WELCOME

TO



This is an Education Platform

We provide Free PDF Notes and Videos Classes for Pharmacy Students

Web Site http://www.fdspharmacy.in/

You tube https://www.youtube.com/channel/UC77iEsiuZolU4pB8WAJIR5Q

What app https://chat.whatsapp.com/IzSgXtFEvhS4LN5xhUgq5z

Telegram https://t.me/+cvxm17xSloA4MjVl

Face book https://www.facebook.com/Fdspharmacy-1057643119944440/

E-mail fdspharmacyinfo@gmail.com

Diploma in Pharmacy 2nd Year
Pharmacotherapeutics
Experiment

To Provide Counselling to Patient on AIDS Disease Condition, Medications, Life-Style Modifications, Monitoring Parameters.

Aim:

To Provide Counselling to Patient on AIDS Disease Condition, Medications, Life-Style Modifications, Monitoring Parameters

Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 85 - 89

Theory :

AIDS :

HIV/AIDS counselling is an active process of communication occurring between a trained counsellor and those affected by HIV/AIDS, in order to help them deal adequately and appropriately with associated problems.

Objectives

HIV/AIDS counselling is done to attain the following objectives:

1) To promote healthy lifestyles, behaviour, moral and spiritual values for preventing infection.
2) To modify the risky lifestyles and behaviours for reducing the spread of disease.
3) To provide psychosocial support to the patient and/or care givers for attaining the best possible functioning and quality of life.

4) To impart health education and rectify misconceptions or myths about HIV/AIDS

Stages of Counselling

1) **Pre-test Counselling:** The objectives are
   i. To know the motive for testing.
   ii. To evaluate patient's knowledge on HIV/AIDS, e.g., risk behaviours, window period, mode of transmission, etc.
   iii. To evaluate risk behaviours by knowing last exposure to the virus.
   iv. To evaluate psychological reactions to prepare the patient for the test result.
   v. To inform about the test procedure, result handover, inference of test results and plan while the result is awaited, like discussion with spouse, informing family members, etc.
2) **Informed Consent:**
   i) To detect if a person is infected with chronic illness, such as HIV, the informed consent of patient is being taken.
   ii) Patient's independence or self-rule is critical for taking informed consent.
   iii) This process involves informing unprejudiced information to the patient and is aided via dialogical approach where patient's view is the focal point.
   iv) The dialogical approach accounts patient's identity, including cultural position, emotions, and uncertainty.
   v) To obtain informed consent the patient is educated, informed about advantages and disadvantages of HIV testing, heard and answered queries, and seek permission for each step of counselling and testing.
   vi) To obtain informed consent for HIV tests, a subject must be competent, knows the purposes, risks, harms and benefits of

tests, along with those without tested, and the consent must be voluntary.

3) **Post-test Counselling:** Post-test counselling should be performed by pre-test counsellor itself. This should take in negative, positive and indeterminate outcomes. The counsellor must:
   i) Make sure the patient is prepared to get test results.
   ii) Declare results to the patient in a calm manner.
   iii) Communicate in a simple language.
   iv) Ensure that the patient has understood the test results.
   v) Allow sufficient period for patient to realise the implication of test results.
   vi) Ask if the patient has any questions on the test results
   vii) Support the patient in either of the case; negative or positive test results.

HIV-Negative Test Result:

i) Test result interpretation reveals lack of HIV infection evidence and that no antibodies to HIV were detected. This interpretation recommends further tests due to the window period or re-exposure.
ii) It should be confirmed that the patient comprehends the test results. I
iii) The patient should be allowed to ask questions on result or further testing.
iv) Any concerns of the patient regarding activities or situations promoting transnussion of HIV should be cleared.
v) The patient should be educated, provided with community-based resources, and harm reduction aids.
vi) The patient should be suggested to take future testing.

vii) Complete discussion with the patient should be documented and recorded in accordance with the agency norms or regulatory body requirements.
viii) It should be confirmed that the patient clearly understands the negative result.
ix) The patient should be suggested on re-testing in window period. x) Discussion should be done about plans on personal risk reduction.
x) The patient should be encouraged to get his/her partner HIV tested.
xi) The patient should be counselled to EBF for 6 months and breastfeeding should be done for up to 2 years or more
xii) The patient should be counselled on nutritious diet.
xiii) Family planning methods should be promoted post-delivery xv) The patient should be made aware of the immunisation schedule for baby.
xiv) The patient should be counselled on significance of HIV-negative result.

