

ACCESS TO TREATMENT

ARVs do not destroy HIV

But they can reduce its effects

&

Help a person to live a longer life

- i. ARVs enable a person with HIV to have a better and longer life. But they do not cure a person of HIV.
- ii. ARVs must be taken continuously and correctly for the whole lifetime of a person with HIV.
- iii. Even if a person is taking ARVs and has a very low viral load, they can still infect other people with HIV.

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Emerging Threat

A selection from UN Statement on HIV/AIDS in Pakistan

India, which shares a border with Pakistan, is experiencing a rapidly evolving, multi focal HIV epidemic— in fact, India now has more people living with HIV/AIDS than any other country besides South Africa. Despite this geographic proximity to a South Asian “hot spot”, the available data suggest that HIV infection rates in Pakistan remain low. Reporting the country’s first case in 1987, the National AIDS Control Programme (NACP) of the Government of Pakistan (GOP) reports a cumulative total of 1813 HIV/AIDS cases and an estimated HIV prevalence of 0.1% as of October 2001. However, the reliability of the available data is limited, and actual rates of HIV infection in Pakistan are likely to be much higher than official reports suggest.

Vulnerability and Risk Factors in Pakistan

Many of the factors that contribute to the spread of HIV are inextricably linked to social structures and conditions that shape individual abilities to control exposure to risk of infection in Pakistan. Poverty is a major development concern in Pakistan, and may be an important facilitating factor in the further spread of HIV. The poor suffer not just limitations in income but such limitations also increase the likelihood that those who are most vulnerable are the least able to protect themselves from HIV infection, and, once infected, are the least able to gain access to the health and social support that they need. Gender inequalities may also play a significant role in the further spread of HIV in Pakistan. Pakistani women in general have lower socioeconomic status, less mobility, and less decision-making power than do Pakistani men, all of which contributes to their vulnerability to HIV. Restrictions on mobility often make it very difficult for women to obtain access to health and other social services, including access to basic reproductive health care. Finally, in situations where their decision-making power is restricted, it is unlikely that many Pakistani women are equipped with the skills necessary to negotiate with their partners for safer sexual practices.

Some individuals and groups are especially vulnerable to HIV/AIDS due to their social status, particular behavior patterns, or other special characteristics. Female sex workers and female migrant workers are for the most part unable to negotiate safer sexual practices, are often exploited and abused, and have little recourse due to their marginal social status and because of limited legal protection. Injecting drug users (IDUs) are at a high risk of HIV infection because they often engage in unsafe practices such as the sharing of needles and syringes.

Pakistan’s large population of people under the age of 25 is also vulnerable to HIV, for the same reasons that youth the world over are vulnerable. Curiosity about sex and drugs, negative peer pressure, and economic frustration might all lead young people to engage in behaviors which could lead to HIV infection.

Finally, mobility and migration create conditions in which people become vulnerable to HIV. In Pakistan, it is quite common for men to travel away from their families to find work, either within the country or abroad. This separation from their spouses, families and communities can result in loneliness and isolation, and can lead migrants to engage in unsafe social and sexual practices.

HIV/AIDS IN PAKISTAN:

EPIDEMIOLOGICAL SITUATION OF HIV/AIDS IN PAKISTAN (Jan-Mar) 2004 (NACP) & Dec 2004 SBT,LRH Data AREA WISE DISTRIBUTION OF HIV/AIDS

S.No	Areas	HIV +ive	AIDS Cases	Total
1	*Federal Centers	379	42	421
2	Punjab	416	56	472
3	Sindh	652	85	737
4	NWFP	402	57	459
5	Balochistan	191	12	203
6	AJK	22	04	26
	Total	2062	256	2318

(NACP) & SBT,LRH Data

District Wise HIV POSITIVE Cases of NWFP 1989-June-2004:

S.No	AREA/DISTRICT	HIV Positive Case
1	North Waziristan	27
2	K.Agency	49
3	Karak	1
4	Bannu	19
5	Kohat	37
6	Hangu	17
7	Swat	12
8	Peshawar	12
9	Charsadda	6
10	D.I Khan	3
11	Afghanistan	12
12	South Waziristan	18
13	Ork.Agency	7
14	Mardan	6
15	Swabi	3
16	Dir	4
17	Kh. Agency	6
18	Chitral	2
19	Nowshehra	3
20	Bajawar	3
21	Un.Specified	55
22	Blood Donors	35
23	Islamabad	122
	Total	459

