AIDS For All by 2000 AD?

SIMI S.

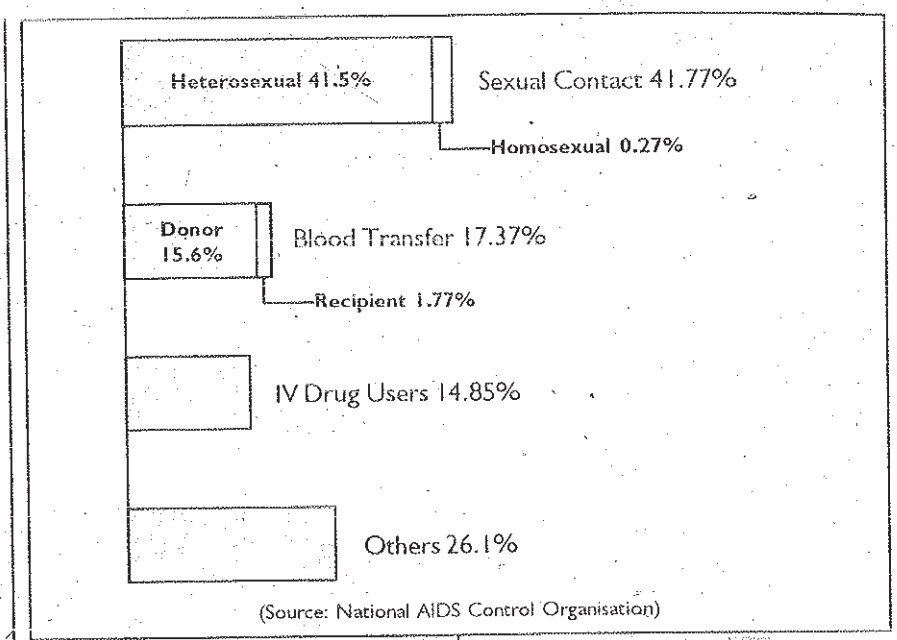
Definition

AIDS is the clinically overt end stage manifestation of a prolonged infection with HIV and it has major medical, psycho-social and financial ramifications.

Epidemiology

AIDS was first recognised in homosexual men and in persons who abused drugs intravenously. First recognised in 1981 in USA HIV infection had affected five to ten million people as per the statistics in 1993. The situation is much worse now. Several million individuals throughout the world are now infected by HIV; of these a large population (30-50%) is expected to die within 5-10 years. Due to the high case fatality rate, its major impact on health and society, and the non-availability of specific treatment, AIDS pandemic has become one of the serious health problems of this century. India is at the early stages of this pandemic. The rate of rise in India in the late 1980s and early 1990s had been similar to that of sub-Saharan Africa. In some of the most affected cities 75% of the hospitals beds were occupied by AIDS patients and by the year 2000, it is estimated that 10-15 million children will be orphaned as one or both parents die of AIDS. The seropositivity rates are doubling every year in India. This is exemplified by the gradual ballooning of the values (2.5/1000 in 1986; 5.23/1000 in 1991; 8/1000 according to the 1993 data). The Bombay-based Centre for AIDS Research and Control (CARC) estimates that there were at least 50000 full blown cases by 1995.

The WHO had estimated that a cumulative total of 10-12 million adults (6-7 million men and 4-5 million women) and one million children around the world had been infected with HIV till 1993. Of these nearly 1.7 million have already progressed to AIDS and majority were dead. WHO projected that by the year 2000 a total of 30-40 million men, women and children were to be infected with HIV and there were to be over one million adult AIDS cases and deaths a year, majority of the deaths in developing countries.



Aetiology

The causative agent is HIV (Human Inmmunodeficiency Virus). Of the two types, HIV 1 and HIV 2, the fatal disease is caused by HIV 1. HIV virus belongs to a family of RNA viruses known as retrovirus, in the lenti virus sub-family.

Transmission

Most cases of AIDS occur between ages of 20 and 49, the period of maximum sexual activity.

