introduction

HIV-associated lipodystrophy syndrome is a major adverse effect of highly active antiretroviral therapy (HAART), although it also occurs among people living with HIV who do not receive any pharmacological treatment. Lipodystrophy diminishes patients’ quality of life and may hinder treatment compliance or lead to its abandonment.

methods

Cross-sectional study conducted from October 2015 to March 2016. A sample was recruited from individuals living with HIV who attended an outpatient clinic in Tubarão, state of Santa Catarina, Brazil. We collected information on demographics, lifestyle, HIV infection, and clinical aspects. Lipodystrophy was diagnosed through patient self-report associated with anthropometry.

results

We surveyed 405 patients (most were white men; mean age 43.7 years). The mean duration of HIV infection was 74.6 months, and 90.1% of the respondents were taking antiretroviral therapy. The prevalence of lipodystrophy was 34.2%, of whom 43% had lipoatrophy, 52% had lipohyper trophy, and 5% had a mixed form. There was a statistical association between the presence of lipodystrophy and female gender (OR=1.77 (95% CI 1.35 to 2.32)) and the duration of HIV infection (OR=1.00 (95% CI 1.00 to 1.04)).

Conclusion

Lipodystrophy was prevalent in more than one-third of the surveyed subjects, which is a warning signal. Lipodystrophy affects quality of life and adherence to treatment, and may cause cardiovascular damage in this population.

Analysis of the clinical profile and results of tuberculosis cases treatment in people living with HIV/AIDS

Introduction

Tuberculosis (TB) even though it is a viable cure is still recognised as a current and persistent public health problem aggravated by the rise in HIV/AIDS. The association between HIV infection and TB increases the probability of death of individuals and influences the control of both, challenging the practice of care and health policies.

Methods

This was a descriptive, quantitative-type survey, aimed to analyse the clinical profile and results of TB treatment cases in people living with HIV/AIDS in Ribeirão Preto/Brazil in the years 2010 to 2014. Patients in the penitentiary system, under the age of 18 and who had changes in diagnosis or transfer were excluded. TB/WEB information system was used for data collection. Descriptive statistical techniques were used for data analysis.

Results

There were 224 cases of TB/HIV of which 71% were men and 29% were women; 94.2% were diagnosed with AIDS and 5.8% were HIV-infected. The clinical form of pulmonary TB was prevalent (64.7%), followed by extrapulmonary (23.2%) and pulmonary + extrapulmonary (12.1%). Regarding the clinical profile of TB, 73.7% were new cases, 14.7% relapsed and 11.6% were re-treatment due to abandonment.

Conclusion

The shared results of the study could allow the implementation of corrective measures to improve the monitoring of syphilis screening.