

Module 4

HIV care and psychosocial support

HIV basic knowledge and stigma reduction in health care settings

Module goals

Module 4: HIV care and psychosocial support

Module 1

Participants will be able to:

- offer an insight into the epidemiological situation in the country and worldwide
- present the HIV transmission modes and the broad approaches to prevention
- implement post-exposure prophylaxis for HIV in the health care environment.

Module 2

Participants will be able to:

- describe the natural history of the HIV infection
- expose the main circumstances in which the HIV infection is discovered
- describe some of the clinical manifestations of the HIV/AIDS infection.

Module 3

Participants will be able to:

- name the techniques used for the biological diagnosis of the HIV infection
- argue the need to comply with ethical and confidentiality imperatives in the health care environment
- name the interventions to reduce HIV stigma and discrimination in health care settings.

Module 4

Participants will be able to:

- inform a PLHIV about how care is organized in the country
- inform a PLHIV about the principles of care
- inform parents about the care available for a newborn baby, infant or child infected by HIV
- argue the need for optimal adherence to antiretroviral therapy.

Module 4: HIV care and psychosocial support

Module 1

Participants will be able to:

- offer an insight into the epidemiological situation in the country and worldwide
- present the HIV transmission modes and the broad approaches to prevention
- implement post-exposure prophylaxis for HIV in the health care environment.

Module 2

Participants will be able to:

- describe the natural history of the HIV infection
- expose the main circumstances in which the HIV infection is discovered
- describe some of the clinical manifestations of the HIV/AIDS infection.

Module 3

Participants will be able to:

- name the techniques used for the biological diagnosis of the HIV infection
- argue the need to comply with ethical and confidentiality imperatives in the health care environment
- name the interventions to reduce HIV stigma and discrimination in health care settings.

