**Chapter 36: HIV Infection and AIDS**

Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS): transmitted sexually or through blood products, transmitted consistently from blood to blood and highly infections

* HIV attacks person’s immune system which wards off infections and calls on T cells and B cells to help out when it recognizes a foreign substance
	+ Virus usually goes unrecognized but is classified as chronic not terminal illness
	+ More than one million people are living with HIV in the US w/1 in 5 not knowing they have the infection
* A person with HIV doesn’t necessarily have AIDS but has stages cumulating to AIDS
	+ First presents as a mononucleosis-like syndrome with fatigue, high fever, and swollen lymph nodes (usually occurs within a few weeks of infection)
	+ A person is asymptomatic for years & eventually have large swollen lymph nodes
	+ Last stage classifies as AIDS and includes high fever, chronic diarrhea, painful neuropathies, and severe weight loss.
	+ Box 36-1 page 700 (Staging of HIV/AIDS)
* OTA can help person at any level obtain the highest level of occupational performance

**Considerations for Persons with HIV Disease and AIDS**

Physical Considerations: these factors can be influence occupational performance and may be different from person to person

* Fatigue, PNS and CNS disorders, visual impairments, cardiac problems, pain, weakness (neuromuscular), changes in posture, gait, ROM, strength, coordination, balance, changes in cognition (particularly safety awareness)
	+ These client factors can affect ADL’s, IADL’s, rest and sleep, education, & more

**Psychosocial/Mental Health Considerations**

* Anxiety, depression, guilt over being infected or possibility of infecting others, preoccupation with illness or death, lack of interventions, limited access to health care, lack of insurance, anger, neuropsychiatric problems (forgetfulness, apathy, memory loss), altered self-image, lack of control over environment, hopelessness and helplessness, lack of meaning, altered goals, grief, and societal stigma.

**Contextual Considerations**: physical setting is important for person with HIV/AIDS but also social, personal, cultural, temporal, and virtual contexts. OTA should consider all

* Physical context: HIV patients may have trouble negotiating steps, and visual motor impairments affecting driving, shipping, and community traveling.
* Social Context: stigma and discrimination often cause people with HIV to be a standout
	+ Relationships may be altered due to prejudice against people
	+ OTA can help through ADL, ROM, or some creative interventions
* Cultural Context: a person with HIV may come from any population or group of people
	+ OTA cares about person and should be attentive to specific individual

**Occupational Therapy**: Adolph Meyer (1 of OT founders) identified essentials of human nature

* Individual health measured by involvement in life tasks in social/physical environments
* Focus must be a part of a person’s lifestyle
* Healthy balance among work, rest, sleep, and play is necessary to function
* Occupation can restore function, maintain functioning, and prevent dysfunction
* Occupations help people make better use of time and reorganize time

Environment: occupations provide the most meaning when they are developed within the context of a familiar environment (people have an impact and are influenced by environment)

Occupational Roles: mastery and progress towards developing an occupational role

Wellness: occupations that promote meaning and in which the person can engage successfully promote wellness.

* OTA can help patient engage in favorite occupations, balanced with rest and periods of leisure and good nutrition

Temporal Rhythms: OTA helps person organize routines, prioritize goals, & make the best use of time by using different techniques like a time log that corresponds to how the person uses time

Control: HIV disease can slowly take control over person’s life due to progression of symptoms

* OT practitioners should share occupational choices with patient in every session

**Occupational Therapy Assessment and Evaluation**

* After initial evaluation from the OT the OTA can work with that information and make a plan of care based on goals and develop interventions
* It’s important for the OTA to be aware of infection control and take preventative measures to keep safe. Ex: gloves are necessary to wipe bodily fluids

Interventions: OTA’s help create environments, opportunities for and approaches toward health, wellness, and positive living with the HIV disease

Considerations for interventions include:

* Incorporating nutritional education in interventions
* Use of alternative medicine therapy to complement traditional care (deep breathing, visualization, and more)
* Provide control and choices at each session to convey healthy respect for patient
* Help the person adapt a routine or habit of daily living to promote healthier living
* Generalize weakness and fatigue can disrupt routines and activity performance
* Positioning for the bedbound or frail pt. can cause ulcers and prevent healthy sleep/rest
* Learning the use of adaptive equipment is vital for person with functional limitations
* Factors contributing to psychosocial must be considered
	+ Absence of cure of disease, disruption of routines, constant doctor appointments, real and perceived discriminations, and work roles and lost relationships
* Health promotion and wellness programming