

Editorial Note On: HIV Medicine

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The journal thus focuses on a vast spectrum of topics that address the clinical and medical aspects of the disease by including studies on the Infectious Diseases, Immune deficiencies, Sexually Transmitted Diseases (STD), Gynecology, Clinical virology, Epidemiology, Molecular biology, and Immunology. Apart from focusing on the research that finds ways and means to fight the disease, the journal pays attention on the social stigma attached with the disease by focusing on studies related to HIV Medicine, HIV Drug therapies, Behavioral sciences, Social sciences & Humanities, AIDS Education & Prevention, mFamily Medicine, Translational Science, etc.

The treatment of HIV/AIDS with medicines is called antiretroviral therapy (ART). It is recommended for everyone who has HIV. The medicines do not cure HIV infection, but they do make it a manageable chronic condition. They also reduce the risk of spreading the virus to others.

It's important to take your medicines every day, according to the instructions from your health care provider. If you miss doses or don't follow a regular schedule, your treatment may not work, and the HIV virus may become resistant to the medicines.

HIV medicines can cause side effects. Most of these side effects are manageable, but a few can be serious. Tell your health care provider about any side effects that you are having. Don't stop taking your medicine without first talking to your provider. He or she may give you tips on how to deal with the side effects. In some cases, your provider may decide to change your medicines.

HIV stands for human immunodeficiency virus. It harms your immune system by destroying CD4 cells. These are a type of white blood cells that fight infection. The loss of these cells makes it hard for your body to fight off infections and certain HIV-related cancers.

Combination dolutegravir/lamivudine (DTG/3TC), an INSTI and NRTI, was approved in 2019. It is the first two-drug, fixed-dose complete regimen for the treatment of HIV-1 infection in treatment-naive adult patients. This contrasts with the traditionally required three-drug standard-of-care regimen options.

People with AIDS who don't take medication only live about 3 years, even less if they get a dangerous infection. But HIV can still be treated at this stage.

Within a few weeks of HIV infection, flu-like symptoms such as fever, sore throat and fatigue can occur. Then the disease is usually asymptomatic until it progresses to AIDS. AIDS symptoms

include weight loss, fever or night sweats, fatigue and recurrent infections.

No cure exists for AIDS, but strict adherence to antiretroviral regimens (ARVs) can dramatically slow the disease's progress as well as prevent secondary infections and complications.

HIV is treated with antiretroviral medications, which work by stopping the virus replicating in the body. This allows the immune system to repair itself and prevent further damage.

A combination of HIV drugs is used because HIV can quickly adapt and become resistant.

Some HIV treatments have been combined into a single pill, known as a fixed dose combination, although these often cost more to prescribe.

Usually, people who have just been diagnosed with HIV take between 1 and 4 pills a day.

Different combinations of HIV medicines work for different people, so the medicine you take will be individual to you.

The amount of HIV virus in your blood (viral load) is measured to see how well treatment is working. Once it can no longer be measured it's known as undetectable. Most people taking daily HIV treatment reach an undetectable viral load within 6 months of starting treatment.

Many of the medicines used to treat HIV can interact with other medicines prescribed by your GP or bought over-the-counter.

These include some nasal sprays and inhalers, herbal remedies like St John's wort, as well as some recreational drugs. Always check with your HIV clinic staff or your GP before taking any other medicines.

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