

# So you want to be ... a specialist in HIV/AIDS medicine

## Introduction

There is no single speciality called 'HIV/AIDS' (human immunodeficiency virus/acquired immune deficiency syndrome) so physicians with a major interest in this field have to progress via alternative routes in terms of training and accreditation.

Most physicians caring for individuals with HIV infection are accredited in genitourinary medicine, but there are those with backgrounds in infectious diseases, gastroenterology, respiratory medicine, haematology and general practice who have, along the way, developed an interest in HIV/AIDS.

## Clinical practice

Since the advent of highly active antiretroviral therapy (HAART), most work is outpatient based, although some HIV physicians have an inpatient role only. The outpatient emphasis is, in the main, a result of the successful treatment of HIV infection with HAART and improvements in the management of short- and long-term drug toxicities. The outpatient work is often challenging, requiring complex interpretation of data, including viral load and CD4 count analyses, resistance tests, pharmacology and therapeutic drug monitoring. Many other issues are dealt with in the outpatient setting: dietetics, counselling interventions, drug adherence support, vaccination programmes and health advice.

Pharmacogenomic studies are evolving in HIV as a mechanism of identifying individuals at risk of developing specific drug reactions which can, on occasion, prove fatal. In the post HAART era, the majority of inpatients are those with HIV-related tumours, especially lymphoma. Opportunistic infections such as toxoplasmosis, *Pneumocystis jirovecii* and bacterial

pneumonia, cryptococcosis, tuberculosis, and hepatitis are common.

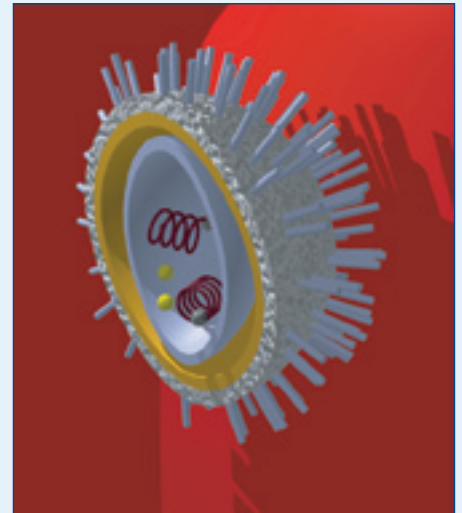
HIV/AIDS patients are classically very complex, exhibiting a range of co-pathologies which frequently provoke treatment dilemmas. The complex drug interactions of therapies used to treat co-infection, e.g. rifampicin – a potent inducer of cytochrome p450 – with the antiretroviral drugs, and the major issue of toxicity in individuals undergoing hepatitis C therapy are some of the difficulties faced.

Tumours, often associated with oncogenic virus, such as lymphoma and Kaposi's sarcoma, are common in HIV-positive patients and are managed by a multidisciplinary team including physicians with expertise in the use of chemo- and radiotherapy. End of life issues in relatively young adults need the valued experience of and close liaison with palliative care teams.

## Social issues

HIV/AIDS patients frequently have a diverse social and cultural background. The majority of HIV-infected individuals in the UK are gay men and heterosexual Africans, many of whom are asylum seekers in need of medical, psychological and social support. HIV physicians are part of a multidisciplinary team, regularly liaising with health-care workers in the community. Patients vary in complexity: they may include refugees, homeless individuals or drug users and many are long-term sick with diverse social needs. The HIV diagnosis can be shrouded in secrecy and stigma. Frequently, patients do not wish to disclose their status to their GP, and family members and friends can be unaware of the individual's underlying diagnosis. This situation can be challenging for the multidisciplinary team, especially if the patient is admitted to hospital with medical or surgical problems.

An HIV/AIDS physician needs to be aware of the very fast developments that occur in this speciality in terms of treatment and diagnostics. There are several conferences throughout the year, for example World AIDS, which provide information on new developments, overviews and



updates. Many countries have their own guidelines for the management of HIV and diseases associated with the infection.

## Conclusions

The field of HIV/AIDS is extremely rewarding and is one of the few medical fields where one remains a general physician. You must be a good team player, functioning well within the multidisciplinary team and liaising with colleagues from varied specialities. A good understanding of general medicine, pharmacology, infectious diseases, and sensitivity for the human condition is paramount. **BJHM**

*Conflict of interest: none.*

## KEY POINTS

- To become an HIV (human immunodeficiency virus) specialist usually requires accreditation in genitourinary medicine or infectious disease.
- It is mainly an outpatient-based speciality focusing on lifelong treatment and management of patients using antiviral combination therapy.
- HIV physicians need to be competent in the interpretation and understanding of complex data such as resistance tests in order to treat patients successfully.
- Physicians need to understand the role of new drug classes, especially in individuals with resistance.
- The management of HIV-positive patients with tuberculosis, hepatitis co-infection or tumours is complex and challenging.
- HIV physicians need to be part of a multidisciplinary team and work closely with their colleagues.

**Dr Rachael Jones** is Specialist Registrar and **Dr Anton Pozniak** is Consultant Physician, Department of HIV and Genitourinary Medicine, The Chelsea and Westminster Hospital, London SW10 9NH

Correspondence to: Dr R Jones