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## HIV-1 infection and the kidney

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The epidemiology of kidney disease in HIV-1 infected individuals has been transformed over the years driven by multiple dynamic forces including genetic susceptibility, race, age, comorbid conditions (diabetes, hypertension, and co-infection with hepatitis) and access to antiretroviral therapy (ART). Consequently, in HIV-1 infected individuals lacking access to ART, kidney disease is largely driven by patient genetics, demographics, and HIV-1 infection itself. Conversely, in settings where ART is accessible, kidney disease is rather driven by non-HIV-1 related causes similar to those affecting the general population. In addition to the kidney diseases affecting the general population, those with HIV-1 infection are inherently prone to unique factors and exposures increasing their risk for kidney disease. Thus, when tackling kidney disease in this population, one must consider a broader array of potential diagnoses. Preventive measures and management can ultimately be implemented by recognizing the varied demographics, risk factors, clinical presentations of kidney disease, and access to treatment in this population. The highlights of the upcoming publication of the new guidelines for the evaluation and management of kidney disorders in HIV-1 infected individuals are examined.

## Biography

Mohamed G Atta, MD, MPH, is Associate Professor of Medicine at The Johns Hopkins University School of Medicine (JHUSM) in Baltimore, Maryland, and Medical Director of the Dialysis Center, DaVita Health Care, in East Baltimore, Maryland. He has served as a principal investigator or co-investigator on several clinical trials. Among his professional memberships are the Health Disparities Committee at the Department of Health and Mental Hygiene in Maryland, the Scientific Council on Kidney of the American Heart Association, the International Society of Nephrology, the American Society of Nephrology, and the *Delta Omega Honorary Public Health Society*.

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