

HIV and gastrointestinal opportunistic infections

The British HIV Association (BHIVA) produces guidelines about HIV treatment. Each guideline reviews the evidence for the best care.

This leaflet summarises the main points from the chapter on gastrointestinal infections in the opportunistic infection guidelines.

Introduction

There are many possible gastrointestinal infections. These are discussed individually, with information on diagnosis, treatment and prevention. General principles are discussed in this leaflet. Please see the full guidelines for details of each individual infection.

What are opportunistic infections?

These are infections that occur more often, and are more severe, in people with weakened immune systems. They are less common now than they were in the early days of HIV, because of effective antiretroviral therapy.

What are gastrointestinal infections?

These are infections of the gastrointestinal system, which extends from the mouth and throat to the stomach, intestines, liver and gallbladder, rectum and anus. Infections of the liver including hepatitis B or C virus are not discussed here. There are separate guidelines for these infections.

Which gastrointestinal infections are included in the BHIVA guidelines?

Infections of the mouth and throat are discussed. The most common cause is thrush, but other causes are also discussed. The best way to prevent thrush in people living with HIV is effective antiretroviral therapy.

The main topic of these guidelines is gastrointestinal infections that cause persistent diarrhoea. This can be caused by bacteria, viruses, parasites or (more rarely) fungi.

What are the most important points about diarrhoea discussed in the BHIVA guidelines?

The most common cause of diarrhoea is a gastrointestinal infection, although there are other possible causes. Diarrhoea normally gets better by itself, but if it persists for more than 2 weeks, you should see your doctor.

In many cases, the risk of gastrointestinal infection for people living with HIV is the same as for everyone else. But people living with HIV are more at risk of some infections, including:

- Infections that may be sexually transmitted. These are mostly seen in men who have sex with men, and include infections that are not seen widely in the general population, such as shigella, lymphogranuloma venereum (LGV) and giardia lamblia.
- Infections that are more widespread in low to middle income countries. These are mostly seen in people who have recently arrived or returned from such countries, and include infections (such as schistosomiasis) that are not commonly seen in the general population in the UK.

Diagnosis and treatment for most gastrointestinal infections are the same as for the general population, and outcomes are generally good.

If your immune system is weak (with a low CD4 count, below 50 cells/mm³), the risk of gastrointestinal infection is greater and any infection may be more severe, possibly with poorer outcomes. There are some specific infections such as cytomegalovirus (CMV) and cryptosporidiosis that are more common in people living with HIV with low CD4 counts. As well as taking treatment for the gastrointestinal infection, you should start effective antiretroviral therapy, if you are able. Care is needed to prevent over-reaction of your immune system; this is known as immune reconstitution inflammatory syndrome (IRIS).

Some medicines (such as some antibiotics and anti-depressants) may cause diarrhoea. Some HIV medication may also cause diarrhoea, although it is usually associated with older HIV drugs that are not commonly used today. If this happens, you may need to change your antiretroviral medications. But other causes (including gastrointestinal infections) should be ruled out before changing antiretroviral therapy.

If no gastrointestinal infection can be found, and you still have persistent diarrhoea, you should see a gastroenterologist. A gastroenterologist will look for (and treat if found) other, less common, medical conditions that can cause diarrhoea.

Further information and support

Community organisations in the UK that produce HIV treatment information and resources include HIV i-Base (i-base.org.uk) and NAM (aidsmap.com).

About BHIVA

BHIVA is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines:

www.bhiva.org/guidelines.aspx.

Information about how BHIVA guidelines are developed can be found at:

www.bhiva.org/clinicalguidelines.aspx.