



Empathy towards HIV Positive Patients

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Abstract

HIV/AIDS is a topic that is discussed very often and finds a very important place in the field of research. This disease has left a black mark and havoc on human mind. People have been making several attempts to educate common man about the Virus and its disease. Many campaigns have been organized place into place, and people are created responsive to the various effects of the virus. We should bear in mind that this virus has not solely physiological effects, but also major psychological effects. The Australian Federation of AIDS Organizations (AFAO) is an alliance that provides all queries related with HIV/AIDS nationally as well as internationally. Apart from the disease, a person suffering from HIV has to fight many problems such as society and its beliefs, accepting the disease fact, pressure etc. These problems together can make the patient weak mentally. At the time when he needs to stand his own situations, the conditions can break him down, lose his confidence and hope.

Keywords: HIV/AIDS; Psychology; HIV treatment

Introduction

AIDS is a communicable disease but there are only few criteria that stand true for its spreading [1-2]. This disease spreads only after an infected person's body fluid such as Blood, Semen, Rectal fluids, vaginal fluids, and breast milk etc. comes in contact of a healthy person [3]. AIDS related articles and open access journals are very helpful in understanding the stages of the disease [4]. Rare cases of HIV transmission include infected blood transfusion, transfer of the disease from mother to foetus through placenta.

The infection does not spread by touching the patient, eating together, tear sweat, hand shake or sharing toilets [5].

HIV sufferers need encouragement! Their confidence needs to be lifted up and this is possible only if we change our view and perception towards them. A soft heart and kind/supportive words can help them to deal with their ugly situation [6-10].

According to the Global HIV statistics 2015 (Avert.org) 36.7 million individuals were living with HIV (including 1.8 million children) – a world HIV prevalence of 0.8%. The huge majority of this variety sleeps in low- and middle- financial gain countries. In the same year, 1.1 million individuals died of AIDS-related sicknesses [11-13]. (www.avert.org/global-hiv-and-aids-statistics)

Algae have been found to be potential suitable biosorbents because of their cheap availability, relatively high surface area and high uptake capacity [4-6,8]. Algae are able to eliminate different forms of inorganic heavy metals by chelating, making complexes, catalyzing or adsorption [8].

GLOBAL HIV STATISTICS: (<http://www.unaids.org/en/resources/fact-sheet>)

- 18.2 million [16.1 million–19.0 million] people were accessing antiretroviral therapy (June 2016)
- 36.7 million [34.0 million–39.8 million] people globally were living with HIV (end 2015)
- 2.1 million [1.8 million–2.4 million] people became newly infected with HIV (end 2015)
- 1.1 million [940 000–1.3 million] people died from AIDS-related illnesses (end 2015)
- 78 million [69.5 million–87.6 million] people have become infected with HIV since the start of the epidemic (end 2015)
- 35 million [29.6 million–40.8 million] people have died from AIDS-related illnesses since the start of the epidemic (end 2015)

People living with HIV

- In 2015, there were 36.7 million [34.0 million–39.8 million] people living with HIV.

People living with HIV accessing antiretroviral therapy

- As of June 2016, 18.2 million [16.1 million–19.0 million] people living with HIV were accessing antiretroviral therapy, up from 15.8 million in June 2015 and 7.5 million in 2010.
- In 2015, around 46% [43–50%] of all people living with HIV had access to treatment.
- In 2015, some 77% [69–86%] of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies.

New HIV infections

- Worldwide, 2.1 million [1.8 million–2.4 million] people became newly infected with HIV in 2015.
- New HIV infections among children have declined by 50% since 2010.
- Worldwide, 150 000 [110 000–190 000] children became newly infected with HIV in 2015, down from 290 000 [250 000–350 000] in 2010.
- Since 2010 there have been no declines in new HIV infections among adults.
- Every year since 2010, around 1.9 million [1.9 million–2.2 million] adults have become newly infected with HIV.

AIDS-related deaths

- AIDS-related deaths have fallen by 45% since the peak in 2005.
- In 2015, 1.1 million [940 000–1.3 million] people died from AIDS-related causes worldwide, compared to 2 million [1.7 million–2.3 million] in 2005.

HIV/tuberculosis

- Tuberculosis-related deaths among people living with HIV have fallen by 32% since 2004.
- Tuberculosis remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths.
- In 2014, the percentage of identified HIV-positive tuberculosis patients who started or continued on antiretroviral therapy reached 77%.

