

# Bibliography of recent literature on AIDS\*

## **Attitudes of baccalaureate nursing students in one school toward acquired immune deficiency syndrome**

Bowman JM, Brown ST, Eason FR  
*AIDS Educ Prev*, 1994, 6(6): 535-41

The purpose of this descriptive study was to gather information about the attitudes of nursing students toward acquired Immune deficiency syndrome (AIDS) and to determine if there was a relationship between demographic variables and the attitudes expressed. In this study the AIDS Attitude Scale developed by Shrum, Turner and Bruce (1989) was administered to baccalaureate nursing students. The scale contained 54 items using a five-response scale and included six demographic variables. The results indicated that this sample had a positive attitude toward AIDS (mean = 73.58). Personally knowing someone with AIDS and level of knowledge of AIDS were found to significantly affect one's attitude toward AIDS. The findings of this study can assist nurse educators in planning appropriate content for AIDS education.

## **Implications of HIV infection and AIDS for medical education**

Boyd KM  
*Med Educ*, 1994, 28(6): 488-91

What implications on medical schools have HIV infection and AIDS, as the

schools reshape their curricula to meet the General Medical Council's new requirements? (General Medical Council 1993). A recent Institute of Medical Ethics' (IME) enquiry suggests: (1) that each medical school should have a specific policy to coordinate teaching on HIV infection and AIDS and to maximize students' clinical contact with patients who have the virus; and (2) that medical students should be encouraged to develop self-awareness and skills in communication and ethics.

## **Pediatric AIDS**

Chadwick EG, Yogev R  
*Pediatr Clin North Am*, 1995, 42(4): 969-92

An estimated 1 million children worldwide have AIDS. Paediatricians should be aware of this disease and its many facets. This article provides information on the etiology and pathogenesis of AIDS in children, as well as its manifestations on the body. Prevention and clinical management are also reviewed.

## **Children's knowledge and affective response to AIDS**

Dear MR, Moore JB  
*Matern Child Nurs J*. 1994, 22(2): 65-72

Given the urgency of the AIDS crisis, the current emphasis is on prevention of the disease. School-age children may be considered a vulnerable population at risk

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for future development of HIV infection. Prevention needs to involve educational programmes founded on children's knowledge and beliefs about AIDS. Scant literature exists on children's cognition and affective response to AIDS. In this study, 58 school-age children were interviewed to determine their attitudes, beliefs, and emotional response to AIDS. Findings indicate that, in this sample, children had little specific knowledge of AIDS etiology, transmission, or treatment. They expressed negative emotional response to the discussion of AIDS. Health educational programmes need to be designed to target children's need for accurate AIDS information that reflects their developmental stage.

#### **Institutional environments and organizational responses to AIDS**

Dill A

*J Health Soc Behav*, 1994, 35(4): 349-69

Drawing from theory on institutionalized organizational environments, this paper analyses the actions of community-based service programmes providing care for people with AIDS. The focus is on the interorganizational relations developed by the lead agencies in demonstration projects attempting to coordinate services in three communities. The paper identifies differential styles of organizational response to developmental and operational issues. These differences are related to the conceptual distinction between organizational responses to technical environments and those to normative, or "institutional," environmental features. Various factors are identified that appear to promote a higher degree of institutionalization in interorganizational relations. Coordination as a reform strategy is seen to have become, in itself, an institutional-

ized myth to which organizations must subscribe in order to gain legitimacy.

#### **Analysing survival in the presence of an auxiliary variable**

Finkelstein DM, Schoenfeld DA

*Stat Med*, 1994, 13(17): 1747-54

A primary endpoint of AIDS trials is the length of survival. Often there is auxiliary information available on measures of disease progression, which significantly alters the risk of mortality. This paper explores the use of this information in obtaining a refined estimate of survival, and a test based on this estimate. The methods are applied to an AIDS clinical trial, and results of simulations are provided which compare the approach to standard methods for survival analysis.