Mode of Transmission

Sexual Contact (Homo/Hetero)

Transfusion of infected blood or blood products

Drug abusers, intravenous

Exposure to blood contaminated needle

Perinatal infection

STDs

Breast milk

HIV does not spread through (a) Daily contact at work places, in school or at home; (b) Direct contact; (c) Airborne route; (d) Casual contact; (e) Sneezing, coughing or spitting; (f) Nosocomial route

98% of AIDS persons belong to any of the following groups: 1. Sexu-

Ms. Simi S. is Nsg. Tutor, Elite Mission School of Nursing, Korrenchery, P.O. Trichur. This article was awarded special prize at Trichur Medical College on AIDS Day (Dec. 1993), Kerala

It would be worthwhile to have a Bio-Psycho-Social perspective in assessing the HIV symptoms/signs/investigations.

Bio	Symptoms	Signs	Anciliary Data
GI	Anorexia, Weight Loss, Dysphagia, White patches in mouth	Cachexia Diarrhoea Weight Loss	
SKIN	Rash, Purple	Leukoplakia Herpes Simplex Kaposi's Sarcoma	
General	Swollen glands Arthralgias Myalgias	Lymphadenopathy Sweating Fever	Anaemia Leukopenia Lymphopenia
Neurologic	Weakness, Loss of Vision, Unsteady Gait	Paraparesis Cotton Wool Retinal Exudates Ataxia Urinary and faecal incontinence	EEG slowing CT scan changes MRI changes
Psycho			
Affectivity and Mood	Anxiety Mood swings Withdrawal Sadness, Suicidal Ideas/attempts Guilt, anger loss of libido	Apathy Lasile effect Depression Agitation Hostility	Lack of response to usual treatment for depression such as therapy and anti-depressants
Thought Content Cognition	Suspicious Forgetfulness Confusion Lack of concentration	Paranoid delusions Impaired Memory Disorientation Perseveration Impaired intellectual functioning	MRI and CT changes EEG slowing Neuropsychological abnormalities
Social			
Social & Historical	Risk behaviour, absence of family history of affective disorder and/ or alcoholism, recent losses, recent stresses PX		

ally active homosexual or bisexual men; 2. Present or past abusers of intravenous drugs; 3. Patients who have had transfusion with blood or blood products; 4. Persons with Haemophilia or other coagulative disorders; 5. Heterosexuals who have had sexual contact with someone with AIDS or at risk for AIDS; 6. Infants born to infected mothers

Clinical Features

The CDS (Centre for Disease Control) classification system divides HIV infection into four mutually exclusive groups numbered I to IV based on the chronology.

Group 1: Acute infection. Group II: Persistent or chronic generalised lymphadenopathy. Group III: Asymptomatic infection. Group IV: Other diseases. 1. Chronic constitutional disease. 2. Neurologic disease, 3. Specified secondary infectious diseases, 4. Specified secondary infectious cancers, 5. Other conditions.

Psychiatric Aspects

1. Primarily related to HIV pathology: a. Organic mental disorders: dementia, delirium, delusional disorder, organic mood disorder, b. Secondary to the disease: depression, anxiety, phobia, panic attacks, adjustment disorder.

2. Psychiatric problems not due to HIV infection, but due to the anxiety or fear of the disease (Worried-Well Syndrome): AIDS phobia, factitious AIDS, panic attacks, malingering AIDS.

3. Psycho-social impact.

Investigations

1. ELISA Test: Popular initial serological test. 2. Wester Blot Test: Confirmatory.

Treatment

1. No specific treatment. 2. No vaccine, although very recently a vaccine is supposed to have come out. 3. Health Education and Psycho-Social interventions.

Prevention and Control

Control of HIV infection has become a Public Health priority in many countries of the world. With no treatment available and no vaccine, no insight for the near future, primary prevention is the only tool to control HIV infection and AIDS.