HIV-related stigma and discrimination refers to misconception, negative attitudes and abuse aimed at people living with HIV and AIDS [14]. According to the present data available in 35% of countries, over 50% of males and females report having discriminatory attitudes towards individuals living with HIV.

The consequences of stigma and discrimination are wide-ranging. Some people snubbed by family, peers and the community, while others face trouble in poor treatment in hospitals, many face problems in educational institutes and psychological damage. These all limit access to HIV testing, treatment and other HIV services [15-21]. Journal of Antivirals & Antiretrovirals gives a good illustration about the prevalence of the disease and treatment procedures.

The People Living with HIV Stigma Index indicates that roughly one out of 8 individuals living with HIV is being denied health services as a result of stigma and discrimination.

Reasons for persisting stigma around HIV and AIDS

The fear encompassing the rising HIV epidemic in the Eighties mostly persists nowadays [22-26]. At that time, very little was acknowledged regarding however HIV is transmitted, which created individuals afraid of those infected as a result of worry of contagion. This fear, along with many other reasons, concludes that countless people wrongly believe that:

- HIV/AIDS are invariably associated with death
- HIV is associated with behaviors that some people disapprove of (like sexual practice, drug use, sex work or infidelity)
- HIV is only transmitted through sex, which is a taboo subject in some cultures
- HIV infection is the results of personal irresponsibility or ethical fault (such as infidelity) that deserves to be fined
- Inaccurate information regarding however HIV is transmitted, creating irrational behavior and misperceptions of personal risk.

Effect of stigma on HIV patients:

HIV-related stigma and discrimination exist all around the world, although they manifest themselves otherwise across countries, communities, religious teams and people [27-30].

Research by the International Centre for Analysis on girls (ICRW) found the potential consequences of HIV-related stigma are:

- loss of income and employment
- loss of marriage and childbearing opportunity
- poor care within the health sector
- withdrawal of caregiving in the home
- loss of hope and feelings of worthlessness
- loss of reputation

How can we help a HIV patient to cope up?

There are several things that you will do to assist a fan or dearest WHO has been recently diagnosed with HIV:

1. Talk- Talking to a person about his problem helps. Always be available to speak for the situation, because what happened cannot be recovered. Let the person open to you about the problem and have an honest conversation [31-40]. Follow the lead of the person who is diagnosed with HIV. They may not forever wish to speak regarding it, or may not be prepared. They may wish to attach with you within the same ways that they did before being diagnosed.

Behave with them the way you used before the diagnosis [41-50]. Show them that you see them because the same person which they're over their diagnosis.

2. Listen- Being diagnosed HIV is life-changing news [51-60]. Listen to your dearest and offer your support. Reassure them that HIV is a manageable health condition. There are medicines that will treat HIV and facilitate them keep healthy. Just sound motivating in your words. Make him feel nothing has changed.
3. Learn- Educate yourself about HIV: what it is, how it is transmitted, how it is treated, and how folks will keep healthy whereas living with HIV [61-70]. Having a solid understanding of HIV is a big breakthrough in supporting your lover. This website is a smart place to start to acquaint you with HIV. Have these resources available for your fresh diagnosed friend if they wish them. Knowledge is empowering, but keep in mind that your friend might not wish the data directly [71-80].
4. Encourage treatment- some people who have been recently diagnosed with AIDS may feel uncomfortable or uneasy to step out for initial treatment. This is the phase where they need to be boosted and encouraged. Go out with the person, your first step can help a lot! By getting an early HIV medical care and starting treatment with HIV medication (called antiretroviral therapy or ART), sticking to medication, and taking proper, people with HIV will keep the virus under level, and prevent their HIV infection from advancing to AIDS [81-90]. Encourage your friend or loved one step out for treatment at the earliest; help them seek the best AIDS treatment hospital. Use the HIV Testing and Care Services Locator to notice a supplier.
5. Support medication adherence- It is important for HIV patients take their daily medication without fail, exactly as prescribed. Ask them one you'll help to support them in establishing a proper medication routine and help them to follow it [85]. Assure them that you'll do whatever it takes to help them stay healthy.
6. Get support- Take care of yourself and find support if you wish it [91-95]. Turn to others for any queries, concerns, or anxieties you may have in order that the one who is diagnosed will specialize in taking care of their own health.

