

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

There is no single speciality called 'HIV/AIDS' (human immunodeficiency virus/acquired immune deficiency syndrome) – physicians with a major interest in this field tend 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

Patients present at varying stages of HIV disease. Major attempts are being made to reduce the incidence of late presenters, and HIV physicians are working closely with colleagues in primary care and general medicine to highlight indicator diseases and demographics which may suggest underlying HIV infection. Since the advent of highly active antiretroviral therapy (HAART), most work is outpatient based, although some HIV physicians maintain a predominantly inpatient role. The outpatient emphasis mainly reflects the success of HAART in treating HIV infection and a better knowledge of the management of short- and long-term drug toxicities. Outpatient work is often challenging, requiring interpretation of complex 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, pregnancy planning and health advice.

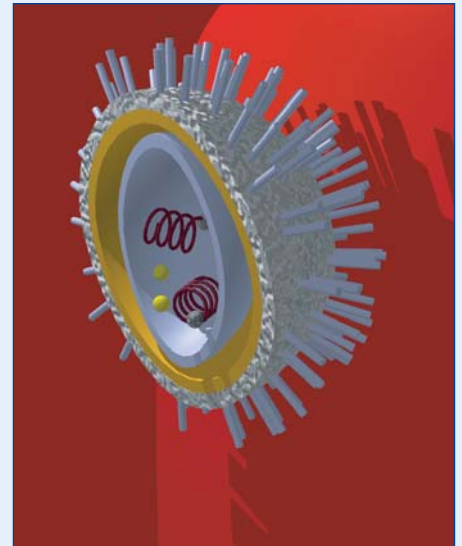
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Pharmacogenomic studies are evolving in HIV as a mechanism of identifying individuals at risk of developing specific drug reactions which can, on occasion, prove fatal. In the post HAART era, the majority of inpatients have HIV-related tumours, especially lymphoma. However, opportunistic infections such as toxoplasmosis, *Pneumocystis jirovecii* and bacterial pneumonia, cryptococcosis, tuberculosis and hepatitis remain 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 close liaison with palliative care teams. An HIV/AIDS physician needs to be aware of the swift developments that occur in terms of treatment and diagnostics. There are several conferences throughout the year, e.g. World AIDS, which provide information on new developments, overviews and updates. Many countries have their own guidelines for the management of HIV and associated diseases.



Social issues

HIV/AIDS patients frequently have a diverse social and cultural background. The majority of HIV-infected individuals in the UK are men who have sex with men and heterosexual individuals of African origin, 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 have chronic illness 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. **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, and 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.