

28. PHARMACOTHERAPY OF COMORBIDITIES IN HIV/AIDS

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Introduction. AIDS is an infectious and communicable disease caused by a virus (HIV), which, when it enters the body, acts on the immune system, gradually reducing its capacity for action, until destruction. Most people with AIDS have comorbidities, which accelerate the progression of the disease and lead to worsening health. The most common opportunistic infections according to the WHO are: tuberculosis (TB), bacterial infections, pneumocystis pneumonia (PPC), herpes infection, candidal esophagitis, cryptococcal meningitis, toxoplasmosis. According to the Ministry of Health, in the Republic of Moldova there are 12,784 people infected with HIV/AIDS, of which 9,913 are alive, and annually, 250 people die due to this disease.

Aim of study. To analyse the pharmacotherapy of comorbidities in HIV/AIDS.

Methods and materials. Analysis of HIV/AIDS comorbidity treatment regimens indicated in the National HIV/AIDS Clinical Protocol. Analysis of the therapeutic indications collected from the medical records of 50 patients with HIV/AIDS who have comorbidities, hospitalised in the Hospital of Dermatology and Communicable Diseases.

Results. Following the analysis of the medical records of the hospitalised patients, it was observed that each of them has at least 1 or 2 opportunistic HIV/AIDS infections. The most common are tuberculosis (TB) seen in 17 patients (34%), pneumocystis pneumonia (PPC) seen in 23 patients (46%) and herpes infection seen in 39 patients (78%). Treatment is approached individually depending on the stage of HIV/AIDS, the stage of the opportunistic disease and the compatibility of the drugs. Pharmacotherapy of tuberculosis patients is performed according to the standardised treatment regimen with: Isoniazid + Rifampicin + Pyrazinamide + Ethambutol + Streptomycin. In patients with immunodeficiency, herpes disorders can be more severe and persist for a long time, it is possible to spread the infection, it is treated with: Acyclovir 400 mg or Famciclovir 250 mg or Valacyclovir 1 g/7-10 days. In severe forms the doses are increased. Bacterial pneumonia in HIV-infected immunocompromised patients is more common and more severe. The most common pathogen is *Streptococcus pneumoniae*. The first-line antibiotics indicated for the treatment of bacterial pneumonia are: Amoxicillin + Clavulanic Acid (Amoxiclav/Augmentin) 625 mg or Clarithromycin 500 mg or Azithromycin 500 mg.

Conclusion. HIV remains a major public health problem affecting millions of people worldwide. HIV/AIDS is a lifelong chronic disease with no known cure, and so people living with HIV/AIDS (PLHIV) need to be medically monitored for the rest of their lives. The evolution of HIV/AIDS infection is very variable and unpredictable, due to the large number of potential complications.