Conclusion and Discussion:

Depressed people typically resist obtaining treatment, and those infected by HIV are not any exception. In addition to "I'm not crazy," "It's my own fault I'm miserable," "Nothing's going to help" and other routine rationalizations. Those with HIV have a special zinger to fling at people World Health Organization tells them to get over it: "You'd be miserable, too, with a life-threatening virus." Well, get over it – untreated depression has serious health effects and might even shorten your life, not to mention just being an enormous bummer. What might surprise the downcast is the news that depression is incredibly treatable [96-100]. An ounce of support and encouragement can help them live a contented life.

REFERENCES

1. Sharma B. Advances in Development of Integrase inhibitors as anti HIV1 Regimen. J HIV Retrovirus. 2015;1:1.
2. Tin SS, Wiwanitkit V. Enterobiasis in HIV Infected Patients: A Short Summary. J HIV Retrovirus. 2015;1:2.
3. Sealy P Recent data affecting the HIV/ AIDS community in the Trinidad and Tobago, and the Rest of the Caribbean. J HIV Retrovirus. 2015;1:3.
4. Nikhil G, Santosh KM Myopathies. Secondary To Anti-Retroviral Therapy In Human Immunodeficiency Virus Positive Patients: A Review. J HIV Retrovirus. 2015;1:4.

5. Thomas FK, Melinda C, Jinhee L, et al. Reducing Mortality of People Who Use Opioids through Medication Assisted Treatment for Opioid Dependence. *J HIV Retrovirus*. 2015;1:5.
6. Ruixue Yuan, Jialong Qi, Zhiqing Zhang, et al. Anti-CD4: An Alternative Way to Inhibit HIV Infection. *J HIV Retrovirus*. 2016;2:6.
7. Zhao H, Lu X, Wang W, et al. Epidemic Trend of HIV-1 Drug-Resistant Mutations Isolated From HIV-Infected Patients in Hebei, China from 2008 to 2013. *J HIV Retrovirus*. 2016;2:7.
8. Sood A, Rani S, Mazta SR, et al. A Focus Group Discussion (FGD) Based Study to Understand the Patient Perspectives of Health Care Along with the Satisfaction to Services Among the Adult HIV/AIDS Patients. *J HIV Retrovirus*. 2016;2:8.
9. Aniley AB, Ayele TA, Zeleke EG, et al. Factors Associated With Late HIV Diagnosis among Peoples Living with HIV, Northwest Ethiopia: Hospital based Unmatched Case-control Study. *J HIV Retrovirus*. 2016;2:9.
10. Mabayoje VO. HIV/HCV Co-Infection in a Teaching Hospital in Nigeria: A Short Review. *J HIV Retrovirus*. 2016;2:10.
11. Félicitée N, Ntoto NKM, Roger D, et al. Pulmonary Tuberculosis in Children with HIV Infection: From Symptoms to Diagnosis and Treatment in a Pediatric Center in Yaoundé-Cameroon. *J HIV Retrovirus*. 2016;2:11.
12. Guo H. The Novel CRFs Reveals Higher Prevalence of Superinfection of HIV in China. *J HIV Retrovirus*. 2016;2:12.
13. Singh EG, Sharma B, Vishwakarma D. Womens Empowerment and their Vulnerability to HIV in India: Evidences from NFHS-4. *J HIV Retrovirus*. 2016;2:13.
14. Swami A. Metabolic Syndrome and HIV Infection. *J HIV Retrovirus*. 2016;2:14.
15. Anderson FA. HIV/AIDS and the Deaf and Hard of Hearing: A Call to Action. *J HIV Retrovirus*. 2016;2:15.
16. Anderson FA. Multi-Dimensional Approaches to Fight HIV. *J HIV Retrovirus*. 2016;2:E101.
17. Makarov S. The Real Theory of AIDS. *J HIV Retrovirus*. 2016;2:16.
18. Ifeanyichukwu, Ositadimma M, Bright EO, et al. Effect of HIV Infection on Some Haematological Parameters and Immunoglobulin Levels in HIV Patients in Benin City, Southern Nigeria. *J HIV Retrovirus*. 2016;2:17.
19. Chawla S, Vimlesh P, Rewari BB, et al. The Use of Social Media for Strengthening the Program Management and Service Delivery in ART Centers: Experience from India. *J HIV Retrovirus*. 2016;2:18.
20. Ongondi NE, Ayodo G, Adoka S. Evaluation of Food by Prescription Program Supplement Use among People Living with HIV/AIDS, in Gucha Sub-County in Kisii County. *J HIV Retrovirus*. 2016;2:19.
21. Manga MN, Cisse-Diallo MPV, Dia-Badiane MN, et al. Prevalence and Factors Associated with Positive Cryptococcal Antigenemia among HIV Infected Adult Hospitalized in Senegal. *J HIV Retrovirus*. 2016;2:20.
22. Espinoza L, Perez C, Bueno D, et al. A Bidirectional Relationship between Smoking and HIV in the Era of Antiretroviral Therapy (ART). *J HIV Retrovirus*. 2016;2:22.
23. Tam MS, Wadekar S, Clever LJ, et al. The Effect of nef-Deleted SIV Administration on Disease Progression in SIVInfected Rhesus Macaques. *J HIV Retrovirus*. 2016;2:23.
24. Singh RK, Biswas A, Sharma SK. High Prevalence of First Forced Sex and Determinants of HIV/AIDS among MSM in South India. *J HIV Retrovirus*. 2016;2:24.
25. Johnbull SO. Only the Funeral Industry is Benefitting from HIV/AIDS in Rural Nigeria. *J HIV Retrovirus*. 2016;2:25.
26. Macharia VM, Ngugi C, Lihana R, et al. Transmitted HIV-1 Drug resistance and the Role of Herpes Simplex Virus -2 Coinfection among Fishermen along the Shores of Lake Victoria, Kisumu, Kenya. *J HIV Retrovirus*. 2016;2:26.
27. Figueroa-Damián R, Plazola-Camacho N, Flores-Medina S. Factors Associated with Non-Acceptance of HIV Screening Test among Pregnant Women. *J HIV Retrovirus*. 2016;2:27.

