

HIV/AIDS: Various Issues Explored

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In this special issue of the Journal on the Human Immunodeficiency Virus (HIV), there are various articles dealing mostly with HIV in the adult and covering a varied spectrum.

There has been a long standing debate on whether male circumcision is beneficial in the prevention of HIV. In this issue, Duncan (1) explores the benefits and calls for discussion among health professionals in the Caribbean on this topic. It is important that males be made aware of any proven advantages which circumcision may afford so that they could make an informed decision. Figueroa and Jones-Cooper (2) described the attitudes of attendees at a Sexually Transmitted Infection Clinic on circumcision. They found that knowledge of circumcision and its benefits were limited among these clinic attendees and when attendees were told that it could reduce the risk of HIV-infection, more females than males were in favour of the procedure.

Gomez and Alexis-Thomas (3) explored the views and opinions of leaders of the faith-base community in Grenada on the prevalence of HIV-AIDS and beliefs and attitudes towards persons with HIV-AIDS. The perceptions of HIV-AIDS were embedded in a socio-political-cultural context. The leaders identified risk behaviours associated with HIV/AIDS which were in direct contradiction to their beliefs and teachings. However, the faith-base community can be an effective partner in the prevention of HIV/AIDS and in overcoming the stigma and discrimination associated with it.

Bah'him *et al* (4) explored the factors associated with pregnancies in HIV-positive women in a prevention of mother-to-child transmission programme in Botswana. Significant associations between decision-making and pregnancies were related to the partners' desire for parenthood, the age difference between patient and partner (84% of partners were older) and the use of condoms. Pregnancy was common in patients who had known their HIV status for more than a year. The authors opined that the sexual practice of these mothers may constitute a serious health risk to child, partner and the general population.

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Depression is an important determinant of human disease and clinical depression is a frequently observed psychiatric disorder in patients with HIV-infection. In this issue of the Journal, Clarke *et al* (5), Lipps *et al* (6) and De La Haye *et al* (7) looked at depression in HIV/AIDS patients at clinics in Kingston and explored the reliability and validity of measures of depression, respectively. Clarke *et al* found, using a Patient Health Questionnaire (PHQ-9) which was validated for detection of depression in primary care settings, a high prevalence of depression among clinic attendees at a HIV/AIDS clinic. Lipps *et al* validated the Beck Depression Inventory II instrument to assess depression in a sample of HIV/AIDS patients. The instrument was found to have good concurrent validity and acceptable discriminant validity. De La Haye *et al* (7) found that HIV-infected patients, especially female patients, may be at increased risk of experiencing high levels of depressive symptoms. They recommended that HIV-infected patients be routinely screened for depression especially cognitive affective symptoms of depression.

Byam *et al* (8) determined the prevalence and antibiotic susceptibilities of bacterial pathogens causing urinary tract infections in HIV-infected Jamaican children from The Kingston Paediatric/Perinatal HIV/AIDS (KPAIDS) programme. The majority of Gram-negative organisms were resistant to cotrimoxazole and ampicillin. Most Gram-positive isolates were also resistant to cotrimoxazole but the majority were sensitive to ampicillin-clavulanate. Cotrimoxazole was thus a poor empiric choice for treatment of urinary tract infections in this setting. Barrow *et al* (9), in their analysis of three opportunistic infections (toxoplasma encephalitis, cryptococcal meningitis and *Pneumocystis jirovecii* pneumonia) concluded that earlier entry of HIV-infected patients to treatment facilities and the use of Highly Active Antiretroviral Therapy (HAART) can reduce the impact of infections and improve quality of life.

Poor adherence to antiretroviral therapy has resulted in multidrug resistant HIV and Duke *et al* (10), in an analysis of resistance testing in South Trinidad, revealed K103, M184 mutations and possibly K65R mutations. There was reduced activity to protease inhibitors and there may be reduced activity to drugs in the Non-nucleoside Reverse Transcriptase Inhibitor (NNRTI) class. It is thus important to have adequate salvage therapy.

The HIV transmission in the Caribbean is largely by heterosexual contact. There are disparities in HIV infection

rates between males and females and it has been posited that the cause of this, in Jamaica, is the sexual encounters between adolescent girls and older men. In this issue, Wood (11) investigated HIV-related sexual risk behaviours among late adolescent Jamaican girls and examined whether having an age-discordant male sexual partner was associated with a decrease in condom use at last coitus. Wood concluded that sexual relationships with older male partners and late adolescent girls were common and the girls were at risk from unprotected coitus and a partner with multiple sexual partners. This area requires prevention efforts from clinicians and public health professionals.

Duncan *et al* (12), in a 20-year review of the socio-demographics and clinical presentation of HIV in Jamaica concluded that while HIV testing and treatment programmes have improved timely diagnosis and reduced morbidity, there should be new strategies to target men and older persons that are diagnosed late. They called for a strengthening of surveillance systems.

Migrant populations are at risk for HIV infection and in China it is believed that many of the HIV-infected population is among the 100 million rural to urban migrants. Li *et al* (13) explored, in the article in this issue, the HIV/AIDS related knowledge, attitude and behaviour among migrant peasants workers in an inland city in central China. The majority of respondents had a low level of overall HIV/AIDS knowledge and its prevention, poor understanding of what constituted risky behaviour and low acceptance of HIV-infected persons. This calls for a sensitive and specific educational programme for these migrant workers.

From Nigeria, Etukumana *et al* (14) reported on specific risky behaviour and practices that promote the spread of HIV/AIDS to pregnant women. They found that HIV-infection was independently associated with suspecting a partner of having extramarital sex, post primary education, multiple sexual partners and cigarette smoking by a partner. 'Promoting Abstinence, Be faithful and Condom use' (ABC) may reduce risky behaviour and infection, they argued.

Philip-Ephraim *et al* (15) reminded us that older persons are sexually active. Midlife and older adults need to be advised on protection against HIV. Post-menopausal women may not see the need for condom use when there is no longer the risk of pregnancy. The study established that while there was awareness of HIV/AIDS transmission and prevention among this segment of the population, myth and cultural beliefs were very strong. Organizations must target this group for health education aimed at promoting safe sexual practices.

Gibson *et al* (16), in reviewing data on patients with Central Nervous System (CNS) disorders who had a HIV test done, cautioned physicians to have a high index of suspicion for HIV infection in patients with a CNS infection.

There has been a significant reduction in morbidity and mortality associated with infection since the introduction of

HAART. Clarke *et al* (17), using CD₄ cell counts, reviewed the response to first line HAART in treatment naive patients at the University Hospital of the West Indies (UHWI). The treatment outcomes achieved in this study were similar to those achieved in developed countries. There is a low disclosure rate among HIV clinic attendees at the UHWI and Clarke *et al* (18) highlighted in their article the need to develop prevention interventions focussing on de-stigmatization for both infected and non-infected persons.

Stefanidou *et al* (19) in their case report on the death of a HIV-infected homosexual from Greece advised that clinicians, community leaders, as well as the gay press should discourage the use of nitrite inhalants especially if used simultaneously with phosphodiesterase type 5 inhibitors during sexual encounters. Finally, Clarke *et al* (20) in a letter to the editor reported on spinal tuberculosis in a HIV-positive man and highlighted investigation and treatment protocol.

This compilation of articles gives a broad view of some of the psychosocial and clinical aspects of HIV in the Caribbean and other countries *eg* Nigeria, Botswana, China and Greece.

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