Estimated number of cases			
S.No	Areas	Cases	Prevalence
1	Fedral	569	0.14%
2	Punjab	64,317	0.19%
3	Sindh	10,986	0.08%
4	NWFP	1051	0.01%
5	Balochistan	281	0.01%
6	AJK	776	0.12%
	Total	77980	0.0916 %

UNAIDS & WHO

AGE WISE DISTRIBUTION OF HIV POSITIVE

Age	HIV	Percentage
<04	27	1.33
05-14	14	0.68
15-19	27	1.27
20-29	463	22.47
30-39	636	30.87
40-49	364	17.63
50>	68	3.22
Unknown	463	22.52
Total	2062	100

70.97% of the total HIV carriers are between the age group of 20-49

Source: www.pacpnwfp.gov.pk

The Commitments of Governments in relation to HIV/AIDS care and treatment

Under the heading of 'Global Crisis- Global Action', the United Nations (UN) General Assembly held an unprecedented special session on HIV/AIDS (UNGASS) - the first time the assembly had ever addressed a specific health issue.

The resulting Declaration of Commitment on HIV/AIDS (DOC), signed by all member states of the UN, articulated a comprehensive framework to achieve Millennium Development Goal **#6: "Halting and beginning to reverse the HIV/AIDS epidemic by 2015."**

In relation to HIV/AIDS care and treatment, the governments made explicit pledges to "...make significant progress in implementing comprehensive HIV/AIDS care strategies by 2005."

The full care and treatment commitments governments promised to fulfill by 2003 and 2005 were:

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations, as well as with civil society and the business sector, to *strengthen health-care systems and address factors affecting the provision of HIV-related drugs*, including anti-retroviral drugs, inter alia, affordability and pricing, including differential pricing, and technical and health-care system capacity. Also, in an urgent manner make every effort to provide progressively and in a sustainable manner, the *highest attainable standard of treatment for HIV/AIDS*, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; and to *cooperate constructively in strengthening pharmaceutical policies and practices*, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

56. By 2005, develop *and make significant progress in implementing comprehensive care strategies* to: strengthen family and community-based care, including that provided by the informal sector, and health-care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/AIDS; and improve the capacity and working conditions of health-care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psychosocial care;

57. By 2003, ensure that *national strategies are developed* in order to provide psychosocial care for individuals, families and communities affected by HIV/AIDS;

Treatment

What treatment is possible for a person with HIV?

- A person with HIV can get different kinds of treatment, both for the illnesses caused by HIV and for fighting the virus itself.
- The simplest treatment is to make sure that a person with HIV can always get good food and clean water, as well as good basic care when they are ill. People with HIV need more protein and vitamins in their food than other people. This means having meat, beans, fish and plenty of vegetables and fruit.
- A person with HIV also needs to have good medical treatment for opportunistic illnesses such as TB, skin or chest infections. Prompt treatment for these illnesses can help the immune system to stay stronger for a longer time.
- HIV infection itself can be treated with new drugs. They are called antiretrovirals (ARVs). They reduce the effects of the virus and enable a person to become healthy again but they do not completely cure HIV infection. A person with HIV who gets ARV treatment can live a much longer and healthier life.
- Some medicines for opportunistic infections are cheap and easy to use. They are often provided through home based care, or at clinics or hospitals.
- ARVs and some other medicines are more expensive or difficult to use. They might be provided through special clinics and the person with HIV might need special support to use them.

What is ARV treatment?

- Antiretroviral (ARV) treatment is treatment for HIV infection that includes using drugs that interfere with the way that the HIV virus reproduces in the body.
- ARVs reduce a person's viral load. This means that they reduce the number of viruses in their body.
- ARVs lower the ability of HIV to damage the immune system (the body's natural defence). It means that the immune system can recover its ability to defend a person from attack by other infections, enabling them to stay healthy and live longer.
- ARV treatment must be taken for life. If not, the virus will start to reproduce again and will cause AIDS.

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What difference does ARV treatment make?

- ARVs can bring a person with AIDS back to good health and keep a person with HIV healthy.
- A person who takes ARVs can live a much longer and healthier life than someone who does not.

What types of ARV treatment are there and how are they combined?

