Antiretroviral treatment of hiv aids essay examples

Health & Medicine, Body



Arguably, HIV/AIDS is one of the global issues that affect all people regardless race, culture or nationality. In fact, no drugs have been discovered that can completely treat HIV/AIDS when one has already been infected. Undeniably, the discovery of antiretroviral became as a relief to those who are both infected and affected. Antiretroviral drugs refer to medications used to treat retrovirus infections, especially HIV (Aidsmap, 2010). For its effectiveness, a combination of drugs as well as following instructions from medical practitioners will help in treating HIV. AIDS pandemic today in the world has been given minimal attention by media and public as compared to 1990s. This leads to misconceptions that the problem is no longer there, yet in the real sense its prevalence is increasing tremendously.

Undeniably, taking antiretroviral drugs will not at all course cure HIV infection; but, it gives individuals with HIV a chance to stay longer and healthy. The purpose of taking antiretroviral medication is to thwart the development of AIDS. As a matter of fact, antiretroviral drugs stop the production of HIV in the body; hence, reducing the damaging of body immune system (Wittkop, et. al, 2011). Therefore, individuals with HIV need to continuously use antiretroviral drugs, not to eliminate the virus, but to remain healthier and live longer. Probably the main purpose of antiretroviral medication include control HIV amount in the human body, protect and restore functioning of the immune system by giving room to CD4 cells to restock, reduce the probability of early death and HIV-related illnesses, as well as long term improvement of quality of life to those living with AIDS (FDA, 2010).

HIV is a retrovirus, which are a group of various viruses that are responsible for AIDS. Doctors have the mandate to decide when to prescribe antiretroviral medication to an HIV positive individual. The doctors are guided by the amount of CD4 T-cells in the human body. HIV attacks the T-helper cell in immune system (Mather, 2006). The cell helps in co-ordinating other cells in the immune system to fight illnesses. Antiretroviral medications work unswervingly on HIV, in that it reduces its multiplication rate in the human body. As a result, it reduces the rate at which CD4 T-cells are destroyed by the virus. Therefore, when HIV multiplication is managed, it permits the human immune system to recover, as well as preventing further damage (Clercq, 2001). The results of how antiretroviral medication work and control of HIV infection improves general health, reduces chances of other opportunistic infections, as well as weight gain. The antiretroviral drugs should be managed well for it to be effective (McCance-Katz et. al, 2006).

Perhaps, taking antiretroviral medication is exceedingly difficult task to undertake. The entire therapy should be individualized for it is not appropriate for every individual. Patients who are HIV positive need to be educated on demands, benefits and risks of not maintaining the program of prescription, as well as its usage (CDC, 2008). The complexity of the medication regime makes it difficult for HIV/AIDS patients to maintain medication schedule. Its assignments and the extent of prescribed medics interfere with the lives of the patients (Douglas, 2007).

Additionally, the stress of living with the virus overwhelms individual suffering from the virus. Hence, the stress makes them reluctant in taking

their medications. Studies show that stressed individual miss their doses and mismanage medication schedule more than the less distressed patients (Gendelman, 2005). Some other factors include change in daily schedules, too busy, lack of information, forgetfulness, as well as being away. In most developing countries, there are situations in which hospitals run out of antiretroviral drugs; hence, the patients cannot manage their medication schedule (WHO, 2009).

References

Aidsmap (2010). Risk of IRIS means that HIV treatment should be delayed for patients taking

fluconazole for cryptococcal meningitis'

ASHM 'DHHS Guidelines for the use of Antiretroviral Agents in HIV-1-Infected Adults and

Adolescents, with Australian Commentary.

CDC (2008). Managing drug interactions in the treatment of HIV-related tuberculosis'.

Accessed 9th July 2008

Clercq, E. (2001). Antiretroviral Therapy. Cambridge: Cambridge University Press.

Chow, R. (1993). Medication Use Patterns in HIV-positive Patients. Canada: Hosp Pharm.

Dunbar-Jacob, J., & Burke, L. (1995). Clinical Assessment and Management. Washington:

American Psychology Association.

Douglas, B. (2007). Key interactions between methadone, buprenorphine and HIV medications

El-Sadr, W & Neaton, J. (2006). 'Episodic CD4-guided use of ART is inferior to continuous

therapy: results of the SMART study'. CROI 2006 Abstract #106LB, February 2006

FDA (2010). 'FDA announces possible safety concern for HIV drug combination'

Fernandez, F & Ruiz, P. (2008). Psychiatric Aspects of HIV/AIDS. New York: Springer.

Gendelman, H. (2005). The Neurology of AIDS. London: Wiley.

Gruber, V. (2010). Methadone, Buprenorphine, and Street Drug Interactions with Antiretroviral

Medications' Curr HIV/AIDS Rep 7(3): 152-160

Kaufmann, G., et al (2011). Interruptions of cART limits CD4 T-cell recovery and increases the

risk for opportunistic complications and death' AIDS 2011, 25: 000-000 Lowinson, J. (2005). Substance Abuse: A comprehensive Textbook. New Jersey: Wadsworth.

McCance-Katz E, et. al, (2006) 'Interactions between buprenorphine and antiretrovirals. II. The

protease inhibitors nelfinavir, lopinavir/ritonavir, and ritonavir' Clinical Infectious

Diseases 43 Supply 4: S235-4

Monika M., et. al, (2010). Immune reconstitution inflammatory syndrome in

patients starting

antiretroviral therapy for HIV infection: a systematic review and metaanalysis 10(4):

251-261

Mather, C. (2006). Exploring the Immune System and the HIV Virus. New York. John Wiley &

Sons.

Panel on antiretroviral guidelines for adults and adolescents (2011).

'Guidelines for the use of

antiretroviral agents in HIV-1-infected adults and adolescents'

Piscatelli C., et. al, (2002). The effect of garlic supplements on the pharmacokinetics of

saquinaviral. Clinical Infectious Diseases 34(2): 234-8

WHO (2009). Rapid advice: Antiretroviral therapy for HIV infection in adults and adolescents

Wittkop, L., et. al, (2011) 'Effect of transmitted drug resistance on virological and

immunological response to initial combination antiretroviral therapy for HIV (EuroCoord-CHAIN joint project): a European multicohort study' 11(5): 363-371