

# Case Study

- A man recently discovered he was HIV +, and he comes to the ARV clinic. What would you like to know about him to determine if he should start therapy now?

- Clinical symptoms: He tells you he is fine.
- CD4: 190
- No abnormalities in his hematology nor chemistry labs.
- He says there is nothing that would hinder him from taking the meds well.
- So he qualifies. Ready to start, right?

- Wisely, you probe further!

- Has had some weight loss but is unable to quantify it, chronic cough, mild respiratory distress that leaves him breathless if he is exerting himself, but fine if he is just sitting down.
- He has not been admitted before.
- He doesn't know if he has had fever since he does not have a thermometer.
- When you ask him about night sweats, he says it is so hot in his home, he's not surprised that he sweats in his sleep.

- When you ask about his wife, “What is your business asking me about my wife? Just give me my medicine and allow me to go.”

- Should the patient be started on ARVs now?

- What would you like to do in the meanwhile?

- The doctor decides to do investigations for TB. He does not give a good effort to produce sputum. Subsequently, smear is negative. CXR is non-diagnostic. TB skin test is non-reactive.
- What do you think about whether or not he has TB?

- In his repeat visits, he has become more approachable as you tell him that you are not trying to be nosy about his family.
- Instead, you want to be able to work with him in trying to determine what potential treatment barriers he may have, since the first time you give him medications is his best opportunity for success.

- He tells you that his wife does not know his HIV status and to his knowledge, she has not tested for HIV.
- She is concerned about his health and the fact that if he continues to decline, he may not be able to work anymore.
- He wants to get better on his own without having to tell her what he did to get better.

- He feels less than a man because he is too tired to have sex and indeed, he is concerned about losing his job.
- His family is coming in town at the beginning of next month and he wants to start therapy now so he will look fine for his family.
- He doesn't want anyone else to know his status since they don't need to know that he's taking the medications.

- What adherence issues would you be concerned about in him?
- What are points that he has brought up that may serve as potential strengths for his adherence?

- After 1 month of counseling, he appears ready to begin ARV therapy. He is on anti-TB meds for the past month, INH, Rifampicin, pyrazinamide and ethambutol.
- What are the benefits to starting ARV while on TB meds? The risks?

- He returns for a visit after 2 months on TB meds. Already, his CD4 count is 260.
- Do you start ARVs on him now? Does he qualify?

- What meds do you start him on?
- What doses?
- What side effects do you warn him about?