- There are three main types of ARV drugs to treat people with HIV. Each one attacks the virus in a different way.
- ARVs work best when different types are used together and when at least three different drugs are used. This is known as combination therapy or highly active antiretroviral therapy (HAART). Using just one or two ARVs for long-term treatment is not usually effective.
- To prevent mother-to-child transmission (PMTCT) of HIV, just one or two types of ARVs can be used for a short time. This protects the baby from becoming infected by its mother's virus during birth. It does not affect the woman's own level of HIV.
- ARV treatment can be given to HIV-positive adults or children.

- The ARVs that are commonly used are listed below. Those marked with * are recommended by the World Health Organisation in their ARV treatment guidelines. Research continues to try to find new and better drugs for ARV treatment.

Types of ARVs	<i>Names of drugs</i>
Nucleoside/Nucleotide analogues also called Nucleoside/ Nucleotide Reverse Transcriptase Inhibitors (NRTIs)	Abacavir (ABC)* Didanosine (ddI)* Lamivudine (3TC)* Stavudine (d4T)* Tenofovir* Zidovudine (AZT)* Zalcitabine (ddC)
Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs)	Delavirdine (DLV) Efavirenz (EFV)* Nevirapine (NVP)*
Protease Inhibitors (PIs)	Amprenavir Indinavir (IDV)* Lopinavir (LPV)* Nelfinavir (NFV)* Ritonavir (r)* Saquinavir (SQV)*

When does a person need ARV treatment?

- ARV treatment usually starts only when HIV has damaged a person's immune system.
- A doctor can find out what is happening to the immune system of a person with HIV by carefully examining them and checking for any illnesses or problems.
- Special blood tests can be used. Depending on the level of resources, these include:
 - Tests for anaemia and white blood cells.
 - A CD4 test. This shows how much damage HIV has done to the immune system and guides the doctor about when to start treatment.
 - A viral load test. This shows how much HIV virus is in the body.

How is ARV treatment used?

- ARV medicines are usually tablets, capsules or, sometimes, liquids. These are taken by mouth.
- Some ARVs must be taken when the stomach is empty, but others only after eating some food.
- ARVs must be taken at specific times each day. This is because the amount of drug in the body must remain at the same level all of the time.
- ARVs do not cure HIV. So, treatment must continue every day for the rest of a person's life – this is called adherence to treatment. Prevention must also continue every day for the rest of a person's life.
- This is a big commitment. So, a person with HIV and their doctor must work together to identify which drugs fit in best with their life. They must also make sure that the person's condition is regularly monitored - to check if the treatment is working and that any side effects are managed properly.

What is adherence to ARV treatment?

- Adherence means taking doses of drugs and sticking to the treatment plan exactly as prescribed. It means taking the correct amount of drugs, at the correct time and in the correct way.
- At least 95% adherence is needed for ARVs to work effectively. Missing even a few doses can cause treatment to fail, opportunistic infections (OIs) or drug resistance to start.
- Adherence is especially difficult if people are isolated, depressed, forgetful or worrying too much about the effects of their medication.
- A person with HIV should work with their doctor, pharmacist and treatment supporters to find ways to help with adherence. These might include: getting support from family and friends; having regular check ups; getting prompt help with side effects; and being able to talk to others who take ARVs.

What are the side effects of ARVs?

- Side effects are the unintended effects of a drug.
- Different ARVs cause different side effects. Not all of them are experienced by all people.
- Some side effects – usually nausea, diarrhoea or tiredness – may appear soon after a person starts taking ARVs. However, they often do not last long and treatment can continue without problems.
- Other ARV side effects include skin rash, dry skin, chapped lips, insomnia, sexual problems, mood changes and difficulties in moving or walking.
- Some long-term side effects can be very serious. They may appear mild at first, but can indicate major problems. These include peripheral neuropathy, liver damage and lipodystrophy.
- It is vital to ensure a person knows about possible side effects *before* he or she starts to take ARVs.
- There are many different ways to manage side effects. However, if they are severe, a person's doctor might decide to change their treatment.

Can a person use alcohol, tobacco or other drugs when taking ARV treatment?

- ARVs and many other substances affect each other in different ways. These include prescription drugs, other medicines (cough remedies, pain killers, and vitamins), alcohol, tobacco, cannabis, and narcotics.
- A person who is prescribed ARVs must tell their doctor or pharmacist what else they are taking.
- Some substances will have no effect on a person's ARV treatment, but others might change the effectiveness of the drugs. A person might have to change or stop using substances that interfere with ARVs, especially if the liver is not working well.