HIV-Positive Test Result:

i) The patient should be made to understand the result and comfort on immediate reactions.
ii) Discussion should be done on personal risk reduction plan to prevent recurrence of infection.
iii) The patient should be advised to disclose the result to significant other. This may support to decide on taking PMTCT services.
iv) The patient should be encouraged to get his/her partner tested for HIV and counselling.
v) The patient should be advised on ARV prophylaxis (or ARV therapy) for PMTCT.
vi) The patient should be informed about infant feeding alternatives.
vii) The patient should be counselled on nutritious diet.
viii) The patient should be counselled on planning of delivering baby.

ix) The patient should be counselled on future fertility intentions e and family planning methods after delivery.
x) The patient should be provided detailed information on immunisation schedule for the baby.
xi) The patient should be suggested to cooperate in follow-up care, opting healthcare services, and support groups for quality life.

Lifestyle Modifications

1. Hands should be washed regularly. It should always be done after using the bathroom and before preparing food.
2. The area under the fingernails should be cleaned.
3. Hand cream should be used to prevent dry skin.
4. Any cuts or sores should be covered.
5. One should try to stay away from others who are sick.
6. Vaccination should be done if required.
7. Cat litter boxes or stool, bird droppings and fish tank water should not be touched.
8. Gloves should be used during gardening.
9. The house should be kept clean and bleach should be used to clean toilets.
10. Raw eggs, fish or shellfish should not be consumed.
11. Well cooked meats, poultry, and fish should be consumed.
12. Fruits and vegetables should be washed before eating.
13. Healthful and well balanced diet should be consumed
14. Stress should be managed.
15. Smoking, consuming alcohol or using drugs should not be done.
16. Adequate rest should be taken.
17. Exercise should be done regularly.

18. The doctor should be consulted regularly. Questions about any upcoming events, including travel should be asked. The doctor can assist a patient in reducing the risk of infection.

    To keep HIV from spreading to others:

    1) Male latex condom should be used every time during anal, vaginal, or oral SCX.
    2) Past or new sex partners should be informed about the HIV.
    3) Items such as razors, toothbrushes, or tweezers should not be shared with others.
    4) Blood, ussue, fluids, or organs should not be donated.
    5) The doctor should be consulted about birth control options.
    6) The baby should not be breastfeed because it can transmit virus to the baby.

Monitoring Parameters

1) **CD4 Monitoring:**
    i) CD4 counts should be taken at the moment an HIV infection is diagnosed and then every six months following that. Monitoring should be done more frequently as the CD4 count approaches the beginning point for ART.
    ii) CD4 should be measured before starting ART
    iii) CD4 should be measured at every 6 months after starting AR
    iv) CD4 should be measured if new clinical staging signs appear. including growth faltering and neurodevelopmental delay.
    v) In cases when CD4 measuring capacity is limited, the use of CD4 monitoring should be targeted to evaluate the importance of clinical events.

2) Viral Load Monitoring:

i) Before starting ART, VL determination should be done if required.

ii) Before switching treatment plan, the VL should be evaluated to confirm clinical or immunological failure, if possible.

3) Routine Clinical and Laboratory Monitoring:

i) Before initiating ART, the baseline haemoglobin level (and white cell count, if available) should be evaluated.

ii) For infants and children, haemoglobin should be measured at week 8 after starting ART- containing regimens or more frequently if symptoms indicate.

iii) Growth, development and nutrition should be monitored monthly.

iv) Laboratory monitoring for toxicity should be symptom directed.

Result: Patient counselling on AIDS disease condition, medications, life-style modifications, monitoring parameters was provided.