

Short Note on Increased Risk of HIV Comorbidities

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Description

South Africa has a widespread and advanced HIV epidemic. In 2017, the national HIV prevalence was estimated to be 14 percent, corresponding to approximately 7.8 million HIV-positive people (PLWH). With 5.6 million people on antiretroviral therapy (ART) in 2020, South Africa has the largest public antiretroviral therapy (ART) programme. South Africa has made some progress toward meeting the 90–90–90 targets set by the Joint United Nations Programme on HIV/AIDS (UNAIDS) (that by 2020, 90 percent of all people living with HIV should know their status, that 90 percent of people diagnosed with HIV infection should receive treatment and that 90 percent of all people receiving treatment should have viral suppression) [1].

It is expected that the number of PLWH on ART will continue to rise as the country strives to meet ART coverage targets. Improved access to ART, combined with advances in ART regimens, has allowed PLWH to live longer lives, effectively transforming HIV into a chronic condition that will last a lifetime. It has been observed that South Africa has a quadruple disease burden, which includes an increasing burden of non-communicable diseases (NCDs). Researchers predicted the negative consequences of these two epidemics colliding in South Africa a decade ago [2]. Recently, studies have discovered a high and overlapping prevalence of disease conditions such as HIV, tuberculosis, and NCDs in both community settings and health facilities throughout the country.

PLWH have a higher prevalence of multimorbidity and comorbidity than the general population, according to several studies, due to premature ageing, ART side effects, and biological effects of HIV infection. Cardiovascular disease, cancer, diabetes, dyslipidaemia, chronic renal disease, and hepatitis B and C are the most common HIV comorbidities. Multimorbidity in PLWH drives healthcare costs and the number of hospitalizations, as demonstrated in a case-control study in France, where the mean total cost of hospitalisation in PLWH was six times higher than in matched controls [3].

Globally, the number of older adults (those over the age of 50) living with HIV is increasing, which naturally leads to an increase in the prevalence of HIV comorbidities. This increase is primarily due to earlier ART initiation compared to the pre-'Test and Treat' era, which improved HIV populations' chances of survival. The longer duration of ART exposure that results has also been linked to an increased risk of hypertension [4]. Furthermore, it has been reported that

HIV infections occur at older ages, and such individuals may have already developed NCDs.

Non-AIDS illnesses such as cardiovascular disease, cancer, osteoporosis, cognitive impairment, frailty, and disability are more common in older PLWH. Another study discovered that the rates of NCDs were higher in older adults with HIV than in younger adults with HIV. Furthermore, there are still many unknowns when it comes to treating HIV in older adults who have comorbidities. For example, older people with HIV are more likely to be hospitalised as a result of polypharmacy-related adverse events. In general, older adults face additional barriers to care, such as patronising and ageist communication from health care professionals, exclusion from clinical trials, and low retirement income [5]. While the number of HIV-positive older adults is expected to rise, little is known about HIV and ageing in low and middle-income countries, particularly Sub-Saharan Africa. Such data is critical for providing integrated care for older adults in HIV-infected settings at the primary care level. The current study looks at the profile and patterns of comorbidities in HIV-positive older adults in South Africa.

Conflict of Interest

None.

References

1. Valcour, V, C Shikuma, B Shiramizu, and M Watters, et al. "Higher frequency of dementia in older HIV-1 individuals: The Hawaii Aging with HIV-1 Cohort." *Neurology* 63 (2004): 822–827.
2. Phillips, AN, CA Lee, J Elford, and A Webster, et al. "More rapid progression to AIDS in older HIV-infected people: The role of CD4+ T-cell counts." *J Acquir Immune Defic Syndr* 4 (1991): 970–975.
3. Egger, Matthias, Margaret May, Geneviève Chêne, and Andrew N Phillips, et al. "Prognosis of HIV-1 infected patient starting highly active antiretroviral therapy: A collaborative analysis of prospective studies." *Lancet* 360 (2002): 119–129.
4. Bamford, Laura P, Peter D Ehrenkranz, Michael G Eberhart, and Mark Shpaner, et al. "Factors associated with delayed entry into primary HIV medical care after HIV diagnosis." *AIDS* 24 (2010): 928–930.
5. Gardner, ID. "The effect of aging on susceptibility to infection." *Rev Infect Dis* 2 (1980): 801–810.

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