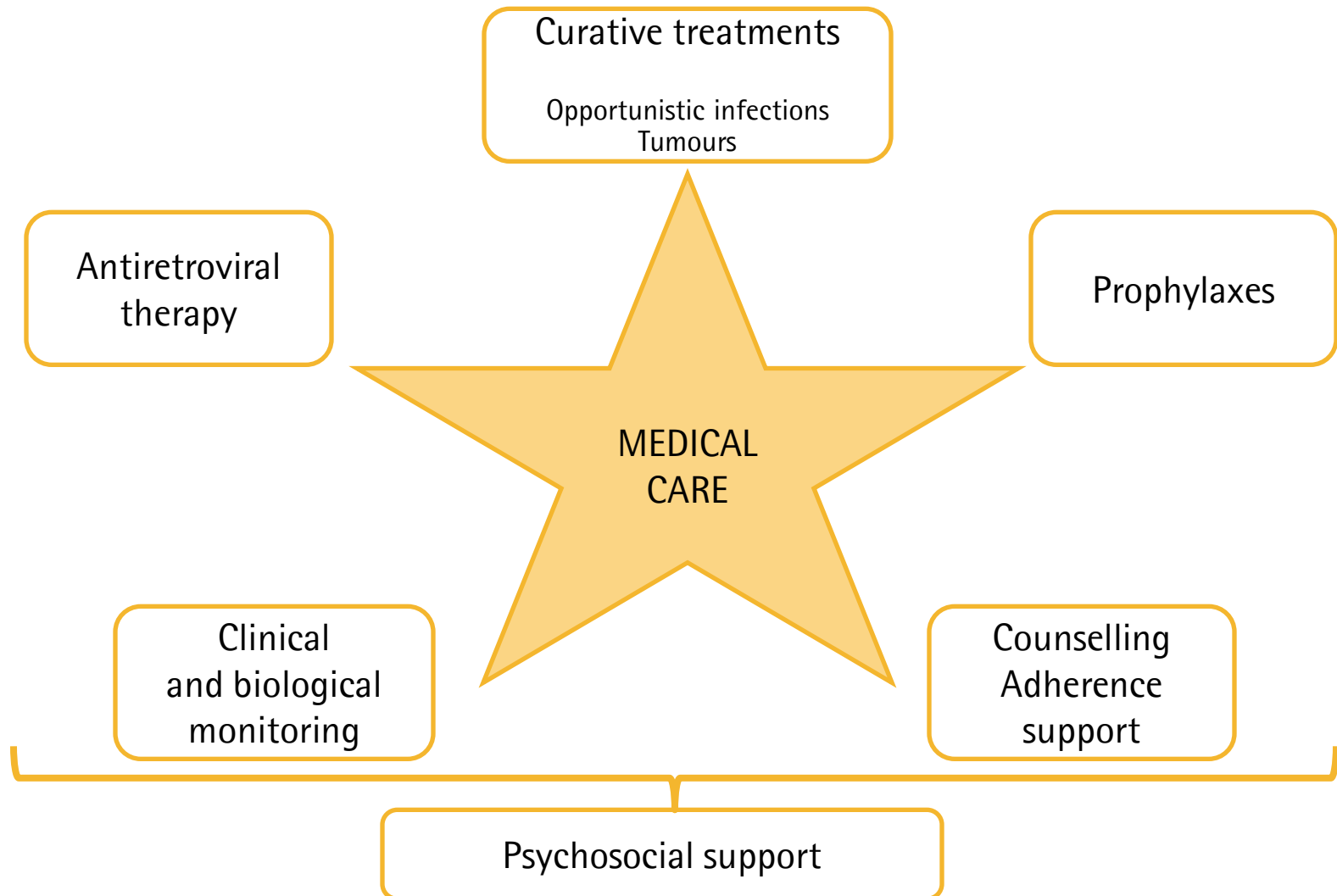
Module 4

Participants will be able to:

- inform a PLHIV about how care is organized in the country
- inform a PLHIV about the principles of care
- inform parents about the care available for a newborn baby, infant or child infected by HIV
- argue the need for optimal adherence to antiretroviral therapy.