Goals and Objectives of a Multidisciplinary AIDS Programme

Goals: 1. To improve the care of the person with AIDS by means of Bio-Psycho-Social approach. 2. To improve communication and diminish alienation and expandability by means of multidisciplinary team approach. 3. To provide ongoing programmes of education for persons with AIDS and families, hospital staff and the community. 4. To provide programmes of risk reduction for individuals, schools and community organisations. 5. To

Specific Areas of Prevention

Areas	*Objectives*
1. Sexual Transmission	Health education for changing sexual behaviour: Limiting the number of sex partners, avoiding unsafe sex practices, use of condoms
2. Parenteral Transmission	Screen for HIV antibody. Give blood transfusions only when absolutely necessary. Use of sterilised needles, if possible disposable needles.
3. Perinatal Transmission	Counselling on Contraception, health education

prevent the transmission and discrimination of HIV.

Enabling Objectives

1. Identification of volunteers from all areas of the hospital. 2. Formation of a multidisciplinary team. 3. Development of a comprehensive programme: Clinical care of patients, Staff education, faculty development, Liaison with outside agencies, Research. 4. Development of methods to provide comprehensive care. 5. Development of educational programmes for people with AIDS. 6. Educational programmes of risk reduction for drug users. 7. Community programmes of education and risk reduction: for schools, and community organisations. 8. Integration of inpatient and outpatient care: Home care, home visits coordination of community services.

Health Education is one of the main steps in preventing HIV infection. "The single most important component of National AIDS Programme is information and education because HIV transmission can be prevented through informed and responsible behaviour." To attain the goal of interrupting disease transmission, AIDS education must increase public understanding of the technical questions and human rights issues.

General Guidelines for Health Care Setting

1. Use of sterilised needles, if possible disposable needles. 2. Infected wastes like needles, liquid wastes such as blood, suction fluids, solid wastes like dressings, should be disposed off. Linen soiled with blood or other body fluids should be thrown out in leak proof bags. 3. While handling soiled linen, Lab specimens, gloves should be worn. 4. Working surfaces should be covered with non-penetrative material like plastic film. 5. Specimen should be carefully disposed off by pouring them down a drain connected to a sewer. Sodium Hypochlorite 0.5% can be used as a disinfectant before disposal.

Conclusion

The most distressing, disabling and devilish disease of this century, AIDS, is almost like a time bomb ready to explode furiously at any time. Unless and until health professionals take a keen interest in diagnosing, educating and exploring new modalities of treatment, this century will have the most tragic result. What can be offered presently is only packages of preventive measures, psycho-social interventions and possible management of co-existing infections. Anyway, the watchword "Prevention" is often spelt to be better than "Cure". Let us pray for an era by 2000 wherein this dreaded virus can be bridled.

Major References

1. L. Eisenburg (1989) 'Health Education & AIDS Epidemic'. *British Journal of Psychiatry*, 154-164.

2. M.A.A. Cohen (1992). A Biopsychosocial Approach to HIV epidemic. *Hospital Community Psychiatry*, 94-110.

3. L. Frunkin & J. Leonard (1987) *Questions and Answers on AIDS*, Elisabeth Kubler Ross, Avon Books, New York

4. 'AIDS: The Growing Problem in South East Asia', (1992) WHO Information Kit.

5. AIDS and Health Workers, Part I (1993), Fiona Plus, ed. By Bimal Charles

6. AIDS and Health Workers, Part II (1993), Fiona Plus, 29 ed by Bimal Charles.

7. WHO Library Catalogin Publication Data: *AIDS in Africa: A Manual for Physicians*, pp. 1-222.

8. The Indian Face of AIDS. *India Today* (1992), pp. 92-112.

UNCLAIMED JOURNALS

We have been informed that a large number of copies of the NJI are accumulating in the Nursing offices and Nurses' Hostels of many institutions. We request the Chief Nursing Officers, Nursing Superintendents, Principals, Tutors and other members to kindly return the unclaimed copies of NJI to us if the addresses of the members who left the institutions are not known.

We shall be grateful if you would give us the TNAI numbers, names and address if available of those recipients of the NJI who have left your institution. This will help us to update our list and economise on the printing of the NJI

Editor, NJI