Is drug resistance a problem with ARV treatment?

- Drug resistance happens when the HIV virus changes so that a particular drug cannot attack it.
- When this happens, ARVs can become ineffective; then a person's viral load increases and the immune system starts to get damaged again.
- Drug resistance happens much more easily if a few ARV doses are missed or taken at the wrong time.
- If a person's treatment fails, the doctor will try to change to a different type of HAART. This might mean having more complicated & expensive treatment with up to 4 or 5 drugs.
- A person with drug-resistant HIV can pass it on to others, meaning they too will need special HAART.

Essential points about ARV treatment
<ul style="list-style-type: none">• ARVs enable a person with HIV to have a better and longer life. But they do not cure a person of HIV.• ARVs must be taken continuously and correctly for the whole lifetime of a person with HIV.• Even if a person is taking ARVs and has a very low viral load, they can still infect other people with HIV.

Living with a chronic condition

What is a chronic condition?

- A chronic condition is a health problem that continues for a long time.
- Chronic conditions include many different types of illness, such as diabetes, high blood pressure, cancer, disabilities, or long-term infections that are not yet possible to cure, such as HIV.
- If treatment is required for a chronic condition, it is often long-term and continuous. Extra treatment might be necessary from time to time if problems arise or the condition gets worse.

How does ARV treatment affect a person's ability to live with HIV/AIDS?

- ARV treatment (ART) is a long-term (life-long) treatment for HIV infection.
- Without ART, many people have thought that being HIV positive is a death sentence. When people have ART, they must adapt to *living with HIV* rather than *dying from AIDS*. They live with a chronic condition.
- ART brings new challenges for people with HIV and for those who provide them with care, support and prevention. Treatment gives renewed health and a realistic possibility to resume family life, relationships, work and other activities. But the person using ART also faces many practical, psychological and social challenges in achieving these goals.
- Challenges of living with chronic conditions such as HIV can include: concern about symptoms of HIV or other illnesses; organising daily life in order to adhere correctly to treatment; dealing with isolation uncertainty, or lack of control; depression or feeling vulnerable; dealing with stigma, returning to work and building relationships when health improves.

Emotional and mental issues

- ART is not a cure for HIV/AIDS, but it helps people to become well and to live much longer. Living with HIV is not the same as dying from AIDS, but person on ART still has to live with uncertainty about how long they might survive and how life might go ahead.
- A person who starts ART might have lost friends or relatives to AIDS and might also have suffered the effects of stigma, such as losing a job or home. So they might be grieving or feel discouraged. This makes it difficult to start a new life, to rebuild relationships or to concentrate on using treatment properly in order to become well again.
- A person is likely therefore to need support to reduce depression and increase optimism. This can increase their determination and energy to adapt to living with a chronic condition and make plans for the future.
- A person's attitudes and beliefs about illness and medicines will also affect how they cope with long-term medication. It is helpful to find out what a person thinks about their treatment, to make sure they have the information they need and to encourage them to be committed to it.

Personal and social relationships

- A person who is lonely or is cut off from relationships with others will find it much harder to continue with long-term ARV treatment and to achieve the high level of adherence that makes treatment successful
- When a person on treatment starts to recover from illness, they will want to rebuild relationships, to develop new ones. It is helpful to provide some opportunities for them to meet other people with HIV and on ART, and to develop support networks such as self-help groups, family and friends.
- A person who has been ill for some time might have lost interest in sex and relationships.

However, after some time on ART, most people start to have sexual feelings again. It is therefore important that they know about prevention of HIV transmission and sexually transmitted infections, and what to do if they think they want to have children.

- The needs of those providing support to the person on ART should also be addressed. Friends and family should have access to accurate information and supportive counselling
- Stigma, fear, discrimination and violence can cause serious problems for people living with HIV and trying to adhere to ART. This affects both men and women, but women are especially likely to suffer isolation and rejection if it is known that they are positive and have to take ARVs.
- Fear and stigma make it difficult for many HIV positive people to disclose their status to others. A person must overcome fear in order to get an HIV test and, if positive, take steps to deal with the result. When a person starts ART, it will be much easier to adhere if there is at least one other person who knows the situation and can support them.
- It is important to explore stigma and disclosure with persons on ART. They might need help in telling another person, such as a friend, family member or colleague. They might also need help to deal with any self-stigma, stigma from others, violence or discrimination.
- Removing stigma helps treatment and care for people with HIV to be effective. When communities see that ART makes a visible difference to the effects of HIV/AIDS, this will help to reduce stigma even further. It must be tackled in the community, at work, in religious groups and in health services. It is important to challenge people's attitudes and ensure that clear and accurate information is shared in order to get rid of ignorance and prejudice.