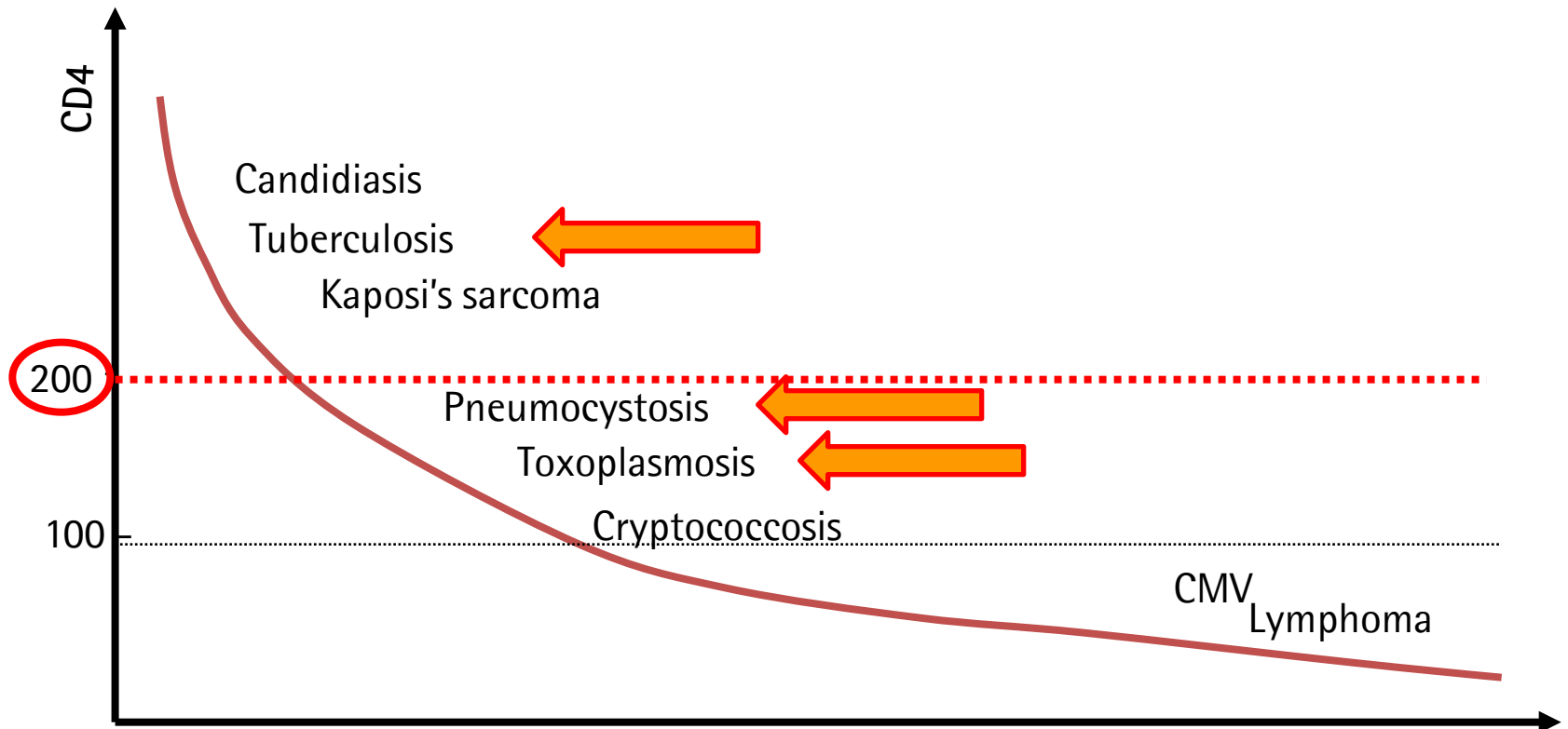
Medical care for HIV infections

Care for the HIV infection



Prophylaxes for patients living with HIV

Clinical manifestations and CD4



Prevention of exposure

- **Tuberculosis:** avoid contact with tuberculosis patients
- **Pneumocystosis:** avoid contact with patients suffering from pneumocystosis
- **Toxoplasmosis**
 - avoid raw vegetables and undercooked meat
 - avoid contact with cats

Primary prevention

- Chemoprophylaxis
 - Pneumocystosis
 - Toxoplasmosis
 - Tuberculosis
- Vaccination
 - Anti-pneumococcal
 - Anti-hepatitis B

Primary prophylaxis for tuberculosis (WHO)

- All children and adults living with HIV, including pregnant women and persons following antiretroviral therapy, should receive isoniazid-based preventive treatment
- Isoniazid should be taken for 6 to 36 months, or for life in areas where there is a high prevalence of HIV infections and tuberculosis

