



CASE STUDIES



TREATMENT PREPARATION & COMMENCEMENT



CASE STUDY #1



A 38-year old mother of 3 children recently recovered from an episode of malaria with chest infection. In the course of her stay in the hospital, a series of investigations were carried out, including HIV screening. She is HIV-positive, with a CD4 count of less than 200. Her doctor wants to start her on ARVs within the next 3-4 weeks.

- How would you explore the patient's readiness to commence ARVs?
- What would necessitate further discussions before a final strategy selection is made for commencement?



Case Study #2



Ibrahim was very ill when he first arrived in the clinic. His CD4 was 10, and he had a number of opportunistic infections and wasn't able to work. Now, after 6 months on ARV therapy, he is doing quite well. His CD4 count is 270 and he has had no OIs in some time. He has gained weight and has been able to return to work. He has never missed an appointment.

Today he tells you that now he is well, he feels the drugs have cured him. He clearly no longer needs to take them. He has decided to stop the medications.



Case Study #3



A young woman in Kaduna was found to be positive around when she had a baby. You had been asked to go see her at home, and you had educated her about mother-to-child transmission, risks to the infant, and treatment options. She was very excited for the child to receive treatment.



Case Study #3 (cont'd)



The woman came to the center, where she became very upset and was crying. She said that she could not bring the child to the center everyday because no one in her family knows her status and she does not want them to find out. She said she could not bring the child and prepared to leave.



Case Study #4



There is a new family in the center today. All three family members (mother, father, 3 year old son) are HIV positive. They all qualify for ARV treatment. The diagnosis has come as a surprise, and they are quite anxious. The husband and wife appear to disagree on the need for treatment. The husband says he doesn't believe the results.



PROBING



CASE STUDY #1



Mrs. Hadiza is 29 years old and was diagnosed HIV-positive over 3 years ago. Ever since, she has been on ARVs with her husband and their 4 year-old daughter. The husband travels a lot and stays away 2-3 months. He gets his supplies of ARV from the GON program, while Mrs. Hadiza and their daughter access their drugs through ACTION. Both retrieve their drugs from the same facility, although Mrs. Hadiza has been absent from several visits. She is in the clinic for a refill.

- How would you assess her adherence level?
- What are the possible issues you will need to address?



CASE STUDY #2



Mr. Joseph has been a patient at the ACTION clinic for four months. He was placed on treatment four months ago but missed his last clinic visit. He says he is taking his medication, but he continues to lose weight and his CD4 count continues to go down. Upon probing, he admits that he sometimes takes his medications late because he forgets.

How would you help Mr. Joseph remember to take his medication?



Case Studies #3



Fatima has been coming to your clinic for 10 months. She has been on ART for 9 months. She was very ill when she started but over time has greatly improved. After 6 months of treatment, her CD4 had increased to 280. She always demonstrated good understanding of her disease and the need for good adherence.

Over the last few months, Fatima has had problems. She came in once and said she had lost all her meds on the bus. Another time she said she had run out and was not given enough.



Case Study #3 (cont'd)



She is here today with her child and seems unhappy and nervous. When you discuss with her, she tells you that her HIV+ husband is jealous of her medications (his CD4 count is above 300). He told her that it is more important for him to be on drugs and she needs to share her supply with him.



SIDE EFFECTS AND SYMPTOMS



Case Study #1



A mother and her 2 year old child were just tested for HIV and found to be positive. They were both put on therapy, and the child is taking AZT/3TC/NVP here at the center. The mother brings the child to the clinic one day, and he has a severe rash with a fever.



Case Study #2



Ekaita brought her child for treatment for the first time 4 weeks ago. Her child has had ongoing problems with nausea, headache, and the child now has a fine rash. Ekaita has become distrustful and says she now thinks you are not helping her child. She thinks you are making the child worse. Her family is also upset and thinks she should take her child to a traditional doctor, instead. She tells you she is going to stop her child's medication today.



Case Study #3



- Ojo started ARVs 2 weeks ago and has come back for a follow-up visit. He has never taken ARVs before and is on standard first-line therapy (AZT/3TC/NVP). He has a rash with blisters in his mouth and nose and a fever.
- How do you counsel Ojo?



Case Study #4



- A woman comes to the clinic and is 5 months pregnant. She is very thin and requires her sister's support to walk. She has been on ARVs for 2 years, and she says that they made her stronger. But now that she's pregnant, she is throwing up all the time.
- How would you counsel this patient?



PEDIATRIC ISSUES



Case Study #1



A child of 2 years has come to the center for treatment and has been coming for some time. He is taking Nelfinavir powder, but he does not like the way it tastes and has trouble finishing his dose. How would you treat this child?



DISCLOSURE



CASE STUDY #1



Audu, 45 years old, was diagnosed HIV+ 2 years back. He is currently on ARVs. He has never disclosed his status to his wife for the fear that she may desert him soon as she knows. He has sex with her once a month without condoms. He believes that since he has reduced sexual intercourse with her to once a month and that he is taking his ARVs regularly, his wife will not be infected.

How would you deal with this issue considering the importance of status disclosure?



CASE STUDY #2



Joy, 30 years old, is scheduled to be wedded in 3 weeks time. She took an HIV antibodies test and the result is positive. She says she has had sex with some men but never with her fiancé. She thinks once she discloses her status to the fiancé, it will be the end of the relationship.

- Would you encourage her to disclose to the fiancé?
- Do you think she should disclose to the other men?

Discuss



CASE STUDY #3



Mzungu, a 50 year old, has three wives. He tested HIV antibody positive late last year. He took his first two wives for testing, and they both tested positive. Mzungu and the first two wives are currently on ARVs. He has instructed the positive ones not to disclose to the new wife he recently married because he loves her and would not want to spoil his relationship with her.

The third wife has been ill and had cause to take a HIV antibody test. The result was negative, and she was asked to come back for a repeat test after 3 months.

- Should Mzungu and his positive wives disclose their statuses?
- How would you help Mzungu and the other wives to communicate their statuses?

