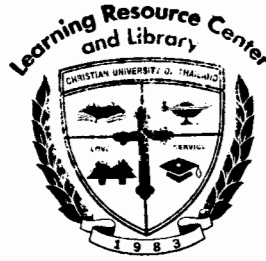


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Transmission and Epidemiology of HIV/AIDS: a Global View 339
Felissa R. Lashley

Since the first recognition of the condition that is now called AIDS, much has been learned. We now know that AIDS results from infection with HIV types 1 and 2. Advancements in approaches to treatment, in the form of new types of medications, have changed the trajectory of illness by slowing progression and decreasing the incidence of HIV-associated opportunistic infections in the millions of people living with HIV infection, particularly in developed countries. In less developed areas of the world, HIV infection looks different, in part because of the differential availability of medications and health care. This article focuses on epidemiology of HIV infection and AIDS in the United States and worldwide, and on transmission, including susceptibility factors.

Substance Abuse, Medications, HIV, and the Community 355
Anita Vaughn

This article describes the experience of a medical internist caring for thousands of persons living with HIV/AIDS (PLWHA) for more than 23 years, many of whom have abused illicit substances and ethanol. Divided in three major sections, the article looks at the effects of substance abuse on HIV treatment and how a community physician rallies the health team, patients, and the community to address the issues that pose barriers to quality HIV care.

Early Intervention Services for Persons with HIV/AIDS and Hepatitis C: A Community Health Center Perspective 371
Helen Ferlazzo, Eileen Toughill, and Mary Ann Christopher

Visiting Nurse Association of Central Jersey has been involved in care for patients with HIV/AIDS since 1991. In that year, the

organization received funding as the lead agency for a Title II grant to establish an HIV/AIDS Consortium consisting of over 20 organizations, including other home care agencies, hospitals, county boards of social service, and other community providers. The Consortium collaborated to establish a thorough network of services: housing, transportation, medical treatment, medication access, support, resource identification, and education for both the infected and affected. As the linkages became stronger, the quantity and quality of services increased so that patients were receiving state of the art health care while wrapped in a blanket of comprehensive supportive services.

Ancillary Services for Individuals Living with HIV/AIDS

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Kiameesha R. Evans

Providing comprehensive care to those living with HIV/AIDS remains a daunting task. Access to early HIV medical care helps to delay an AIDS diagnosis, and ancillary services can help meet the non-medical needs of HIV-positive individuals, which can ultimately impact their ability to access medical care. Some research has been done measuring ancillary service provision and primary care entry and retention; however, due to the lack of a comprehensive system of care, it has been difficult to determine the true impact of ancillary service usage and health outcomes. Additional qualitative research examining ancillary service usage, health outcomes, and quality of life needs to be done to develop a standard model of appropriate and comprehensive HIV care.

The Experience of Physical Symptoms Among Women Living with HIV

395

Claire E. Lindberg

As the number of women living with HIV and AIDS increases, so does survival time for individuals living with this chronic condition. Symptom existence, intensity, and bothersomeness greatly affect quality of life in women living with HIV and AIDS. Symptoms experienced by women living with HIV include symptoms related to HIV infection itself, those related to opportunistic infections, and those related to medications and treatments. Symptoms experienced by women include those common to both genders and those specific to females. The presence and intensity of symptoms varies with progression of the disease and with deteriorating status of HIV disease indicators. While research is limited on this topic, some research on the general symptom experience of women and on symptoms specific to or common among women has been done. Extended life expectancy among women with HIV increases the importance of nursing care focused on symptom assessment and symptom management. This article reviews research on symptoms commonly experienced by women living with HIV and presents implications for the care of women experiencing distressing symptoms.

An HIV/AIDS Education Intervention for Nepalese Adolescent Females

409

Ganga Mahat and MaryAnn Scoloveno

This study provides empirical evidence that an educational intervention improves knowledge, attitudes, and beliefs among Nepalese female adolescents. Health professionals need to better understand the cultural practices and the role of females in underdeveloped countries such as Nepal. It is also important to identify female risk status for diseases such as HIV/AIDS. There is also a need for implementing culturally appropriate educational interventions with larger samples in rural, as well as urban, areas of Nepal. Nurses can play an active role in empowering Nepalese females, and along with the government, they can plan and implement efficacious HIV/AIDS prevention programs.

Sex Scripts and Power: A Framework to Explain Urban Women's HIV Sexual Risk with Male Partners

425

Rachel Jones

The risk of sexual transmission of HIV may be perceived to be real among young urban women; however, the risk of losing a male partner if one doesn't engage in unprotected sex may be perceived to be greater. Sex script theory and Barrett's theory of power as knowing participation in change, are integrated into a framework to explain young adult urban women's sex scripted response of unprotected sex as a normative relationship promoting behavior. It is proposed herein that by associating high-power sex scripts that involve health-promoting behaviors into the familiar sex scripts, new HIV risk-reducing behavior may be integrated into normative sex scripts because these are designed to fulfill familiar relationship needs.

Depressive Symptoms in HIV Disease

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Lucille Sanzero Eller, PhD, RN

Although depressive symptoms are common in people living with HIV/AIDS, their reported prevalence varies greatly across HIV-positive populations, ranging from 21% to 97%. Comparing these rates is complicated by the varied conceptualization of depression as a major depressive disorder (clinical depression) or depressive symptoms, and by the use of multiple methods of measurement. Knowledge of predictors of depressive symptoms can assist health care providers in the identification of those who are most at risk. Appropriate diagnosis, treatment, and referral are critical, because depressive symptoms have been associated with poorer disease outcomes. Additionally, self-management strategies can be used to supplement more traditional treatment methods.

The Impact of Nutrition on Physiologic Changes in Persons Who Have HIV

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Alyce Thomas and Selina C. Mkandawire

HIV affects almost all bodily systems, which can lead to recurrent opportunistic infections, weight loss, distribution of weight changes, and death. Malnutrition and wasting, two symptoms that interfere with nutrient availability, accessibility, and metabolism, are associated with higher morbidity and mortality. Nausea, vomiting, swallowing or chewing difficulties, or the response of the body to opportunistic infections or medications that are considered vital in the treatment of the disease may affect nutritional status. An inadequate intake of calories and other nutrients may result in a rapid deterioration of the body. A positive nutritional balance may help to improve the immune and other body systems, and delay the progression of the disease. This article reviews the effect of the nutritional status on the physiologic changes in the person who is infected with HIV.

HIV After Age 55

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Sharon Wallace Stark

HIV/AIDS continues to increase among adults older than 50 years of age. Racial and ethnic minorities are still disproportionately affected by HIV/AIDS. The misconception that older adults are not at high risk for acquiring HIV/AIDS stems from a false impression that older adults are not sexually active and do not participate in risky behaviors that could result in HIV/AIDS. Studies show that older adult men and women engage in sexual intercourse—or some form of sexual behavior—at least weekly, and identify that risk factors for HIV/AIDS among adults older than 50 years of age include multiple sex partners, a high-risk partner, receipt of blood products between 1974 and 1984, or injection drug use. The development of new diagnostic resources, antimicrobial treatments, and antiretroviral therapy have made HIV/AIDS more chronic in nature, so that morbidity and mortality rates related to HIV/AIDS have declined. With this decline, HIV/AIDS has become a disease of chronicity rather than an acute illness.

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