28. Archer T. Management of HIV Infection. *HIV Curr Res.* 2016;1:1.
29. Archer T. Aspects of Cognition/Health Failure by HIV-infected Individuals: Amelioration through Exercise. *HIV Curr Res.* 2016;1: e101.
30. Moreira HP, Veras da Ponte D, Araújo AC, et al. HIV-Positive Inflammatory Activity Monitoring Correlated to Peripheral Insulin Resistance - Hire Study. *HIV Curr Res.* 2016;1:101.
31. Naik S, Das BR. New WHO Guidelines: Implications on Therapeutics and Monitoring of HIV Infections. *HIV Curr Res.* 2016;1:102.
32. Oladosu TO, Adebolu TT, Oladunmoye MK. Evaluation of the Types of Bacteria in the Blood of HIV-1 Patients Attending ART Clinic at the FMC Owo, Nigeria and their Antibiogram Profile. *HIV Curr Res.* 2016;1:103.
33. Tumwikirize S, Mokoboto-Zwane S. Participation in PLHIV Support Groups: Does it Enhance Behavioural Outcomes? *HIV Curr Res.* 2016;1:104.
34. Adeyanju K, Dekaban GA, Rieder MJ. Cytoplasmic Distribution of HIV-1 Tat Sensitizes Jurkat T cells to Sulphamethoxazole-Hydroxylamine Induced Toxicity. *HIV Curr Res.* 2016;1:105.
35. Christdas J. Conventional Vaccine to Prevent AIDS A Paradigm or A Paradox? A SWOT Analysis. *HIV Curr Res.* 2016;1:106.
36. Ojo BA, Adebolu TT, Odinayo MS. Assessment of Blood CD4 Count and Antibiogram Profile of Bacteria Isolated from HIV Patients. *HIV Curr Res.* 2016;1:107.
37. Elghblawi E. Beating the Pink. *HIV Curr Res.* 2016;1:108.
38. Oladosu OT, Adebolu TT, Oladunmoye MK. CD4 Profile and Relationship with Bacterial Isolates from the Blood of HIV-1 Patients attending Art Clinic at a Tertiary Healthcare Institution in Southwest, Nigeria. *HIV Curr Res.* 2016;1:109.
39. Dada EO, Okebugwu QC, Ibukunoluwa MR. Prevalence of Malaria in Gbalegi, Idanre Local Government Area and State Hospital, Akure, Ondo State, Nigeria. *HIV Curr Res.* 2016;1:110.
40. Archer T. Physical Exercise Improves Health Domains in HIV Patients: 'Lifting a Burden'. *HIV Curr Res.* 2016;1:e102.
41. Archer T. HIV- Prevention: Hindrances, Obstacles and Constraints. *HIV Curr Res.* 2016;1: e103.
42. Dada EO, Okebugwu QC, Ibukunoluwa MR. Co-Infection of Human Immuno-Deficiency Virus (HIV) with Malaria in Gbalegi, Idanre and State Hospital, Akure, Ondo State, Nigeria. *HIV Curr Res.* 2016;1:111.
43. Reddy A, Prasad R. Renal Function in Antiretroviral Treatment (Art) Naive HIV Positive Patients in A Tertiary Care Centre, South India. *HIV Curr Res.* 2016;1: 112.
44. Archer T. HIV Co-Morbidities and Multi-Morbidities. *HIV Curr Res.* 2016;1:113.
45. Mutuli LA, Chereno D, Bukhala P. Contributing Prevalence of Overweight and Obesity amongst HIV Infected Adults in Vihiga District Hospital, Vihiga Country. *HIV Curr Res.* 2016;1:114.
46. Míguez-Burbano MJ, Stevenson M, Quiros C, et al. The Impact of Alcohol use during Seemingly Suppressive Antiretroviral Therapy: Risk of Blips and Rebounds. *HIV Curr Res.* 2016;1:115.
47. Lu DY, Wu HY, Yarla NS, et al. The Origins of HIV: A Promising Medical Topic. *HIV Curr Res.* 2016;1:116.
48. Södergård B, Halvarsson M, Sönnernborg A, et al. The Degree of Readiness among a Population of HIV Infected Patients in Sweden. *HIV Curr Res.* 2016;1:117.
49. Achhra AC, Zhou J, Dabis F, et al. Difference in Absolute CD4+ Count According to CD4 Percentage between Asian and Caucasian HIV-Infected Patients. *J AIDS Clinic Res.* 2010;1:101.