Managing ARV treatment

- The most important person involved in the management of ARV treatment is the person who is using it. As well as knowing how to use their treatment, a person might also have worries about how to cope with lifelong medication, or about drug side effects, risks of drug resistance and running out of treatment options
- Long-term treatment needs to fit into daily routines along with work, relationships, sleep, eating, education and leisure. A person must therefore have a definite and realistic care plan that enables them to achieve good adherence to ART. This should be worked out with the health care worker and anyone else who is providing adherence support
- A good relationship is essential between the treatment provider and the person with chronic illness, who is often an expert about their own condition.
- A person also needs accurate and sufficient information about their illness and treatment, so that they can be more in control of their situation and will know what to do if something is going wrong.
- If treatment for other illnesses is necessary at the same time as ART, it might be necessary to check the treatment plan and provide extra support and information

Recovering and maintaining health

- As well as taking ART, a person can also contribute to their recovery and continuing health in several practical ways, often called "positive living".
- This positive approach will support the recovery of the immune system and reduction of viral load. It will also help the person to feel well and become active much sooner.
- A person can recover and stay well by:
 - Eating a balanced diet as far as possible (people with HIV need extra protein, such as beans or fish)
 - Keeping themselves and their environment clean, to reduce any risks of infection
 - Getting prompt help for any medical problems and using any medicines correctly
 - Avoiding substances that can cause health problems or interact with ART or other treatments; for example, smoking damages the lungs and using too much alcohol damages the liver.

- Developing and keeping good, supportive relationships with others
- Finding ways to reduce stress, such as getting enough sleep, exercise, meditation or spiritual activities
- A person should also help others to avoid HIV infection and prevent him or her self from re-infection with HIV

Meeting material needs

- In order to achieve the goals of positive living and coping with chronic HIV and ART, a person's basic material needs must be met. This includes their needs for adequate food, water and shelter.
- While a person is ill, they will also need basic nursing or home care until they can take care of themselves.
- If a person is living with family or others who have a close relationship with them, it will be important also to ensure that their basic needs are met and that resources are shared fairly.
- When assessing the costs of living with ART, it is important to include not only any costs of medication or laboratory tests, but also the costs of food to support recovery from illness, transport to get to clinics and other services, and other needs for daily living.

Responding to the Epidemic in Pakistan

South Asia stands at what epidemiologists call the 'tipping point' in the trajectory of disease," said UNICEF Executive Director Carol Bellamy at a meeting of South Asian governments on HIV/AIDS in Kathmandu in February 2003.

A host of indicators point to the very real possibility of a catastrophic HIV/AIDS epidemic in Asia and the Pacific. In 2003 nearly half a million people in the region died of AIDS and more than one million were newly infected with HIV, bringing the total number living with HIV/AIDS in Asia and the Pacific to 7.4 million. India will soon surpass South Africa as the country with the most HIV/AIDS cases in the world.

Hidden epidemic:

The crucial question for Pakistan remains its vulnerability to a widespread heterosexual HIV epidemic.

We have witnessed the dreadful consequences of inaction on AIDS in sub-Saharan Africa. While some governments in Asia are stepping up their HIV prevention efforts, the response to HIV/AIDS in the region must be commensurate with the scale of the threat. A comprehensive response should include treatment and prevention, care, research, education, and training and must involve cooperation and partnership between the public and private sectors.

Fewer than 100,000 people are currently on antiretroviral treatment in Asia and the Pacific—less than one percent of those living with HIV/AIDS. However, reductions in the price of HIV/AIDS treatments, the increasing availability of generic versions of some drugs, and an influx of financial support for treatment programs from the international community have paved the way for greatly expanded access to antiretroviral therapy across the region.

