

Common Gastrointestinal Complications Associated with Human Immunodeficiency Virus/AIDS: An Overview

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KEYWORDS

• HIV/AIDS • Diarrhea • Nausea and vomiting • HIV enteropathy

KEY POINTS

- With the use of highly active antiretroviral therapy, human immunodeficiency virus (HIV)/AIDS has become a manageable chronic illness.
- The gastrointestinal system is a major target of HIV infection.
- Diarrhea and nausea and vomiting (NV) remain a common problem for people living with HIV/AIDS (PLWHA).
- The causes of diarrhea and NV have shifted from primarily infectious to noninfectious causes.
- Diarrhea and NV can have substantial negative health outcomes for PLWHA.

INTRODUCTION

Since the beginning of the human immunodeficiency virus (HIV)/AIDS epidemic, 1,216,917 people in the United States have been diagnosed with AIDS; based on 2013 data, an estimated 1,242,000 adults and adolescents were living with HIV.¹ The development and effective use of highly active antiretroviral therapy (HAART) has transformed the disease into a manageable chronic illness.^{2,3} When treated early and aggressively, people living with HIV/AIDS (PLWHA) in the developed world have a life expectancy that approaches those of uninfected individuals.²⁻⁴ Nonetheless, as with other chronic illnesses, PLWHA can experience multiple physical symptoms or problems related to HIV infection and treatment. A common problem for PLWHA continues to be gastrointestinal (GI) conditions.

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Common GI conditions or symptoms associated with HIV include diarrhea, nausea and vomiting (NV), bloating, abdominal discomfort, and changes in body weight.^{5,6} However, 2 of the most commonly reported problems by PLWHA are diarrhea and nausea. Up to 60% of individuals with HIV report diarrhea⁵; evidence suggests that NV remains a significant problem among PLWHA, particularly related to the use of HAART.^{7,8} Diarrhea and NV can negatively impact the quality of life, adherence to medication therapy, and eating among PLWHA and are common reasons to change or discontinue HAART regimens.^{2,5,7} Because diarrhea and NV can have substantial negative health outcomes for PLWHA, it is important to understand the causes of these conditions.

Diarrhea

Diarrhea in PLWHA can generally be classified as infectious or noninfectious in nature. The origin of infectious diarrhea can occur from a variety of opportunistic pathogens that can be organized into 4 general categories: bacteria, fungi, viruses, and protozoa.^{9,10} The occurrence of infectious diarrhea in the United States has declined significantly since the advent of HAART.² However, it can still occur in individuals who are significantly immunocompromised and who have CD4+ T-cell counts less than 200 cells per cubic millimeter.⁵ **Table 1** provides an overview of common causes of infectious diarrhea in immunocompromised individuals with HIV.

Although the occurrence of infectious diarrhea has declined because of HAART, diarrhea due to noninfectious causes has increased.^{2,5} The causes of noninfectious diarrhea include HIV enteropathy, HAART-associated diarrhea, autonomic neuropathy, and chronic pancreatitis.^{2,5,10} In order to understand the causes of noninfectious diarrhea in PLWHA it is important to examine the pathophysiology of HIV and the GI tract, particularly as it relates to HIV enteropathy.

Pathophysiology

The mucosal surface of the GI tract functions in an anatomic and physiologic role that serves as a barrier against microorganisms.¹¹ Gut-associated lymphoid tissue (GALT)

Category	Pathogen	Common Signs and Symptoms
Bacteria	MAC	Diarrhea Fever Weight loss
Fungi	<i>Histoplasma capsulatum</i> (histoplasmosis)	Abdominal pain Diarrhea Weight loss Fever
Virus	CMV	Diarrhea Abdominal pain Rectal bleeding Fever Weight loss
Protozoa	<i>Cryptosporidium parvum</i>	Severe watery diarrhea Severe dehydration Electrolyte imbalances

Abbreviations: CMV, cytomegalovirus; MAC, *Mycobacterium avium* complex.

Data from Dikman AE, Schonfeld E, Srisarajivakul NC, et al. Human immunodeficiency virus-associated diarrhea: still an issue in the era of antiretroviral therapy. *Dig Dis Sci* 2015;60:2236–45.

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