50. Tan DBA, Yong YK, Tan HY, et al. Characteristics of Natural Killer Cells in Malaysian HIV Patients Presenting with Immune Restoration Disease After ART. *J AIDS Clinic Res.* 2010;1:102.
51. Amin J, De Lazzari E, Emery S, et al. Simplification with Fixed-Dose Tenofovir-Emtricitabine or Abacavir-Lamivudine in Treatment Experienced, Virologically Suppressed Adults with Hiv Infection: Combined Analysis of Two Randomised, Non-Inferiority Trials Bicombo and Steal. *J AIDS Clinic Res.* 2010;1:103.
52. Corrêa RB, Schmidt FR, Silva MLCF, et al. Holmes' Tremor in an HIV Positive Patient Worsened by Immune Recovery Inflammatory Syndrome (IRIS). *J AIDS Clinic Res.* 2010;1:105.
53. Patel AK, Patel KK, Ranjan R, et al. Seronegative HIV-1 Infection, a Difficult Clinical Entity; a Case Report. *J AIDS Clinic Res.* 2010;1:106.
54. Mentzer A, Karalliedde J, Williams H, et al. Backache with Fever: A Unique Presentation of Advanced HIV Infection. *J AIDS Clinic Res.* 2010;1:107.
55. Meynard JL, Morand-Joubert L, Chêne G, et al. Two-Year Observational Study in Patients Infected with Drug-Resistant HIV-1 and Treated with the Fusion Inhibitor Enfuvirtide: The ZOOM Cohort. *J AIDS Clinic Res.* 2011;2:114.
56. Roy D, Guha P, Bandyopadhyay D, et al. Pancytopenia with Hemophagocytic Syndrome Associated with Histoplasmosis in Acquired Immunodeficiency Syndrome: Description of 2 Case Studies and Literature Review. *J AIDS Clinic Res.* 2011;2:115.
57. Millar AJW, Van As AB, Numanoglu A, et al. Sexual Assaults in Children: The Role of HIV Post-Exposure Prophylaxis. *J AIDS Clinic Res.* 2011;2:116.
58. El-Khatib Z, DeLong AK, Katzenstein D, et al. Drug Resistance Patterns and Virus Re-Suppression among HIV-1 Subtype C Infected Patients Receiving Non-Nucleoside Reverse Transcriptase Inhibitors in South Africa. *J AIDS Clinic Res.* 2011;2:117.
59. Pineda JA, Alcamí J, Blanco JR, et al. Hot Immunological Topics in HIV Infection. *J AIDS Clinic Res.* 2011;2:118.
60. Alonso JLP, Tellez F, Perez M, et al. Amphotericin B as Alternative to Itraconazole in Secondary Prophylaxis of Neurohistoplasmosis in HIV-Positive Patients with Antiretroviral Therapy. *J AIDS Clinic Res.* 2011;2:121.
61. Hu Y, Liang S, Zhu J, et al. Factors Associated with Recent Risky Drug Use and Sexual Behaviors among Drug Users in Southwestern China. *J AIDS Clinic Res.* 2011;2:120.
62. Moanna A, Skarbinski J, Kalokhe AS, et al. Primary Human Immunodeficiency Virus Infection and Rhabdomyolysis. *J AIDS Clinic Res.* 2011;2:119.
63. Tobit V, Verma OP, Ranteke PW, et al. Phototoxic Assesment of Polycyclic Aromatic Hydrocarbons by Using NIH-3T3 and L-929 Cell Lines. *J AIDS Clinic Res.* 2011;2:123.
64. Sardar P, Guha P, Roy D, et al. "Multiple Sclerosis like Demyelination in Early HIV Infection-A Rare Presentation": Case Report and Literature Review. *J AIDS Clinic Res.* 2011;2:124.
65. Ehui E, Doukouré B, Kolia-Diafouka P, et al. Intestinal Histoplasmosis with *Histoplasma duboisii* in a Patient Infected by HIV-1 in Abidjan (Ivory Coast). *J AIDS Clinic Res.* 2011;2:125.
66. Santos-Lozano A, Garatachea N. Physical Activity Measurements Using Accelerometers and Pedometers in HIV-Infected People. *J AIDS Clinic Res.* 2011;2:126.
67. Guha P, Sardar P. Prevalence of Paediatric HIV Infection in Eastern India-First report. *J AIDS Clinic Res.* 2011;2:127.
68. Kitazato K. Pre-Exposure Prophylaxis (PrEP) for HIV-1 Prevention: The Promise and Challenge. *J AIDS Clinic Res.* 2011;2:101e.

