

## Supporting people living with HIV and opportunistic infections

### Recommendations

- Some people with HIV-associated opportunistic infections will be newly diagnosed with HIV and should be offered support to adjust to the diagnosis (GPP\*).
- Where people with HIV have had difficulties engaging in care and treatment which have led to development of opportunistic infections, peer support and professional support to understand and address barriers to future adherence are recommended (GPP).
- Management of side effects and toxicities is particularly important and enhanced support for adherence should be offered (GPP).
- A holistic approach to care is recommended, with a focus on enabling and empowering people living with HIV and opportunistic infection to manage their health (GPP).

### Rationale

Opportunistic infections are increasingly rare in the UK and other settings with good access to HIV care. People living with HIV who develop opportunistic infections frequently do so due to late diagnosis of their HIV or due to factors hindering their ability to engage in treatment or care, leading to progression to immunosuppression [1]. Access to support, including peer support, to adjust to the HIV diagnosis and address any barriers to ongoing care is important.

Treatment of opportunistic infections can require multiple medications, in addition to antiretroviral therapy, which increases the tablet burden and possibility of side effects and toxicities. In addition, patients with opportunistic infections can be very unwell, requiring inpatient treatment. Even after discharge from hospital, frequent follow-up visits can be needed temporarily.

People living with HIV with significant immunosuppression are at increased risk of immune reconstitution syndrome with antiretroviral treatment, which can lead to worsening of existing or development of new opportunistic infections. This can be challenging to manage and disheartening for patients. Expert clinical advice and where needed mental health, adherence, social and financial support should be rapidly accessible to people living through these episodes, which can occasionally be prolonged, to encourage and facilitate ongoing treatment and care.

The social and financial burden of an episode of significant ill health, such as an opportunistic infection, can be very high. A holistic approach to support is needed, to include information about:

- Financial entitlements such as sick pay or state benefits
- Available resources to support travel costs for healthcare visits
- Local services that can provide employment or housing advice
- Help to ensure adequate access to food
- Local social services where support is needed with caring responsibilities.

### Reference

1. Croxford S, Miller RF, Post FA *et al*. Mortality among people with HIV in the UK in 2019: findings from the first year of the PHE/BHIVA National HIV Mortality Review. Available at: <https://www.bhiva.org/file/60813052e7a07/P029-poster.pdf> (accessed May 2022).

\*Good practice points (GPPs) are recommendations based on clinical judgment and experience.