



Clinical Profile of Patients Attending ICTC: in a Medical College Hospital, Rims, Kadapa

KEYWORDS

Clinical profile, ICTC, HIV seroreactivity,

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ABSTRACT

Back ground: In India HIV epidemic is dynamic and heterogenous, and its clinical spectrum is wide. Early recognition of persons having HIV will always help in early interventions to halt or slowdown the progress of HIV disease

Material & Methods: This is a cross sectional study and was carried out over a period of two years form Jan 2013 to Dec 2014 among patients who attended ICTC either voluntarily or referred from various departments in RIMS Kadapa, to findout pattern of disease symptoms ,high risk behaviours for HIV and HIV sero-status among them. The data was analysed mutually exclusive where specific diagnosis is obtained and where specific diagnosis is not obtained symptoms was considered for analysis.

Results: In our study majority of the patients attended voluntarily and with minor miscellaneous complaints were 48% then presurgical evaluation was 19%. Next to that noted were tuberculosis 10.75%, STD and skin diseases 7.8%, prolonged fever 4.8%, prolonged diarrhoea 4.9%, generalised weakness 3.2%. overall HIV seroreactivity was 4.3%. HIV serostatus by disease/symptom complex showed that 16.4% of patients suffer prolonged fever, 13.5% with prolonged diarrhoea, 12.46% with tuberculosis, 10.5% with weakness, 8.5% with skin and other STDs. High risk behaviour was seen in groups suffering from prolonged fever, prolonged diarrhoea, Tuberculosis and STD.

Conclusions: Patients suffering from prolonged fever, prolonged diarrhoea and tuberculosis needed greater emphasis for HIV screening. Early detection of HIV positive patients makes intervention possible at a very early stage and this can slow down the progress of HIV disease and can extend a better life

Introduction

Since its discovery in 1981 by CDC in US, HIV /AIDS became an emerging disease and became a global pandemic. As of 2012 approximately 35.3 million people have HIV world wide¹ with 2.3 million people infected newly in 2012 and is down from 3.1 million new infections in 2001. It resulted in 1.34 million deaths in 2013, down from a peak of 2.2 million in 2005² In India as of 2013 estimates 2.1 million people living with HIV. As per NACO report 1.16 lakh new infections in 2011 and AIDS related deaths being 1.48 lakhs³

The clinical consequences of HIV encompass a wide range of spectrum ranging from acute syndrome with primary infection to a prolonged asymptomatic state to advanced disease with opportunistic infections³. The symptoms of HIV can occur at any time during the course of HIV infection. How ever ART has a major impact on blocking or slowing progression of disease over an extended period of time and prolonging the life of severely ill patients. Therefore an early knowledge of HIV infection is highly beneficial in order to prolong the fruitful life of infected person and to prevent transmission

With this background knowledge present study was conducted among the patients who attend the ICTC either

voluntarily or referred from various departments in RIMS to find out HIV serostatus and high risk behaviour for HIV/ AIDS

Methodology

The present study was conducted in RIMS medical college Kadapa. The study subjects were patients who attended ICTC either voluntarily or referred from various departments in RIMS. Data collection was done during the period from January 2013 to December 2014. The clinical diagnosis of the patients were done by departments which were referring the patients to ICTC and whose diagnosis cannot be made were predominant symptom were considered, and some patients were sent for presurgical evaluation. How ever some clinical conditions were grouped into a single miscellaneous group. the diseases and symptoms were analysed as mutually exclusive.

Anonymous information was collected on a predesigned and pretested schedule by interviewing the study subjects. Following the guidelines of the National AIDS Control Organisation (NACO) the interview was taken by the counsellor of the ICTC under strict confidentiality. As per the policy and strategy prescribed by the NACO, after a pretest counselling of the study subjects and obtaining consent from them, their blood samples were collected

and tested followed by post test counselling. The variables studied were sex, disease/symptoms they were suffering from and previous history of High risk behaviour for HIV/AIDS and their HIV serostatus

The collected data were compiled and analysed using standard statistical methods. The anonymity of the study subjects was ensured and only aggregate data were reported.

Observation

A total of 19094 patients attended ICTC voluntarily and referred from OPD and IPD of RIMS and routine testing for their HIV serostatus during period from January 2013 to December 2014. Out of them 11127 were male (58.27%) and 7967(41.72%) were female shown in table 2.