69. Small W, Kerr T. HIV Treatment as Prevention and the Role of Applied Social Science Research. *J AIDS Clinic Res.* 2011;2:102e.
70. Amare B, Tafess K, Ota F, et al. Serum Concentration of Selenium in Diarrheic Patients with and without HIV/AIDS in Gondar, Northwest Ethiopia. *J AIDS Clinic Res.* 2011;2:128.
71. Thames AD, Foley JM, Panos SE, et al. Past Stimulant Abuse is Associated with Reduced Basal Ganglia and Hippocampal Integrity in Older HIV+ Adults: A Diffusion Tensor Imaging Study. *J AIDS Clinic Res.* 2011;2:129.
72. Madzimbale FC, Khoza LB, Lebeso RT, et al. The Intimate Partner Violence experiences of sexual assault, a risk factor on the transmission of HIV infection among women in the Vhembe District of Limpopo Province, South Africa. *J AIDS Clinic Res.* 2011;2:130.
73. Jeevani T, Aliya S. HIV Infections- Acquired Immuno Deficiency Syndrome Malignancies. *J AIDS Clinic Res.* 2011;2:131.
74. Jeevani T. Opportunistic Infections of Aids and Their Effects on Humans. *J AIDS Clinic Res.* 2011;2:132.
75. Soumya D, Hima Bindu A. Opportunistic Diseases as a Consequence of HIV/AIDS. *J AIDS Clinic Res.* 2011;2:133.
76. Jeantils V, Tigazin A, Lachassine E, et al. Favourable Outcome of a Pregnancy with a Maraviroc-Containing Regimen. *J AIDS Clinic Res.* 2011;2:134.
77. Garatachea N. Looking for an International Consensus Exercise Guidelines in HIV. *J AIDS Clinic Res.* 2012;3:e103.
78. Eshun-Wilson I, Taljaard JJ, Nachega JB. Sub-Optimal CD4 T-Lym-phocyte Responses among HIV Infected Patients who Develop TB during the First Year of ART. *J AIDS Clinic Res.* 2012;3:135.
79. Amare B, Belyhun Y, Moges B, et al. Serum IgE Levels of Diarrheic Patients in Northwest Ethiopia with High Prevalence of HIV and Intestinal Parasitoses. *J AIDS Clinic Res.* 2012;3:136.
80. Cahn P, Rolon MJ, Gun AM, et al. Preclinical and First-In-Human Phase I Clinical Evaluation of Stampidine, a Potent Anti-HIV. *J AIDS Clinic Res.* 2012;3:138.
81. Okulicz JF. Elite Controllers and Long-term Nonprogressors: Models for HIV Vaccine Development? *J AIDS Clinic Res.* 2012;3:139.
82. Tanvir FA, Spivak AM. HIV beyond HAART: Current Strategies for HIV Eradication. *J AIDS Clinic Res.* 2012;S6:001.
83. Mushayabasa S. Bleaching and Withdrawal: A Modeling Approach for Assessing the Role of Bleaching and Individual Withdrawal on Controlling HIV among Intravenous Drug Users. *J AIDS Clinic Res.* 2012;S7:001.
84. Abrogoua DP, Kamenan BAT, N'guessan K, et al. Correlation between Health-Related Quality of Life and Various Therapeutic Monitoring Parameters of Ivorian HIV-Infected Patients. *J AIDS Clinic Res.* 2012;3:140.
85. Banks L, Gholamin S, White E, et al. Comparing Peripheral Blood Mononuclear Cell DNA and Circulating Plasma viral RNA pol Genotypes of Subtype C HIV-1. *J AIDS Clinic Res.* 2012;3:141.
86. Hilli JA, Raza S, Friedman G, et al. Progressive Multifocal Leukoencephalopathy and Immune Reconstitution Inflammatory Syndrome in an HIV Patient with Favorable Outcome Using Combination of Antiretroviral Therapy and Systemic Corticosteroids: A Case Report. *J AIDS Clinic Res.* 2012;3:142.
87. Arrivillaga M, Salcedo JP. The Intersections between Socioeconomic Structures, Life Course and HIV/AIDS Adherence Behaviors. *J AIDS Clinic Res.* 2012;3:e104.
88. Jacob SM, Kalyanasunderam AP, Ramesh Kumar E, et al. HIV Lipodystrophy more Prevalent in Women than Men in Tamil Nadu, India. *J AIDS Clinic Res.* 2012;3:143.