#### **Knowledge of the human immunodeficiency virus among final year dental students**

Gilbert AD, Nuttall NM

*J Dent*, 1994, 22(4): 229-35

A sound basis of knowledge about HIV infection and AIDS is essential to allow students to develop as dentists who undertake appropriate measures during clinical practice. In addition, it is also likely that possessing appropriate information may instil confidence in their own ability to diagnose and then manage patients infected by HIV. A questionnaire designed to test the knowledge of final year dental students in the UK was completed by 60.5% of students in 15 out of the 16 dental schools in the UK. Generally, the students rated the teaching they had received about cross-infection precautions, virology, sterilization practice and procedures and recognition of blood-borne virus risk groups as adequate or more than adequate. However, there was a lower degree of satisfaction ex-

pressed for instruction in the management of blood-borne virus carriers and the performance of barrier dentistry. Most dental students were aware of the association of hairy leukoplakia, oral Kaposi's sarcoma, oral candidiasis as a whole, and thrush as one clinical variant, with HIV infection but there was a much lower level of knowledge of erythematous candidiasis, HIV-associated salivary gland disease, oral melanotic hyperpigmentation and idiopathic thrombocytopenic purpura. This study highlights some important gaps in the knowledge of final year dental students about HIV and AIDS.

**The use and impact of a computer-based support system for people living with AIDS and HIV infection**

Gustafson DH, Hawkins RP, Boberg EW, Bricker E, Pingree S, Chan CL  
*Proc Annu Symp Comput Appl Med Care*, 1994, 604-8

CHES (the Comprehensive Health Enhancement Support System) is an interactive, computer-based system to support people facing AIDS/HIV infection and other health-related crises or concerns. CHES provides information, referral to service providers, support in making tough decisions and networking to experts and others facing the same concerns. CHES is designed to improve access to health and human services for people who would otherwise face psychological, social, economic or geographic barriers to receiving services. CHES has been evaluated in a random-assignment study with over 200 men and women living with AIDS and HIV infection. When CHES was placed in subjects' homes for three-six months, use of CHES was extremely heavy, with the average subject using CHES 138 times

for 39 hours. Compared with a control group which did not receive CHES, subjects who used CHES reported significantly higher quality of life in several dimensions, including social support and cognitive functioning. Users also reported significant reductions in some types of health care costs, especially inpatient services (hospitalizations). All segments of the study population used and benefited from CHES, including women, minorities and those subjects with lower levels of education. Thus, CHES appears to be an effective means of delivering education and support to the diverse populations which are affected by AIDS and HIV infection.

**Transdisciplinary research: research capacity building in developing countries at low cost**

Kengeya Kayondo JF  
*Acta Trop*, 1994, 57(2-3): 147-52

Transdisciplinary research within the context of the Medical Research Council Programme on AIDS (MRCPA) has proven to be a way of research capacity building requiring relatively few additional costs. In developing countries where funds for specialized training are not always or easily available, encouraging multidisciplinary research teams is worthwhile, particularly for grooming into research relatively junior national researchers by providing them with opportunities to work with more senior international scientists.

**Acquired immunodeficiency syndrome and health care professionals**

Menon V, Bharucha K  
*J Assoc Physicians India*, 1994, 42(1): 22-3

As health care professionals, we face a grave risk of acquiring HIV infection in the

course of our work. But how many of us really know the precautions to be applied in the hospital set up in dealing with HIV infected patients? A knowledge, attitude and practice (KAP) study was conducted in Pune hospitals to assess the current status. Among the results 65% of servants had not heard of AIDS, 85% of nursing staff did not apply the Universal Safety Precautions (USP) approach, 13.5% of residents thought that the HIV was not transmitted by blood, 30% consultants would avoid contact with an HIV positive patient. This study has shown that definite lacunae exist in knowledge specific to the particular population in question. A proposal for an education programme which is target specific and one of constant renewal is sought.

**AIDS knowledge, attitude and behaviour patterns among university students in Ibadan, Nigeria**

Oladepo O, Brieger WR

*Afr J Med Med Sci*, 1994, 23(2): 119-25

This study investigated the knowledge, attitudes and personal behaviours of university students on AIDS. Two hundred and fifty students from the University of Ibadan randomly selected from eight faculties were surveyed. Results indicated that 58.7% of the subjects knew that AIDS is caused by a virus but 72.6% thought the disease could be spread through kissing, hugging or shaking hands and 48.0% believe they cannot have AIDS. Most students showed a high degree of aversion to AIDS victims while about a quarter reported having multiple sexual partners in the past five years. The results suggest that well organized, specifically targeted educational programmes are needed for university students.

