

## Editor's Note on Volume 7 Issue 7

**Purushottam S Narute\***

Clinical Center, National Institutes of Health, USA



**Purushottam S Narute**

Clinical Center, National Institutes of Health  
USA

Highly active antiretroviral therapy (HAART) has significantly changed the quality of life as well as outcome of HIV-1 infected people. However, HIV-1 is highly dynamic virus and changes constantly within infected individuals giving rise to drug-resistant quasi species due to its highly error prone reverse transcriptase enzyme. These drug resistant viruses outgrow the wild type HIV-1 due to high selection pressure of HAART. In addition, in some patients HAART can cause several side effects including liver, kidney and heart toxicity, metabolic disorders and bone problems. Certainly, there are more benefits of HAART than toxicity and this therapy is getting better and less toxic. The current issue reports several studies investigating the effect of antiretroviral therapy (ART) in global population.

Xiao et al. studied about 800 HIV patients receiving ART and reported that NNRTIs are one of causes for drug-induced liver injury in Chinese population [1]. While Myezwa et al. did not find association between ART and depression in urban population from South Africa [2]. As metabolic disorders are common with ART, Zanetti et al. reported six weeks of DUPRT improved lipodystrophy in woman from Brazil [3]. We know from previous research that strict adherence is very important in successful outcome of HAART, Doyore and Moges reported that there are considerable noncompliant patients in ART clinics in Ethiopia and recommended due attention [4]. In these lines,

DeSilva et al. reported usefulness of wireless EDM technology in measuring ART adherence in real-time in Chinese population [5].

Overall this issue provides current knowledge on research on ART in global population as well as recent advances in HIV pathogenesis.

### References

1. Xiao J, Du S, Gao G, Yang D, Zhao H (2016) Drug-induced liver injury in HIV-infected patients with opportunistic infections: Causes, clinical features and predictors in Chinese patients. *J AIDS Clin Res* 7: 591.
2. Myezwa H, Hanass-Hancock J, Pautz N, Smith R, Carpenter B (2016) Investigating the interaction between disability and depressive symptoms in the era of widespread access to ART. *J AIDS Clin Res* 7: 584.
3. Zanetti HR, Roever L, da Cruz LG, Lourenço CLM, de Freitas Neves F, et al. (2016) Effects of a six-week daily undulating resistance training program on anthropometric characteristics, biochemical profile and muscular strength in an HIV-seropositive woman with lipodystrophy: A Case Study. *J AIDS Clin Res* 7: 588.
4. Doyore F, Moges B (2016) Adherence to antiretroviral treatment services and associated factors among clients attending ART clinics in Hosanna Town, Southern Ethiopia. *J AIDS Clin Res* 7: 590.
5. DeSilva MB, Gifford AL, Bonawitz R, Zhong L, Zhang F, et al. (2016) Real-time electronic drug monitoring for HIV-positive adolescents: Promising acceptability and feasibility in China. *J AIDS Clin Res* 7: 586.

**\*Corresponding author:** Purushottam Narute, PhD, Critical Care Medicine Department, National Institutes of Health Clinical Center, Building 10, 4D10, 10 Center Drive, Bethesda, MD, 20892, USA, Tel: 301-402-7745; E-mail: [Purushottam.narute@gmail.com](mailto:Purushottam.narute@gmail.com)

**Received** August 09, 2016; **Accepted** August 10, 2016; **Published** August 17, 2016

**Citation:** Narute PS (2016) Editor's Note on Volume 7 Issue 7. *J AIDS Clin Res* 7: e121. doi:10.4172/2155-6113.1000e121

**Copyright:** © 2016 Narute PS. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.