



# Patients with Human Immunodeficiency Virus

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## DESCRIPTION

People living with HIV (Human Immunodeficiency Virus) known to be at higher risk of lower bone mineral density than their HIV-negative companions. The reason for this discrepancy is multifactorial. To address this increased risk, the Infectious Diseases Society of America (IDSA) published in 2015 fracture risk screening recommendations that differed significantly from those applied to the general population. A survey was conducted at the University of Connecticut to assess vendor awareness and compliance with these recommendations. An electronic survey was sent to the healthcare provider and the patient was also asked about risk factors and the prevalence of low bone mineral density. The results of the provider survey showed a low level of awareness of IDSA screening recommendations. A significant proportion of the patients surveyed met the criteria for low BMD screening, but did not order dual-energy X-ray Absorptiometry (DXA) from their provider.

As an intervention, the provider received an up-to-date email with current screening recommendations and notifications when the patient met the DXA screening criteria. A 12-month follow-up revealed that the provider's knowledge of screening recommendations increased and that screening practices improved. In addition, the results of logistic regression analysis of patient factors showed that an increase in age and gender in men was positively associated with the risk of vulnerable fractures. The longer you use antiretroviral therapy, the less likely you are to have a vulnerable fracture. The symptoms of HIV depend on the stage of infection. People living with HIV are most contagious in the first few months after infection, but many are unaware of their condition until later stages. The first few weeks after the initial infection may be free of symptoms such as fever, headache, rash, sore throat and flu-like illness.

As the infection gradually weakens the immune system, other signs and symptoms may appear, such as swollen lymph nodes, weight loss, fever, diarrhoea, and coughing. Without treatment, you can also develop serious illnesses such as Tuberculosis (TB), cryptococcal meningitis, serious bacterial infections, and cancers such as lymphoma and Kaposi's sarcoma.

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weight loss, fever, diarrhoea, and coughing. Without treatment, you can also develop serious illnesses such as Tuberculosis (TB), cryptococcal meningitis, serious bacterial infections, and cancers such as lymphoma and Kaposi's sarcoma. HIV can be diagnosed through a rapid diagnostic test that provides same-day results. This greatly facilitates the link to early diagnosis and treatment and care. People can also test themselves using the HIV self-test. However, a single test cannot provide a complete HIV diagnosis. A confirmation test is required and is performed by a qualified and trained healthcare professional or community worker at a community clinic.

HIV infection can be detected with high accuracy using tests pre-certified by WHO (World Health Organization) as part of a nationally recognized testing strategy. The most widely used HIV diagnostic tests detect antibodies produced by humans as part of the immune response to fight HIV. In most cases, people develop antibodies to HIV within 28 days of infection. During this time, people experience a period called the window period. This is not only when HIV antibodies are not produced in sufficient quantities to be detected by standard tests and there may be no signs of HIV infection. In particular, those who have been diagnosed with HIV and have started treatment should not be retested. The test is designed to be simple and efficient for adolescents and adults, but the same is not true for babies born to HIV-positive mothers.

In children under the age 18, serological tests are not sufficient to detect HIV infection. Virological tests should be performed at birth or at 6 weeks of age. New technologies are now available to perform this test at Point of Care and enable the results of the day. This speeds up proper coordination between treatment and care. Medical professionals recommend starting HIV treatment as soon as you know you are infected. Treatment is especially important for pregnant women, those with other infections (such as tuberculosis and hepatitis), and those with AIDS symptoms. Studies show that treating early-stage HIV with antiretroviral drugs has long-term benefits.

However, you can choose not to deal with it at first. Even if treatment is delayed, regular tests are needed to measure the amount of HIV in the blood and to see how well the immune system is functioning. If your sexual partner is not infected with HIV, it is advisable to start HIV treatment. Treatment of HIV infections helps prevent HIV transmission to sexual partners. Healthcare workers who are at risk

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of HIV due to accidental needle sticks or contact with other body fluids should be given medication to prevent infection. In addition, the drug can prevent HIV transmission in people who have been raped or accidentally exposed to the body fluids of people who may be infected with HIV. This type of treatment usually begins within 72 hours of exposure. Studies have also shown that if you are not infected with HIV, you can protect yourself from HIV by taking antiretroviral drugs. However, to keep the risk low, you need to use safer sex habits. Currently, there is no cure for HIV / AIDS. Once infected, your body cannot get rid of it. However, there are many drugs that can control HIV and prevent complications. These drugs are Called Antiretroviral Therapy (ART). People diagnosed

with HIV should start ART regardless of the stage of infection or complications. ART is usually a combination of three or more drugs from several different drug classes. This approach is most likely to reduce the amount of HIV in the blood.

The disease is still active and academic interest will continue. The literature is expected to eventually move from as immediate a problem as treatment or prevention to historical observation. Based on the results of current research, if the necessary support is implemented, HEW's potential contributions can be optimized and are a valuable addition to the urgent national talent increase for health, especially HIV services.