**Paediatric AIDS: a new child abuse**

Oletto S, Giaquinto C, Seefried M, Ruga E, Cozzani S, Mazza A, De Manzini A, D'Elia R, Zacchello F  
*Acta Paediatr Suppl*, 1994, 400: 99-101

In relation to youth rights, a new view has been created in recent decades that is included in the fundamental law of the child: the recognition of the right to education and the chance to develop a mature personality capable of creativity and liberty. Because of HIV infection it is very important to pay particular attention to the rights of the seropositive child and children born to seropositive mothers, which may be hampered not only in developing countries but also in the industrial world. HIV-affected children and their families are becoming abused and at high risk of becoming abused and this encroaches upon youth rights. As a consequence, in 1991 the Italian Society of Paediatrics issued a "Charter for the rights of seropositive children", which became an important document for all health care and social workers who deal with HIV-affected children. In this paper, we also consider the impact of HIV infection on the three main rights of children: the right to live, the rights of security and the rights of socialization.

**Whatever happened to AIDS?**

Osborn JE

*Infect Agents Dis*, 1994, 3(4): 194-200

The HIV/AIDS epidemic has caught millions of people in its path worldwide during the first 13 years since it surfaced; half a million Americans have been diagnosed with AIDS, and hundreds of thousands more are in earlier stages of HIV disease. Yet the sense of urgency one would expect should attend such awful numbers is strangely absent, prompting

the bitter query "Whatever happened to AIDS?" This paper discusses the present status of progress with respect to the epidemic and explores some of the reasons that might partially explain both the inherent difficulties of research and the inappropriate public sense of quiescence. It then puts forward some suggested areas of research endeavour and/or public policy that could re-energize the flagging public response to this massive health disaster.

**Public reactions towards people with AIDS: an attributional analysis**

Peters L, den Boer DJ, Kok G, Schaalma HP

*Patient Educ Couns*, 1994, 24(3): 323-35

This article addresses the issue of stigmatization and discrimination towards people with AIDS (PWAs) using Weiner's attributional theory of motivation and emotion. In a field experiment, subjects responded to vignettes describing patients with AIDS, syphilis, lung cancer or tuberculosis. In these vignettes, the onset of the diseases was either described as personally controllable or as uncontrollable. Results show that although attributional variables do account for a significant amount of variance in helping behaviour and emotions towards PWAs, other variables such as the incurability of the disease, the risk of infection and associations with (homo)sexuality, may be more useful in explaining reactions to PWAs. Implications for education tailored at the prevention of the stigmatization of PWAs are discussed.

**HIV positive patients first presenting with an AIDS defining illness: characteristics and survival**

Poznansky MC, Coker R, Skinner C, Hill A, Balley S, Whitaker L, Renton A, Weber J

*BMJ*, 1995, 311(6998): 156-8

**OBJECTIVES**—To study the presentation and survival of patients who present with their first diagnosis of being HIV positive at the same time as their AIDS defining illness. **DESIGN**—Retrospective study of patients presenting with AIDS between 1991 and 1993. **SETTING**—Department of genitourinary medicine, St Mary's Hospital, London. **MAIN OUTCOME MEASURES**—AIDS defining illness at presentation and survival after diagnosis of AIDS. **RESULTS**—Between January 1991 and December 1993, 97 out of 436 patients (22%) presented with their first AIDS defining illness coincident with their first positive result of an HIV test (group B). The remaining 339 patients (78%) had tested positive for HIV-1 infection within the previous eight years and had consequently been followed up in clinics before developing their first AIDS defining illness (group A). The two groups of patients did not differ in age and sex distribution, risk factors for HIV-1 infection, nationality, country of origin, or haematological variables determined at the time of the AIDS defining illness. However, the defining illnesses differed between the two groups. Illnesses associated with severe immunodeficiency (the wasting syndrome, cryptosporidiosis, and cytomegalovirus infection) were seen almost exclusively in group A whereas extrapulmonary tuberculosis and *Pneumocystis carinii* pneumonia were more common in group B. The survival of patients in group B after the onset of AIDS was significantly longer than that of pa-

tients in group A as determined by Kaplan–Meier log rank analysis ( $p = 0.0026$ ). **CONCLUSIONS**—Subjects who are HIV positive and present late are a challenge to the control of the spread of HIV infection because they progress from asymptomatic HIV infection to AIDS without receiving health care. The finding that presentation with an AIDS defining illness coincident with a positive result in an HIV test did not have a detrimental effect on survival gives insights into the effects of medical intervention on disease progression after a diagnosis of AIDS.