But, as has been made clear in Africa, access to treatment is just one of the many challenges to be faced in trying to extend the benefits of HIV/AIDS therapeutics to populations in the developing world. Misuse of antiretrovirals could accelerate the development of drug-resistant strains of HIV, and as access to treatment spreads across the region, the complexities of medical management will only increase, underscoring the need for specialized education and training programs.

WHAT TO DO?

1. *Education and Training*

- To provide a critical foundation for expanding health care training activities.
- To develop a standardized curriculum for health care workers
- To provide training sessions and updates as new therapies become available
- Community-based treatment literacy programs for people living with HIV/AIDS

2. *Communications and Policy*

- To share information on HIV/AIDS.
- To bring together governments, health care providers, and civil society to develop policy initiatives.

3. *Strengthening Civil Society*

- *More* effective delivery of antiretroviral treatment requires the active participation of civil society, including organizations representing people living with HIV/AIDS.
- To strengthen the understanding of treatment among affected communities, endowing them with the tools to empower and educate patients on local, and national levels.

ARV Center- Hayatabad Medical Center Peshawar

NWFP AIDS Control program (Government of North West Frontier Province of Pakistan) under World Bank Project to Government of NWFP

- Center established on: 1st October 2005
- 1st screening 2nd October 2005
- Treatment Started: December 2005

Role of Provincial Aids Control Program:

- Medicines Support
- Counseling facility – Hired a Person (counselor)
- Logistics support
 - Computer
 - Furniture
 - Stationary

Hayatabad Medical Complex support:

- Space
- Staff (1 Doctor and 2 Nurses)
- Test/Screening facility

Services provided by the Center:

- Counseling
- Medications
- Admission (In-door patients)
- Screening
- For CD4 test referring to PIMS (Pakistan Institute of Medical Sciences Islamabad)
- Free Medicines/ Condoms

Number of Patients visited the Center:

Male: 43
Female: 24
Male child: 2
Female child: 1
Pregnant woman treated: 1

Patients on regular Medication: 25

Medicines available:

lamivudine
zidovudine
nevirapine
Stavudine
Efavirenz

NEEDS/Requirements:

- CD4 Testing facility
- Other Testing i.e FBC with ESC, LFT, RFTS , CHEST Ex-Ray , Urine R/E , RBS facilities.
- Medical Doctor having expertise in the field of HIV/AIDS
- Awareness Material/Information

Staff

Female: 2 (Nurses)
Male: 3 (Physician, Councilor, Statistical Officer)

The 25 Things list

25

Do not eat raw meat, raw fish, or raw eggs. These foods can make you sick.

24

Take a multivitamin and a high-potency supplement of B complex vitamins everyday.

23

If you've never had [hepatitis](#) A or B, ask your doctor about getting vaccinated against them.

22

Regular dental care is crucial. See a dentist twice a year. The first signs that your HIV infection is getting worse often appear in the mouth.

21

See your doctor every 3 months. This will allow your doctor to track changes in your viral load and T cell count.

20

It's important to avoid activation of the immune system. Treat any non-HIV illnesses you experience as soon as possible. These illnesses activate the immune system.

19

HIV-infected women need a pap smear every 6 months. Pap smears can detect cervical cancer.

18

If you're feeling fatigued ask your doctor about anemia or low hormone levels.

17

If you are experiencing unexpected, unwanted weight loss, consider treatment for wasting.

16

If you have more than 200 T cells, get a Pneumovax every 5 years. Pneumovax is a vaccine against bacterial pneumonia.

15

Even if you are HIV positive, your baby does not have to be. Transmission of HIV from mother to child is almost always preventable.

14

Seek prompt medical attention for [pancreatitis](#), [lactic acidosis](#), [Stevens Johnson syndrome](#), and [Ziagen hypersensitivity](#). HIV medications can cause these conditions. Left untreated, these conditions can be fatal.

13

T cell count measures the health of the immune system, and it tells you more about your health than viral load. The [CD4 T cell percentage](#) is a more stable indicator of immune health than the

absolute CD4 T cell count.

12

Viral load usually, but not always, indicates the speed at which HIV disease will progress. Generally, the higher your viral load, the greater your risk of getting sick. If your viral load is less than 5,000, your chances of getting sick are very small.

11

Learn to recognize the signs of HIV- related cancers such as [Kaposi's Sarcoma](#) or [non-Hodgkin's Lymphoma](#). The sooner cancer is recognized and treated, the better.

