

**HAART (Highly Active Anti-Retroviral Therapy) and people
living with AIDS from an urban low socio economic
community**

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Background

In resource poor countries like India, where generic anti retro viral drugs are manufactured, more and more people are being initiated on HAART (Highly Active Anti-Retroviral Therapy). Issues, which influence HAART management, differ from situation to situation. Issues faced by people with HIV/AIDS and on HAART from urban low socio economic communities are still emerging due to paucity of available data.

Methods

23 patients who were initiated on ART either by the team or other service providers and referred to the team for management were included in the study. All patients were from poor economic strata and from an urban migrant community. Patients were followed up for a minimum of three months or a maximum of 24 months on HAART and were evaluated for various complications.

Results

Of the 23 patients, 15 had CD4 done prior to initiating ART and all of them had CD4 < 200, with mean CD4 being 85 cells per cubic millimetre. Rest 5 had CD4 done within a month of initiating ART, i.e., once the patient was referred to the investigating team and all had values below 200. 3 did not have CD4 done due to financial constraints. 10 of them were in C stage of the disease and the rest 7 and 6 in B and A stages respectively. Only 8 had been on Bactrim prophylaxis prior to initiating ART due to the patients presenting late in the illness. All the patients were on a combination of Stavudine, Lamivudine and Nevirepine, the only affordable combination presently available in the country for those from a low socio economic community.

6 out of 23 had immune reconstitution diseases, which included a patient with Vasculitis, another with Tuberculosis, and others with combinations of Tuberculosis, Sepsis and renal failure, Toxoplasmosis and PCP, and Salmonellosis leading to hepatic and renal failures. One patient had a lymphadenitis of unknown aetiology, which recovered spontaneously. None of these could access care in existing referral hospitals due to non-affordability of treatment costs and discrimination the patients faced due to their HIV status. 3 patients succumbed to the immune reconstitution illness in the secondary care facility run by the investigating team. Two patients had to discontinue medicines due to pancreatitis and hepatitis and could not be initiated on second line non-hepatotoxic drugs due to non-affordability of the same.

Conclusion

The 3 by 5 (3 million patients on HAART by 2005) initiative of WHO and initiatives by Indian Government is expected to increase availability of ART to many more in the coming years. But issues like late diagnosis of HIV infection, non affordability of CD4 testing and second line ART drugs, lack of systems for caring for immune reconstitution syndromes and other major OIs are issues which need to be addressed along with up scaling of HAART in resource poor settings like India.