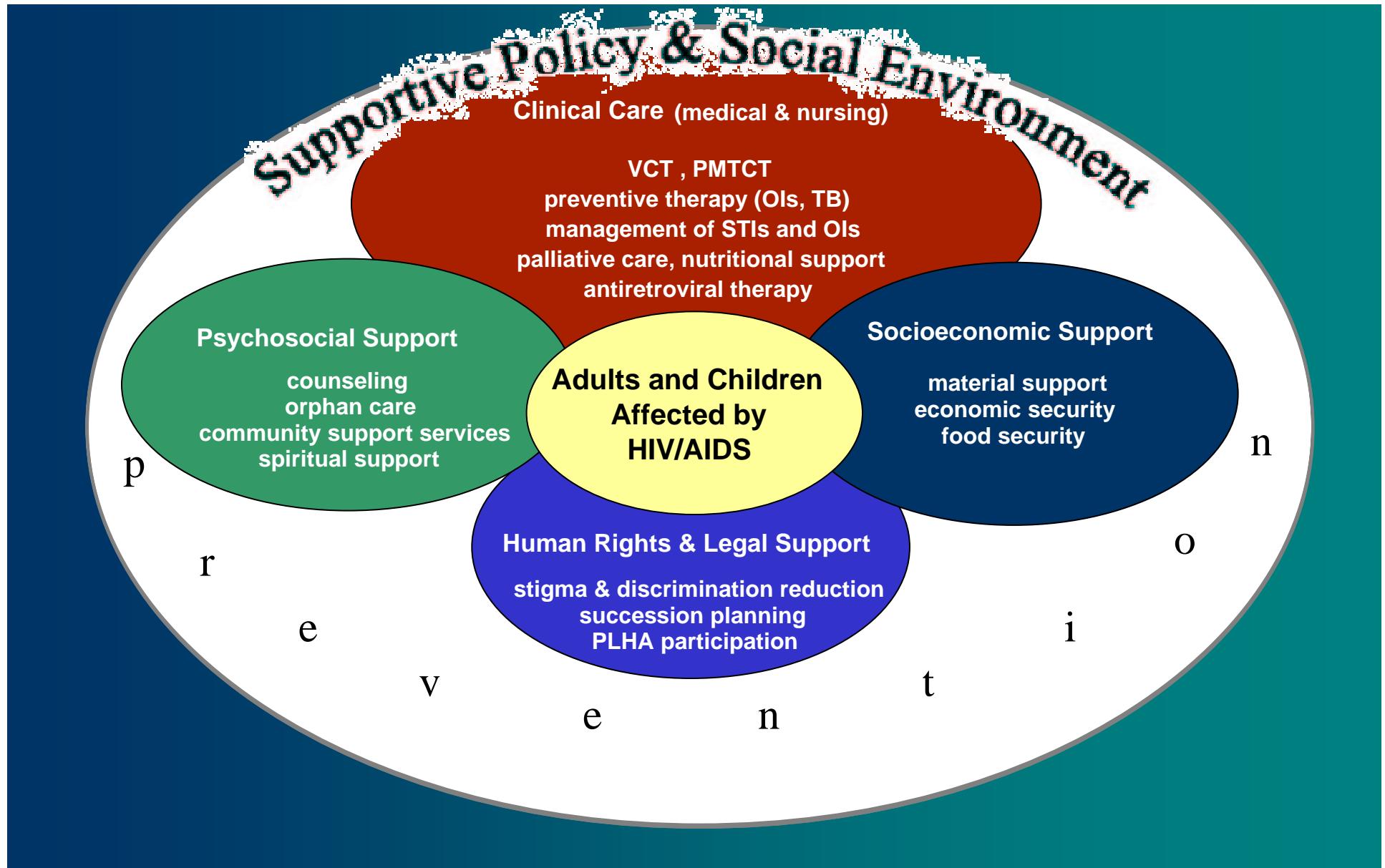
# Background



The purpose of HIV/AIDS care, treatment and support programs is:

- To assure equitable access to diagnosis, medical care, pharmaceuticals and supportive services
- To reduce morbidity and mortality from HIV/AIDS complications
- To promote prevention opportunities within care and support service delivery
- To improve the quality of life of both adults and children living with HIV/AIDS and their families

# Comprehensive HIV/AIDS Care and Support



# Psychosocial Support



- Community services to meet the emotional and spiritual needs of HIV-positive individuals and their families, including support through post-test organizations and peers
- Such organizations allow people to recognize that they are not alone in their suffering, gives them an opportunity to talk freely about their disease
  - Allows them to receive psychological support as well
- Helps PLWHA to “live positively”

