

Hiv

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HIV HIV: HIV-Associated neurocognitive disorders According to Sanmarti , while antiretroviral therapy has desirable effects in improving the quality of life, prolonged use of antiretroviral drugs can lead to neuropsychological impairment. This is a correct observation and is supported by Lewis who adds that antiretroviral drugs that are highly active are the ones with the highest likelihood of causing damage to the CNS (Lewis et. al., 2014). The classification of HIV-associated neurocognitive disorders is quite comprehensive. The divergent findings cited in this study on the risk factors of HIV-associated neurocognitive disorders are one of the things that underpin the importance of this study (Mellgren et. al., 2005). That notwithstanding, the assertion that HIV-associated neurocognitive disorders afflicts even those HIV patients whose immunological and virological status is high is not entirely true. The effects of these disorders and all other concomitant consequences differ among patients based on their immunity (Sanmarti et. al., 2014).

It is optimistic for the article to state that the adverse health effects of HIV-associated neurocognitive disorders can still help in the study of HIV-related brain injury. Lewis et. al. (2009) agrees with this claim asserting that neuropsychological tests have not been able to study all brain injuries. There is a need for standardization and homogenization of neurocognitive tests and the exposition of this need is a unique contribution of this article (Eden et. al., 2010). Finally, the suggestion that there is a need to determine the individual contribution of individual comorbidities to the development of HIV-associated neurocognitive disorders is insightful (Letendre et. al., 2004). The knowledge of the contribution of individual comorbidities can help design

treatments that can help prevent escalation into these disorders.

References

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