Regarding the disease/ symptoms they were suffering from it was observed that 3804 patients came for presurgical evaluation(19%),2054 patients with tuberculosis(10.75),1508 were suffering with STD/skin diseases(7.8),922 had prolonged fever(4.8%),128 were suffering from prolonged diarrhoea(4.9%),614 presented with weakness(3.2%),others with miscellaneous complaints and voluntary attendees form the major fraction of people attending ICTC(48%) 9246. These people complain of chest pain,mental confusion,swelling of lymph nodes,paralysis jaundice etc.

The overall rate of HIV seroreactivity among all the patients was 4.3%. the analysis of the clinical conditions by HIV serostatus shows that out of 922 patients with prolonged fever 152 were seroreactive for HIV (16.4%). And out of 946 patients with prolonged diarrhoea 128 were positive for HIV (13.5%). 12.46% was positive among tuberculosis, 10.5% were reactive among patients suffering weakness and 8.5%fall in STD/Skin diseases and a minor quantity was seroreactive among miscellaneous group and presurgical evaluation group shown in table 1

An overall ----of the patients had previous or current history of HRB for HIV/AIDS. Analysis of data by clinical conditions and HRB (exposure to commercial sex workers.

Disease /symptom suffering from	Total cases	Hiv positive
Tuberculosis	2054	256(12.46%)
Prolonged fever	922	152(16.41%)
Prolonged diarrhoea	946	128(13.5%)
STD/Skin lesions	1508	129(8.5%)
Weakness	614	65(10.5%)
Presurgical evaluation	3804	32(0.8%)
Others	9246	77(0.8%)

Table 2: showing the distribution of sex among the patients attending to ICTC

Gender	Total attended to ICTC	Seropositive
Male	11127	521
Female	7967	318
Total	19094	839(4.3%)

Table 3:showing high risk behaviour in various groups

Disease / symptom suffering from	Total cases	High risk behaviour
Tuberculosis	2054	1205(58%)
Prolonged fever	922	351(38%)
Prolonged diarrhoea	946	326(34.4%)
STD/Skin lesions	1508	975(64.65%)
Weakness	614	218(35.5%)
Presurgical evaluation	3804	56(1.4%)
Others	9246	87(0.9%)

injection drug use or receiving transfusions,truck drivers) done. and it was observed that patients with history of HRB for HIV/AIDS had higher proportion of seroreactivity for HIV

Discussion

Tuberculosis is the most predominant opportunistic infection in persons with HIV/AIDS⁴ and patients with tuberculosis must be screened for HIV. The prevalence of HIV in incident TB was 13% world wide with which our study results are similar⁷.our study shows that 30%(256/839) i.e, one third of seropositive people were suffering from tuberculosis which correlates with the previous studies And in our country 85% of the HIV infection is transmitted through the sexual route and unprotected multipartner sex is most common cause of HIV infection. Most of the STD patients are clients of commercial sex workers, so they are a very high risk of HIV.so patients with tuberculosis and STD are screened frequently. how ever seroreactivity for HIV in prolonged fever group and prolonged diarrhoea gorup is comparable to the tuberculosis group in our study. This appears to be a indication that prolonged fever and diarrhoea might be the presenting symptom in a major group of HIV positive people.

The significant differences in HIV serostaus (among the patients with major groups of symptoms/diseases) between patients with and without HRB for HIV were interesting. From the study it appears that likelihood of getting HIV seroreactive increases significantly among patients with unexplained prolonged fever, tuberculosis etc when they have had HRB for HIV/AIDS.

Recently effective chemotherapeutic drugs have been developed for the treatment of HIV that suppresses the HIV infection itself. These drugs have been proved useful for prolonging life of severely ill HIV/AIDS patients. With excellent suppression of HIV replication, the clinical course becomes stabilised or improved as a result of partial immunologic reconstruction. The observations that continuous viral replication goes on during the early phase of HIV infection and considerable disease progression occurs with even low levels of circulating virus has led to the concept of treating the majority of infected individuals with ART even if CD4 lymphocyte count is preserved

ICTC is a key entry point for a range of interventions in HIV prevention and care like prevention of transmission from mother to child during birth, referrals for STD treatment, condom promotion, care and support for treatment of opportunistic infections, management of HIV-TB

Co-infections and more recently for referral to designated medical centres for ART.

The study has revealed that when patients are attending hospitals or doctors clinics with unexplained prolonged fever or diarrhoea or tuberculosis or unexplained weakness it will be better practice on the part on the physicians to enquire about history of HRB for HIV/AIDS. More over, counselling of those patients followed by HIV testing (following the guidelines of NACO) will go one step forward for diagnosing and treating the patients with appropriate drugs including antiretroviral chemotherapy. It is believed that ultimately this approach will help to diagnose HIV at an early stage and will help halt/ slow down the progression of infection and prolong the life of patients living with HIV.

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