# Socioeconomic Support



- Material and social support within communities to ensure nutritional and daily living needs are met
- Support for orphans and vulnerable children (OVC)
- Income-generating activities

# Involvement of Individuals and Families

- Involvement of HIV-positive individuals and their families in service planning and delivery to ensure that HIV care and support programs intended for them address their needs and include human rights

# Respecting Human Rights and Meeting Legal Needs



- Services that address stigma and discrimination issues in health facilities, in communities and in the workplace and that promote equal access to care

# Chronic Disease Management Approach



- HIV/AIDS care requires a chronic disease management approach
- Priority has been on acute illnesses (respiratory illnesses, malaria, etc.)
- Available HIV/AIDS treatments, by prolonging the lives of those who are HIV infected, create a demand for long-term care

# Principles of Chronic Disease Management



- Requires patient and health providers to work as a team
- Demands consistent relationship between patient and health-care team members
- Requires regular interdisciplinary care team meetings to discuss care issues, review treatment protocols, express concerns and support colleagues

# Principles of Chronic Disease Management, continued



Ongoing care involves regular visits with clinic and support staff to:

1. Monitor disease status and treatment effect
2. Provide ready response to emerging health and socioeconomic issues
3. Maintain easily retrievable documentation

## Principles of Chronic Disease Management, continued



- Support for care team members is essential for providing quality care and preventing frustration and burn-out
- Currently available treatment is lifelong. It is to be expected that motivation to maintain wellness and adherence to treatment will vary during the course of the disease

# Palliative care



- Palliative care is part of the comprehensive care for PLWHA
- Many advances have been made in the treatment of HIV/AIDS; however, there still is no cure.
- While ARVs and OI management can improve the lives of many HIV-infected patients, some infected patients on therapy will still die

# Palliative care, cont'd



- Many patients (esp if not on therapy) will experience gradual increase in health problems over several years
- As their disease progresses, the need for symptomatic relief will be more important than treatment
- Palliative care is not just important when a patient is about to die, but is important throughout a patient's life

# Palliative care, cont'd



## WHO definition:

- *an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.*

# Goals of Palliative Care



- To provide support and care that makes life comfortable for patients throughout all phases of a disease so they can live as fully and comfortable as possible
- The underlying principles include:
  - Management of symptoms
  - Psychosocial support
  - Teamwork and partnership
  - Appropriate ethical considerations
  - Sustaining hope with realistic goals

# Symptom Management



The most common symptoms are:

- Pain
- Fatigue/weakness
- Shortness of breath/dyspnoea
- Persistent diarrhea
- Difficulty sleeping/insomnia
- Nausea and vomiting

These symptoms may be overlooked by providers because they do not know how to manage them, feel inadequate to address them, or don't ask about them

## Symptom Management, continued



- Goal: help the patient
  - “move from a feeling of helplessness to a feeling of supremacy over the symptom”
  - develop/retain as much control over his/her life and illness as possible through the use of practical advice and emotional support.
  - Manage symptoms with medication and/or non-pharmacologic interventions

## Symptom Management, continued



- All symptoms should be identified through a “review of symptoms” by asking about
  - character (what does it feel like)
  - location
  - what makes it worse
  - what makes it better
  - associated symptoms
  - how does it limit or affect the patient’s daily life

# Nutrition: part of comprehensive care



- Malnutrition is a serious danger for people living with HIV/AIDS
- The risk of malnutrition increases significantly during the course of the infection
- Good nutrition cannot cure AIDS or prevent HIV infection, but it can help to maintain and improve the nutritional status of a person with HIV/AIDS and delay the progression of HIV disease