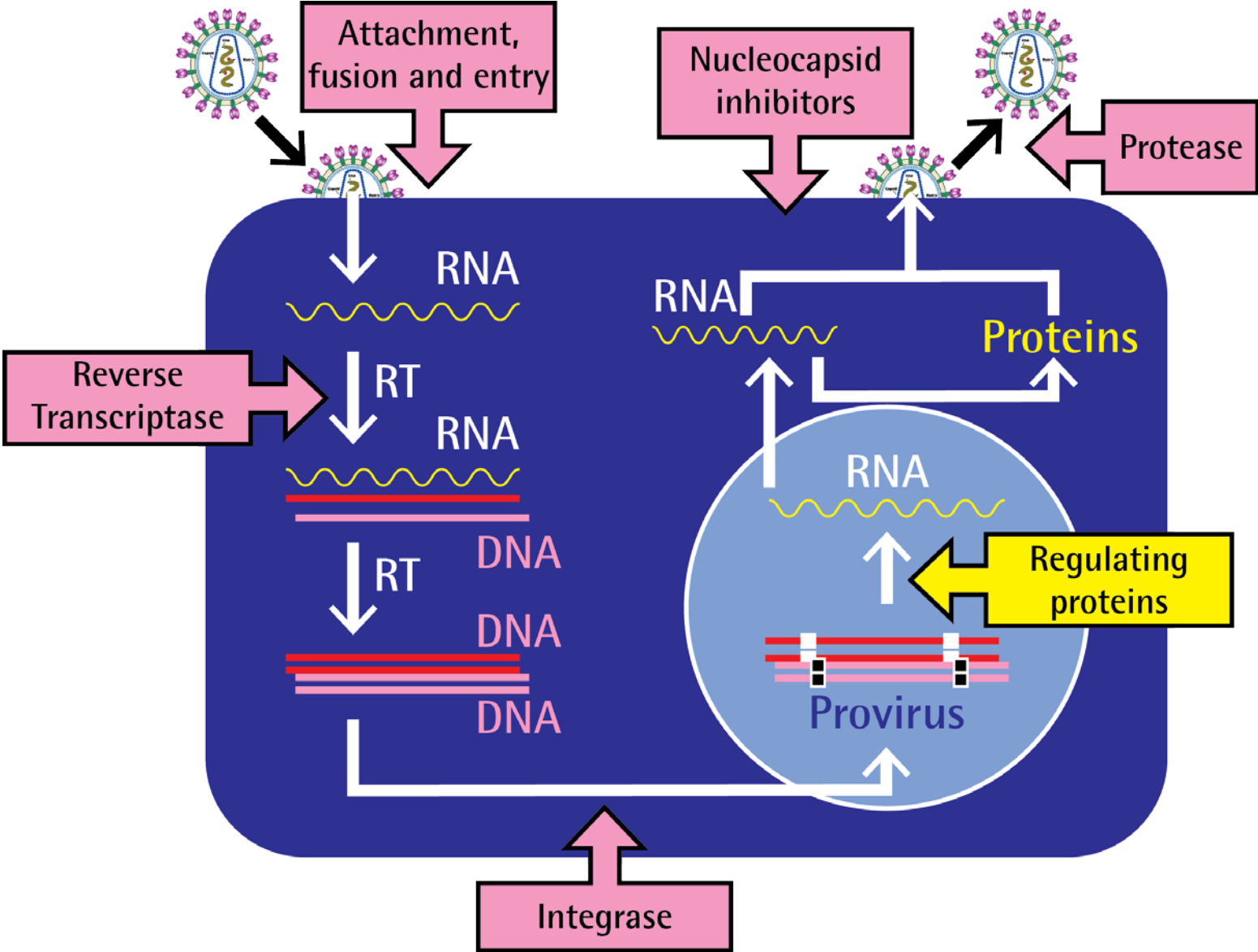
Country-level recommendations

Principles and impact of antiretroviral therapy

Goals of antiretroviral therapy

- Reduction of the viral load
 - Goal: undetectable viral load
- Restoration of immunity
 - Goal: increase CD4 count

