GLOBAL SOLIDARITY, SHARED RESPONSIBILITY
NUTRITION AND HIV / AIDS
COPING WITH
COMMON NUTRITION CHALLENGES
HIV - AIDS

It is an infection caused by a retrovirus known as Human Immunodeficiency Virus (HIV)

It attacks and impairs the body’s natural defense system against disease and infection

It is a slow acting virus that may take years to produce illness.

The amount of time it takes from HIV infection to become full blown AIDS depends on general health and nutritional status before and during the time of HIV infection.

MODES OF TRANSMISSION

- Sexual relationship without protection
- Sharing needles
- Blood contact
- Vertical transmission

Reference: shutterstock.com
GLOBAL SOLIDARITY, SHARED RESPONSIBILITY

The above theme of World Aids Day’2020 requires the world to come together to ensure that:

- Health is fully financed through domestic & international funding.
- Health systems are strengthened.
- Access to life saving medicines, vaccines, diagnostics is ensured.
- Human rights are ensured.
- The rights of women & girls and gender equality are at the center.

FAST-TRACK COMMITMENTS TO END AIDS BY 2030

Fast-Track Targets

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<tr>
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<th>by 2020</th>
<th>by 2030</th>
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<tbody>
<tr>
<td>Treatment</td>
<td>90-90-90</td>
<td>95-95-95</td>
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<td>New infections among adults</td>
<td>500 000</td>
<td>200 000</td>
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<td>Discrimination</td>
<td>ZERO</td>
<td>ZERO</td>
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Reference: unaids.org
NUTRITIONAL SCREENING & ASSESSMENT

WHO GUIDELINES FOR NUTRITIONAL ASSESSMENT OF ADULTS WITH HIV

WITH REGARD TO NUTRITION

- Measure weight, weight change, height, BMI, MUAC.
- Assess appetite, difficulty swallowing, nausea, diarrhea & drug-food interaction effects.
- Assess household food security.

WITH REGARD TO MALNUTRITION

- Mild to moderately malnourished adults (BMI <18.5kg/m²) should receive supplementary feeding.
- Severely malnourished adults (BMI <18.5kg/m²) should receive a therapeutic food, nutritionally equivalent to F100(formula feed)
- For initial treatment of those aged 15-18 years energy intake should be 50kcal/kg/day & for severely malnourished adults aged 19-75 years, energy intake should be 40Kcal/kg/day.
NUTRITION & HIV AIDS

- Poor Nutrition resulting in weight loss, muscle wasting, weakness, nutrient deficiencies
- Impaired immune system, poor ability to fight HIV and other infections, increased oxidative stress
- Increased Nutritional needs. Reduced food intake and increased loss of nutrients
- Increased vulnerability to infection e.g.: enteric infection, flu, TB, increased HIV replication

HIV
NUTRITION & HIV AIDS

Good Nutrition 35-40 Kcal/kg approx. to maintain body wt, 1.0-1.4g/kg protein for maintenance and 1.5-2g/kg for repletion. Increased intake of B-carotene, vitamin E, ascorbic acid, Vit B12, Vitamin B6 and folic acid.

HIV

Management of HIV related complications

Increased resistance to infection

Strengthening of the immune system by taking safety measures like washing of hands, food, surfaces & cooking food properly.
NUTRITIONAL CHALLENGES OF HIV/AIDS
COPING WITH COMMON NUTRITION CHALLENGES

**NAUSEA AND VOMITING**
To manage nausea and vomiting:
- Eat small frequent meals. Nausea is worse if stomach is empty
- Avoid lying down immediately after eating, wait at least 20 minutes to avoid vomiting.
- Rest between meals.
- Eat bland, low fat foods, such as plain pasta, canned fruit, or plain broth.
- Avoid spicy and fatty foods.

**DIARRHEA**
To manage diarrhea:
- Drink lots of fluid to avoid dehydration (soups, diluted fruit juices, boiled water)
- Limit milk, sugary or caffeinated drinks.
- Avoid eating uncooked foods including vegetables but rather eat well-cooked ones.
- Boil or steam foods, avoid fried foods.
- Eat slowly but more frequently.
NUTRITIONAL CHALLENGES OF HIV/AIDS
COPING WITH COMMON NUTRITION CHALLENGES

LACK OF APPETITE
To manage lack of appetite:
- Make meals as attractive as possible.
- Avoid drinking too much fluid before meals.
- Take smaller but frequent meals.
- Add food rich in antioxidants such as ginger, cranberries, raspberries, blackberries, walnuts and others.
- Select foods that are more energy dense.

WEIGHT LOSS / MUSCLE WASTING
To manage weight loss / muscle wasting:
- Increase food intake by increasing quantity of food and frequency of consumption.
- Improve quality and quantity of foods by providing a variety of foods.
- Include enough protein, carbohydrates, and fats in diet.
- Eat dried fruits or nuts for snacks.
NUTRITIONAL CHALLENGES OF HIV/AIDS
COPING WITH COMMON NUTRITION CHALLENGES

ANEMIA

To manage anemia:
- Increase the intake of dietary iron foods such as lean red meat, chicken, fish, beans, lentils, cashew, spinach, green leafy vegetables and others to reduce anemia.
- Eat vitamin C rich foods during meals to increase the absorption of non-heme iron.

LOSS OF TASTE / MOUTH AND SWALLOWING PROBLEM

To manage the above problems:
- Eat only soft foods such as yogurt, mashed potatoes, or rice, bananas, pears.
- Use flavor enhancers, e.g. salt, spices, herbs and lemon.
- Chew food well and move around mouth to stimulate receptors.
- Based on the co-morbidities the nutrition prescription and diet plan requires customization.
CONCLUSION

HIV/AIDS is a world epidemic and it has no cure. So every global citizen should know about the spread and prevention of the disease.

People with HIV/AIDS have special nutritional needs.

Medication along with proper nutrition is a major component of maintaining good health and quality of life.

HIV infection leads to many nutritional problems.

Conditions such as malnutrition and opportunistic infections exacerbate HIV infection.

The relationships between health problems and nutritional status of HIV-positive persons must be addressed to achieve the benefits of optimum health.

Well chosen dietary practices can help manage illnesses associated with HIV/AIDS.
REFERENCES

3. www.unaids.org
5. Madan J. (2016), Nutritional Management of Infections and Fevers, Clinical Therapeutic Nutrition, IGNOU.

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