# Nutrition, cont'd

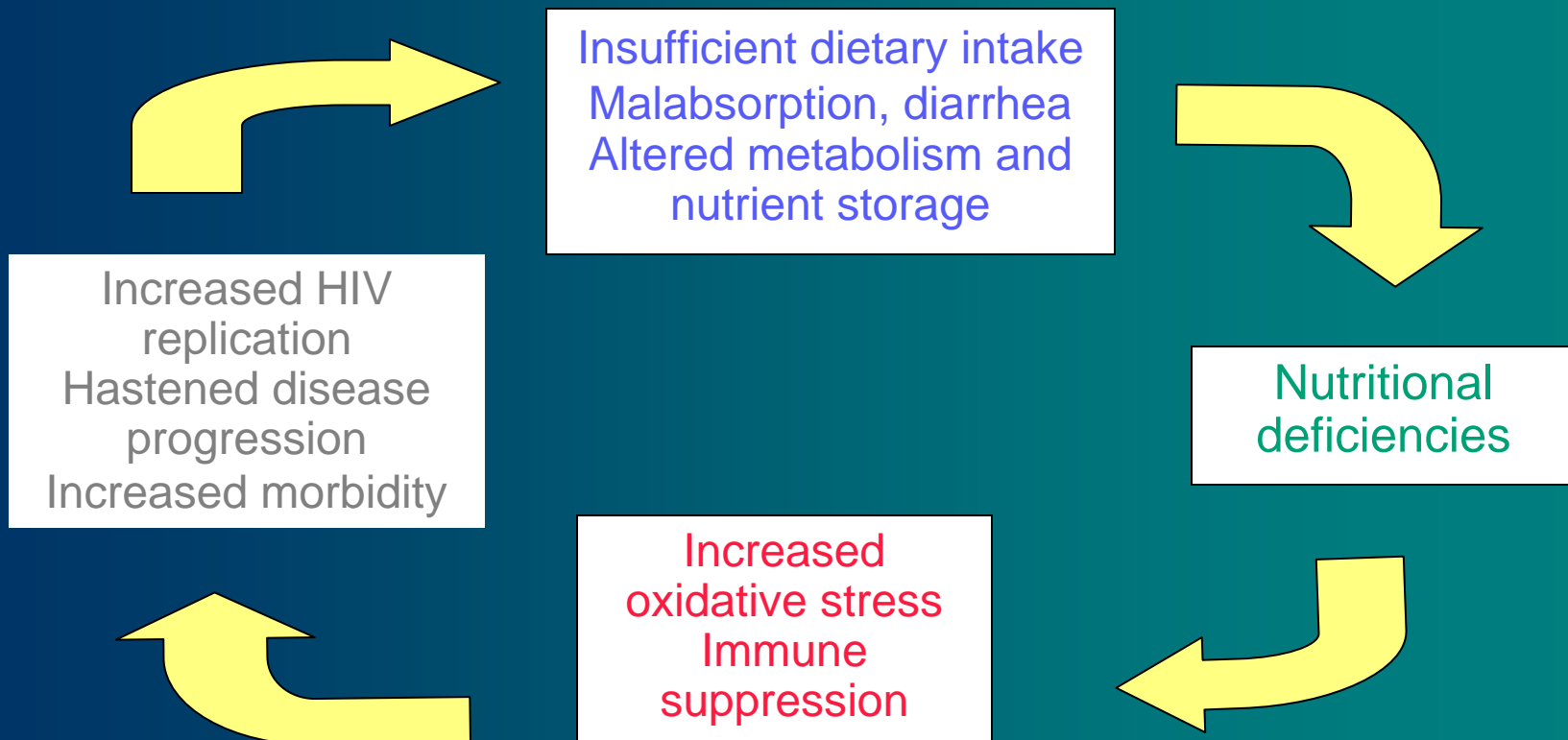


- Many of the conditions associated with HIV/AIDS affect food intake, digestion and absorption, while others influence the functions of the body
- Keep in mind that malnutrition may be a **contributor** to HIV disease progression as well as a **consequence** of the disease

# The Vicious Cycle



## The Vicious Cycle of Micronutrient Deficiencies and HIV Pathogenesis



# Vitamin and Mineral deficiencies



- Deficiencies in vitamins and minerals that are vital for the body's normal functions and for the work of the immune system are not commonly measured, but they occur frequently in populations:
  - With high infectious disease burden
  - With monotonous, poor quality diets
  - Where diets are characterized by limited consumption of animal products and seasonal or periodic food insecurity

# Nutritional Assessment



- Dietary intake history
  - Includes history of actual food intake, types of foods, fluids
  - Also includes
    - Length of time it takes the patient to eat
    - Appetite
    - Any chewing, sucking, or swallowing problems
    - Nausea, vomiting, or diarrhea
    - Abdominal pain
    - Any feeding refusal, food intolerance, allergies, and/or fatigue

# Promote a Healthy Diet



- Promote a diet adequate in energy, protein, fat, and other essential nutrients
- Even asymptomatic HIV-infected persons may have increased body metabolism, which increases their daily energy, protein and micronutrient requirements
- Therefore, a person with HIV requires 10% to 15% more energy and 50% to 100% more protein a day.