**Clinical significance of primary vs. secondary bacteremia due to nontyphoid Salmonella in patients without AIDS**

Ramos JM, Garcia Corbeira P, Aguado JM, Arjona R, Ales JM, Soriano F  
*Clin Infect Dis*, 1994, 19(4): 777–80

We retrospectively reviewed the charts of 51 patients with primary nontyphoid salmonella (NTS) bacteraemia who did not have AIDS and who had no history of gastroenteritis and no other identified source of infection. We compared these patients with 58 patients who developed secondary NTS bacteraemia following an episode of gastroenteritis. The following characteristics were more frequently associated with primary NTS bacteremia than with secondary NTS bacteremia: age > 60 years (51% vs. 33%;  $p < 0.05$ ), glucocorticoid therapy (41% vs. 13%;  $p < 0.01$ ), and severe immunosuppression (65% vs. 14%;  $p < 0.01$ ). More patients with primary NTS bacteraemia had haematologic malignancies, solid tumours, and connective-tissue diseases; in eight cases, primary NTS bacteraemia occurred simultaneously with or preceded these disorders. We suggest that the possibility of severe im-

munosuppression be investigated for patients with salmonella bacteraemia who have not had or do not have gastroenteritis.

**Knowledge, attitude and beliefs amongst inhabitants of high density informal settlements with regard to sexuality and AIDS in Alexandra township**

Ratsaka M, Hirschowitz R  
*Curationis*, 1995, 18(2): 41–4

**OBJECTIVE:** The main purpose of this study was to gain information on the knowledge that people living in squatter conditions have about AIDS, their attitude towards this disease and their sexual practices. **METHOD:** The study had two parts, in-depth interviews and a survey. The in-depth interviews were held with 68 male informal settlement dwellers to obtain information on the type of questions to ask in the quantitative part of the study, taking into account the sensitivity of the information we were seeking, and how best to phrase these questions. For the survey, the 300 male informal settlement residents who were interviewed, were located by means of systematic sampling techniques. **RESULTS:** The results of the survey showed that most of the respondents were living in squalid conditions, without recreation facilities. They were also likely to have had more than one partner (54%). Most of the respondents (90%) had heard about AIDS as a disease. Even though they were aware of AIDS as an epidemic in the country as a whole, they were not convinced that the disease exists in their community, the main reason being that they have never heard about nor seen a person with AIDS in the township. **CONCLUSION:** There is an urgent need for AIDS education. But this education cannot take place as a

separate activity from other upliftment activities in squatter areas.

**Continuing medical education needs regarding AIDS among Egyptian physicians in Alexandria, Egypt and in the Asir region, Saudi Arabia**

Sallam SA, Mahfouz AA, Alakija W, al Erian RA

*AIDS Care*, 1995, 7(1): 49-54

A study was carried out on two groups of Egyptian physicians to assess their continuing medical education (CME) needs regarding AIDS. The first group comprised 330 physicians working in Alexandria, Egypt, in mother and child health care units, school health units and health offices. The second group included 144 physicians working in primary health care centres in the Asir region, southwestern Saudi Arabia. The demographic and sociocultural background of both groups was similar. The results revealed similar deficiencies in their knowledge about the disease, especially modes of transmis-

sion. These results indicate the urgent need to develop an AIDS-specific CME programme to deal with erroneous ideas. Lectures and periodicals ranked first as the preferred educational strategy.

**Death from inside out: an overview**

Wyllie AH

*Philos Trans R Soc Lond B Biol Sci*, 1994, 345(1313): 237-41

Although a type of cell death strategically suited to participating in developmental processes has been well known for nearly 30 years, it is only in the recent past that the extraordinary ubiquity of such death has been appreciated. Apoptosis, a term first employed to describe such death defined in structural terms, is associated with a stereotyped set of effector processes, and is driven by genes most of which are familiar as oncogenes or oncosuppressor genes. Dysregulation of apoptosis leads to diseases of enormous social importance such as cancer and AIDS.