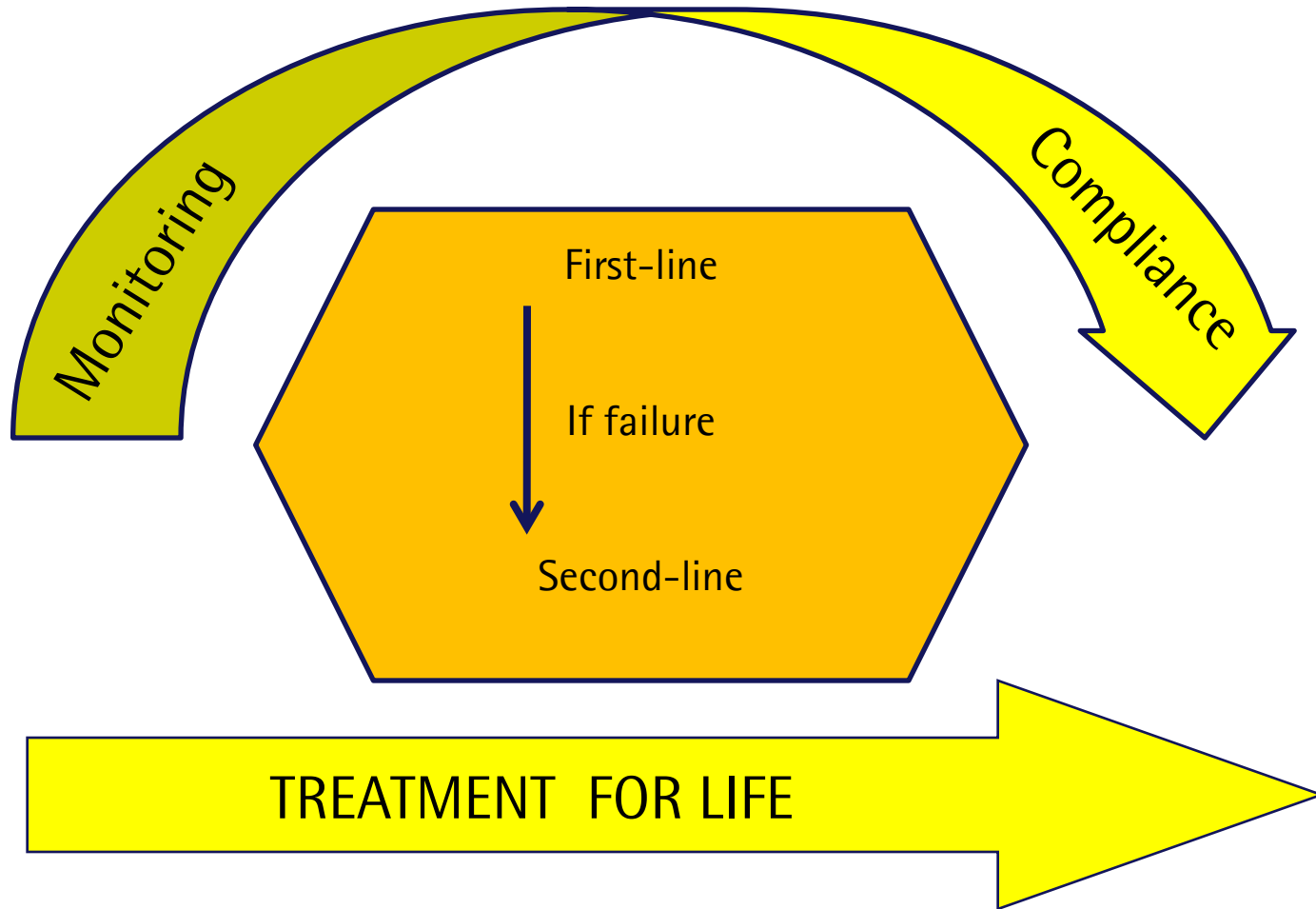
Module 4: HIV care and psychosocial support



WHO 2015 treatment update

[http://www.who.int/hiv/pub/arv/
15249_HIVTreatmentandCare_PolicybriefforWEB.pdf?ua=1](http://www.who.int/hiv/pub/arv/15249_HIVTreatmentandCare_PolicybriefforWEB.pdf?ua=1)