89. D’Cruz OJ, Uckun FM. Recent Advances in Anogenital Antiretroviral Microbicides and Multimodal Delivery Systems. *J AIDS Clinic Res.* 2012;3:144.
90. D’Almeida S, Singo A, Mouhari-Toure A, et al. Monitoring of HIV-Infected Children Receiving Highly Active Antiretroviral Therapy in Togo: A Multicentric Study of 854 Children. *J AIDS Clinic Res.* 2012;3:145.
91. Rubio A, Monpoux F, Bailly C, et al. Pulmonary Function in HIV-1 Vertically Infected Children. *J AIDS Clinic Res.* 2012;3:146.
92. Castillo JJ. HIV Infection and Cancer: Multi-Institutional Collaboration is the Answer. *J AIDS Clinic Res.* 2012;3:e105.
93. Qazi S, Uckun F. Stampidine as a Potent Epigenetic Silencer of Host HIV Dependency Factor Genes in HIV-Infected Cells. *J AIDS Clinic Res.* 2012;3:147.
94. Anduaem B. The Isolation Rate of *Pseudomonas aeruginosa* Opportunistic Pathogen and their Antimicrobial Responses in HIV-1 Positive and Negative Diarrhoea Patients at North-West Part of Ethiopia. *J AIDS Clinic Res.* 2012;3:148.
95. Carpenter RJ, Riddle MS, White3, et al. Correlates of Depression among US Military Members Infected with the Human Immunodeficiency Virus. *J AIDS Clinic Res.* 2012;3:149.
96. Moulin A, Rubio A, Monpoux F, et al. Management of Newborns from HIV-1 Seropositive Mothers: Results of a Single Center Implementation of the French National Guidelines. *J AIDS Clinic Res.* 2012;3:150.
97. Shah K, Alio AP, Hall WJ, et al. The Physiological Effects of Obesity in HIV-Infected Patients. *J AIDS Clinic Res.* 2012;3:151.
98. Van Regenmortel MHV. An Introduction to the Current State of HIV Vaccine Research. *J AIDS Clinic Res.* 2012;S8:e001.
99. Varela M. The Current State of HIV Vaccine Research. *J AIDS Clinic Res.* 2012;S8:e002.
100. Greek R. Animal Models and the Development of an HIV Vaccine. *J AIDS Clinic Res.* 2012;S8:001.