# Healthy Diet, continued



- **Other nutritional advice**

- Try to eat food as colorful as possible to improve intake of vitamins and minerals
  - \* Advise a patient to eat a “colorful” diet that has some green, some red, some orange, and some yellow foods
    - they are more likely to have a balanced diet
- Recommend cheap sources of protein
  - \* Peanut butter (add some to slice of bread), beans with rice, nuts, eggs
  - \* Consider snacking on groundnuts or adding one extra egg, or a glass of milk a day to increase protein intake

# Safe Food Handling/Preparation and Hygiene



PLWHA have an increased susceptibility to gastrointestinal infections

- Important hygiene and food safety messages are:
  - Always wash hands before food preparation and eating and after defecating
  - Cook food thoroughly
  - Avoid contact between raw foodstuffs and cooked foods
  - Wash fruits and vegetables before serving
  - Use safe water that is boiled or filtered if feasible

# Home-Based Care



- As part of the comprehensive care and support package for PLWHA, home-based care activities can support, strengthen, and supplement the clinical team
- HBC teams can identify problems in early stages or reach those unable to come to clinic
- Can offer water guard, insecticide-treated bed nets, ORS, medications for pain or symptoms like diarrhea, prophylactic medications

# Primary and Secondary Prophylaxis



- *Primary prophylaxis*
  - Give medication to prevent patients from getting a disease that they have NEVER HAD
- *Secondary prophylaxis*
  - Give medication to prevent patients from getting a disease they HAVE gotten before

# Cotrimoxazole (TMP/SMX)



- An effective prophylaxis against:
  - Various bacterial infections: Streptococcus pneumoniae, Salmonella species and Nocardia
  - Pneumocystis carinii
  - Toxoplasmosis
  - Isospora belli
  - Cyclospora

UNAIDS recommends that Cotrimoxazole be part of a minimum package of care for adults and children living with HIV/AIDS in Africa.

# PCP prophylaxis

- Primary Prophylaxis
  - **Infants**
    - \* All HIV-exposed infants (until confirmed as HIV-negative) and all HIV-infected infants should receive prophylaxis starting at 4-6 weeks of age
  - **Children over a year**
    - \* Primary prophylaxis: if CD4 percentage is less than 15%
  - **Adults: CD4<200**
- Secondary prophylaxis:
  - Should be given to all children and adults who have had PCP
  - Stopping secondary prophylaxis has not been studied in children
  - Adults: may stop if CD4>200 for more than 3 months because of HAART

# PCP Prophylaxis



- First line
  - Co-trimoxazole
- Alternatives
  - Dapsone
  - Aerosolized pentamidine, ataquovone

# Cotrimoxazole Recommendations, cont'd



## Recommended drug dosages

**Adults:** 1 DS tablet or 2 SS tablets daily

(1DS=SMX 800 mg+TMP 160 mg; 1SS=SMX 400 mg+TMP 80 mg)

**Children:** Cotrimoxazole syrup administered 1/day, daily  
Recommended dose is TMP 10 mg/kg,  
SMX 50 mg/kg

*If syrup is unavailable, may use crushed tablets.*

*Health professional may switch from syrup to tablet to ensure ongoing access to medication.*

# Candida albicans



- The most common fungal infection in HIV-infected patients
- No preventive measures reduce exposure to Candida, except sterilizing baby bottle nipples
- Is one of the presenting signs of HIV
- Early sign of clinical deterioration

# Candidiasis - clinical manifestations



- Oral/oropharyngeal
  - White or yellow plaques on tongue or oral mucosa
    - \* Difficult to remove with tongue blade
  - Angular Cheilitis
    - \* Fissures at corners of mouth
- Esophageal candidiasis
  - Difficulty swallowing or retrosternal pain when swallowing
  - Sensation of food sticking in chest when eating
  - Infants: may arch backs and turn head in response to pain, or may refuse to eat

# *Candida* treatment and prophylaxis



- Treatment: antifungals (topical or systemic)
- No primary prophylaxis recommended
  - Potential for resistant *Candida* to develop
  - Possibility of drug interactions
  - Low mortality with mucosal candidiasis
  - Effective therapy exists for acute disease
  - Cost
- Secondary prophylaxis
  - Should be considered only for severe recurrent disease
  - Fluconazole (same dose as for treatment)

# Summary - Comprehensive Care



- Solely providing ARVs will not be enough for PLWHA; a comprehensive care strategy is critical
- Requires multidisciplinary team approach
- Care should include psychological, economic, and nutritional support, and OI management and prevention
- Palliative care is part of the comprehensive care of PLWHA, and providers should address symptoms in addition to the actual disease