

## 1 International Conference on HIV/AIDS, STDS, & STIS

October 27-29, 2014 Embassy Suites Las Vegas, USA

## Impact of renal transplantation on psychosocial status of HIV positive patients

**D K Agarwal, Aditya Agarwal** and **Nalin Nag** Indraprastha Apollo Hospitals, India

Patients infected with HIV require RRT once they reach CKD stage V. They receive Hemodialysis in isolation with single use dialyzer that adds significant cost to their treatment, increasing their stress substantially. But now renal transplantsare successfully being carried out in HIV positive patients, with results at par with those of non HIV patients. We carried out renal transplants successfully of ten HIV positive patients at our centre. We studied the impact of renal transplant on their psychosocial status through a questionnaire. All the patients experienced better quality of life post-transplant. Nine out of ten were able to do their job normally. Overall behavior of their colleagues and spouse was better after the transplant. Sexual relationship improved dramatically in 7 out of 9 patients as one patientlost his wife before transplant. Impact of renal transplant on psychological status was positive. 90% patients wanted to live long, while 70% patients did not experience depression at any point of time, since the transplant. However fear concerning the success of the transplant was there in 70% patients at the time of surgery. 60% patients had fear of relapse HIV infection due to immunosuppressive drugs. Although, none had relapse of the infection post transplantation. Immunosuppressive dose calibration was difficult in most of the patients (9 out of 10) except in one, who was on newer drugs as a part of HAART. 50% patients expressed fear of graft rejection. Four patients suffered from infections. All of them considered cost as a major issue. By this time most patients understood the disease fairly well and 90% felt that compliance of HAART could prevent/delay CKD in HIV patients. 90% patients thought that renal transplant is the best modality of RRT. However the huge cost involved and lack of awareness was important limiting factors. Counseling of patients at dialysis centre's as well as of physicians treating HIV patients about renal transplantation along with increasing awareness in public by newspapers and lectures was found to be the best way to make transplant program successful to common man.

## **Biography**

D K Agarwal has 24 years of experience in the field of Nephrology including specialization in renal transplant, hemodialysis, CAPD and all kidney problems and diseases along with critical kidney patients with emergency management. He is well experienced in handling kidney patients with diabetes and hypertension and other diseases. He is also well experienced in renal transplantation in HIV patients. He worked as Senior Consultant, Nephrologist in various institutions of National and International repute like Nizam's Institute of Medical Sciences, Hyderabad, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow etc. He is experienced at division of Nephrology, Department of Medicine, University of Missouri, School of Medicine, Columbia, USA. At present he is working as Senior Consultant in Nephrology and renal transplant, Indraprastha Apollo Hospitals, New Delhi, India.

dmas100@gmail.com