10

Never take a regimen of only 1 HIV medication. Most of the time it takes 3 or more medications to suppress HIV. Sometimes a pill has more than 1 medication, like Combivir or Trizivir.

9

An HIV regimen has two parts: the “**anchor**” and the “**background**.” Use one of the following as an “**anchor**”:

Sustiva	Kaletra
Atazanavir (+ Norvir)	Lexiva (+ Norvir)
Crixivan + Norvir	Viramune
Invirase + Norvir	Viracept
	Fuzeon (injection only)

For “**background**,” use one of the following combinations:

Ziagen + Efavirenz (Epzicom)	Emtriva + Viread (Truvada)
Retrovir + Efavirenz (Combivir)	Emtriva + Videx
Efavirenz + Videx	Emtriva + Retrovir
Retrovir + Viread	Retrovir + Videx
Emtriva + Zerit*	Efavirenz + Zerit*
Efavirenz + Viread	Ziagen + Emtriva

****Higher incidence of fat wasting is associated with Zerit.***

The following combinations are **NOT** recommended:

Retrovir + Zerit	Zerit + Videx
Efavirenz + Emtriva	Ziagen + Viread
Videx + Viread	

Your doctor will help you choose based on your treatment history and your feelings about side effects and food restrictions.

Note: Other combinations of medications are possible. Talk with your doctor about what options are best for you.

- 8 If your viral load is greater than 100,000, avoid Viracept or Ziagen as the “anchor” medication in your regimen. On the other hand, if this is your first regimen and your viral load is less than 50,000, one of these drugs may be a good choice for you.
- 7 Take every dose of every medication everyday, on time. If you can’t do this, stop taking all of your HIV medications. Skipping doses of your medication does more harm than good.
- 6 Do not take any medication or supplement, whether over-the-counter or by prescription, without making sure there is no interaction with your HIV medications. Some interactions can be fatal.
- 5 Eye care is important. If you experience “floaters” or any changes in vision call your doctor immediately. Some conditions such as [CMV](#) left untreated can cause blindness.
- 4 If your T cell count is less than 250, or if you have night sweats and fever, consider taking HIV medications. They may save your life.
- 3 If your T cell count is less than 200, take medication to prevent [PCP](#), a pneumonia that can kill you.
- 2 If your T cell count is less than 50 cells, take medication to prevent [MAC](#), a bacterial infection that can kill you.
- 1 Choose a doctor with experience in the treatment of HIV/AIDS. The more experience, the better. This is the most important decision you can make.

Keeping up with information about managing HIV disease can be challenging. The *25 Things* list, which is compiled from The CFA's resources and knowledge, will help you stay aware and healthy.

Definitions used in the 25 Things list above...

Ziagen hypersensitivity is a dangerous allergic reaction characterized by skin rash, fever, nausea, fatigue, and sometimes breathing problems.

CD4 T cell percentage refers to the percentage of lymphocytes that are positive for the CD4 marker. It may appear on a lab report as “% CD4 Pos Lymph.” A change in the CD4 percentage of 3 or more points is significant.

CMV stands for cytomegalovirus, a herpes virus that can infect the eye and other parts of the body.

Hepatitis is inflammation of the liver, whatever the cause. Symptoms include poor appetite, nausea, vomiting, and fever. The urine may become dark and the skin and eyes may become yellow.

Skin lesions caused by **Kaposi's sarcoma** appear as violet patches and are often found on the soles of the feet, roof of the mouth, or tip of the nose.

Lactic acidosis is a buildup of lactic acid in the blood, whatever the cause. Symptoms include nausea, vomiting, and rapid breathing.

MAC stands for *Mycobacterium avium* complex, which is also known as MAI, or Mycobacterium intracellulare. This is the most common bacterial opportunistic infection associated with HIV.

Symptoms of **non-Hodgkin's lymphoma** include enlarged nodes, loss of appetite, trouble breathing, weight loss, dark patches on the skin, fever, and night sweats.

Pancreatitis is inflammation of the pancreas, whatever the cause. Symptoms include severe pain in the upper mid-abdomen and fever.

PCP stands for *Pneumocystis carinii* pneumonia, the most common AIDS-associated type of pneumonia.

Stevens Johnson syndrome is a severe rash affecting the mucuous membranes, including the lining of the mouth or the vagina.

References

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- vii. The CFA's resources and Knowledge