

Managing hiv- hepatitis b coinfection needs

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The reported struggling history of infections is justified by the health profile to compel a strict treatment regime. His reservations leading up to discontinuation of ART cannot facilitate success in the treatment. Such positions will occasion hepatitis liver deterioration that will affect other drug metabolism requirements. The end-stage status of Mr. X's liver infection compounds the complexity of therapy requirements needed for the presenting challenges.

Assuming that the treatment regime prescribed to Mr. X has both elements for HIV and HBV treatment, the patient must continue with the prescription. The impacts of discontinuation can occasion severe coinfection to the already weakened health status and cause death. According to Carosi et al. (2008), current regimes targeted for HBV reduce the progression of related liver complications significantly. The authors held that most coinfections from poor countries progress to mortality due to a lack of parallel treatment of both infections and lack of efficient care. The high probability of progression of HBV among HIV patients requires strict treatment regimes that can prevent liver failure and related immunity complications. Appropriate treatment regimes must be continued to prevent the development of drug-resistant strains of the virus causing the coinfection (Reiberger et al. 2012). Apparently, discontinuation of drugs before completion of the prescribed dosage presents grounds for the development of resistance. Since viral susceptibility to drugs remains elusive, patients must be assisted to follow their prescriptions. The healthcare attendant serving Mr. X must help cultivate positivity to support adherence to drug administration.

According to Benhamou (2004), the appropriate medical regime to handle Mr. X's condition must contain Highly Active Antiretroviral Therapy (HAART). Aware of the vulnerability of HIV positive patients to HBV, treatment options contain the appropriate combination of drugs to control both viral infections. For HAART to deliver results, patients need a balanced combination of support that takes care of the side effects and related complications. One important component that must be attained touches on the restoration of immunity, which enables the body to respond to the treatment. Some drugs having a double operation mechanism for the two viral infections include Ampetriticabine, Lamivudine, and Tenofovir. Carosi et al. (2008) reckon that the use of such HAART options facilitates positive outcomes in warding off opportunistic infections.

The care system around Mr. X must be empowered to facilitate adherence to the treatment regime. Empirical research can investigate the outcomes of care systems on HAART administration and efficacy in low-income settings. His wife's HIV status may compound the problem since she has to take care of herself, leading to a strained care system. Empowering patients of the complications of HBV resistance can promote adherence to the regime (Benhamou, 2004). Empirical findings should enlighten on the impact of healthcare providers lacking the morale to motivate patients on the efficacy of HAART.