Antiretroviral therapy



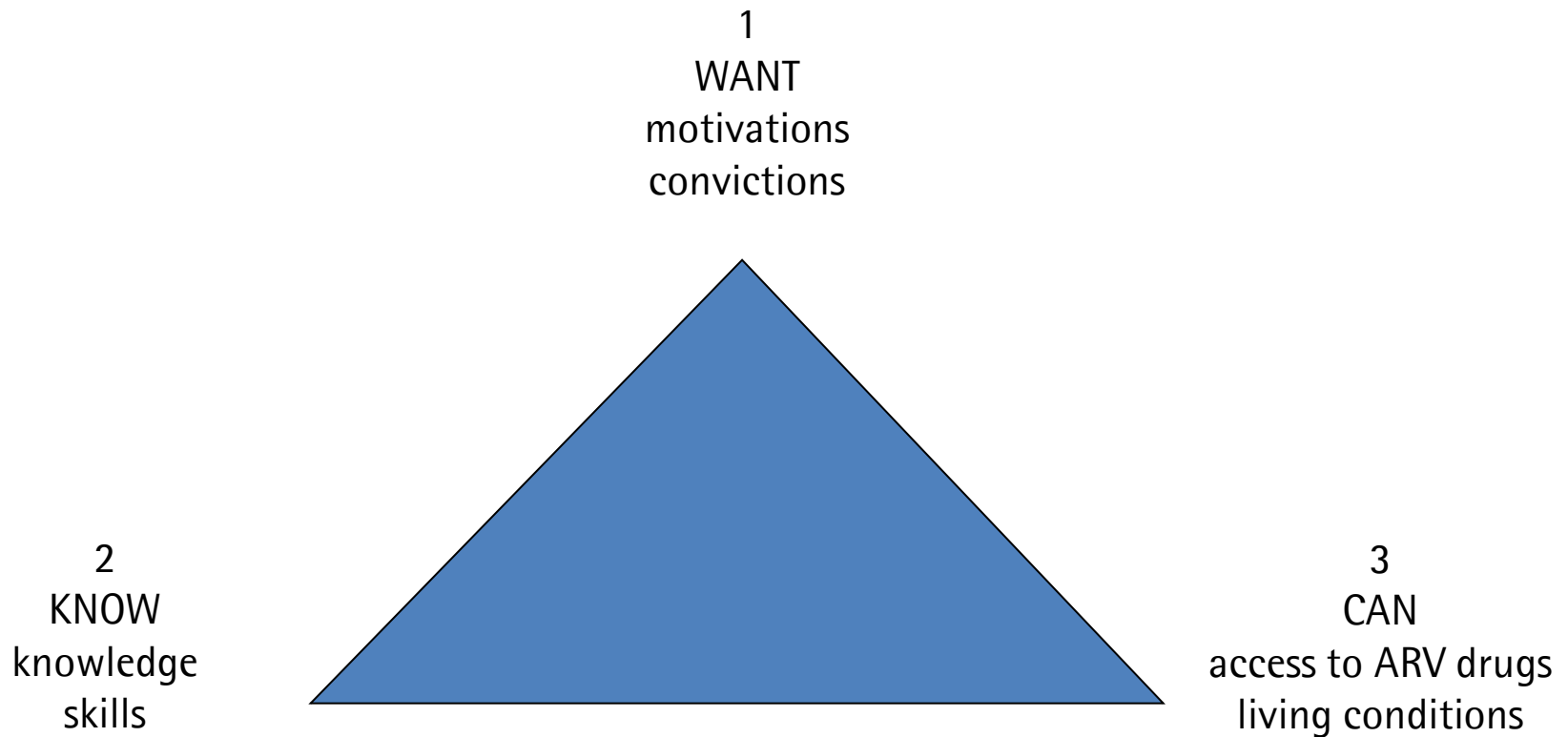
Impact of antiretroviral therapy

- Reduced numbers
 - of AIDS-related deaths
 - of new HIV infections
 - of opportunistic infection episodes
 - of days of hospitalization
- Improvement
 - of quality of life
 - of life expectancy of PLHIV

Cost of antiretroviral therapy

Adherence support and psychosocial support

Conditions for optimal adherence to treatment



**Why is adherence support
necessary?**

Why is adherence support necessary?

- Antiretroviral therapy is complex
- It is a lifetime treatment
- The treatment has unwanted side-effects
- HIV may develop resistance if the treatment is not properly followed
- The treatment requires regular monitoring
- There are potential drug interactions
- The prescribing doctor does not have enough time to answer all the patient's questions

Contents of an adherence support programme

- Definition of an appropriate therapeutic schedule
- Development of awareness of the ways of preventing transmission
- Management of the constraints affecting everyday life
- Development of awareness of the need for clinical and biological monitoring

Why is psychosocial support necessary?

Why is psychosocial support necessary?

A PLHIV is:

- Often isolated, cut off by family and friends
- Victim of stigmatization and discrimination
- Often without financial resources
- Often with no access to a balanced diet addressing real needs
- Sometimes a victim of unfair dismissal.

Psychosocial support should enable:

- Psychological care
- Accompaniment by nongovernmental organizations or support groups
- Support to address difficulties liable to interfere with medical care
- Dietary support
- Legal aid wherever necessary.