Research Update

People with HIV who feel healthy and show no physical signs of HIV infection are considered asymptomatic. Most people remain asymptomatic for five years or more after being infected. And, most people with HIV do not develop AIDS until 10 years or more after infection. Regardless of whether symptoms of disease are present, however, routine check-ups with a personal physician, repeated about every four months, are crucial for monitoring the progression of HIV infection and may contribute to forestalling opportunistic infections.

Ideally, an initial medical exam will include the following: 1) a detailed medical and social history, including a person’s history of sexually transmitted diseases (STDs) and substance use; 2) blood and other tests to measure T-helper cell counts and detect possible infection with hepatitis B, toxoplasmosis, tuberculosis, and STDs other than HIV; 3) examination of oral health, neurologic status, eyes, skin, lymph nodes, and signs and symptoms of HIV infection; and 4) a psychological evaluation to help define possible short-term and long-term needs. This battery allows health care providers to determine the stage of a person’s HIV infection and recommend an appropriate course of treatment.

T-Helper Cells

A T-helper cell test is the primary diagnostic tool for monitoring the general health of a person’s immune system, that is, his or her ability to fight disease. T-helper cells are one of two primary white blood cells related to the functioning of the immune system. HIV attacks T-helper cells, thereby decreasing the immune system’s ability to function.

T-helper cell counts normally range between 480 and 1,800 in...
healthy people who are not infected with HIV. Many people with HIV maintain steady, or slowly falling, T-helper cell counts within a normal range for many years.

When the immune system becomes weaker and T-helper cell counts fall below 200, simple infections become more dangerous and it is important to begin therapy to prevent opportunistic infections.*

In the presence of specific symptoms, such as fever, night sweats, weight loss, or persistent cough, physicians may recommend preventive treatment regardless of T-helper cell count. Studies have found that as many as 12 percent of those who receive positive results have T-helper cell counts below 200 at the time of antibody testing.2

After an initial T-helper cell test, people with T-helper cell counts higher than 600 generally should repeat the test every six months; those with counts between 200 and 600 should repeat the test at least once every three months. Women who are pregnant should receive T-helper cell tests at the time they seek prenatal care; if the count is 600 or higher, it does not have to be repeated during pregnancy unless clinical symptoms warrant it.3

T-helper cell counts are not definitive measures of the health of a person’s immune system, and they are only one of many markers that assess the stage of infection. Someone with HIV may have relatively low T-helper cell counts or sharp declines in counts, yet remain free of symptoms indefinitely. In addition, T-helper cell counts can vary significantly, affected by such factors as the time of day at which blood is drawn and recent exercise. In determining baseline T-helper cell count, it is useful to consider readings taken over several months.

Complete Blood Count

After an initial medical history and medical examination, a few routine tests, such as a complete blood count (CBC) should be conducted, even in the absence of physical symptoms of disease. A CBC is a standard blood test used to evaluate almost every medical condition. It measures red blood cell, white blood cell, and platelet counts. HIV infection can lower any one of the these counts. A CBC, including a T-helper cell count, can be the most useful tool to help make HIV treatment decisions. Blood tests can also measure other commonly used markers of HIV disease progression, such as p24 antigen, p24 antibody, and beta2-microglobulin.

Tuberculosis Testing

The incidence of tuberculosis (TB) has increased dramatically in recent years and the prevalence of the disease among people with HIV has been especially high. TB is particularly threatening to people who are also infected with HIV because they have a much greater chance of developing active TB disease. Treatment can prevent TB infection from becoming active. If TB becomes active, it can be cured.

People with HIV should be assessed for previous TB infection or disease, past preventive therapy or treatment for active disease, and history of exposure to TB infection. An assessment of TB risk includes evaluating such factors as a person’s country of origin; environmental risks, such as air circulation in a work or home setting; contact with people with active TB; and suggestive symptoms.

During an initial exam, everyone with HIV should be screened for TB infection using a simple skin test. Because it is possible to be infected with TB yet test negative on a TB skin test—a condition known as “anergy”—everyone with HIV, regardless of skin test reaction, should receive a baseline chest X-ray and a medical evaluation for TB infection and disease.4

Providers generally recommend preventive therapy for people with HIV who test TB positive, and in some cases, physicians recommend treatment for people with HIV who are anergic and have been at high

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*For more information on treatments, please refer to the “HIV Treatments” issue of HIV Counselor PERSPECTIVES, Volume 2, No. 1, January 1992.
risk for infection. Preventive therapies generally continue for at least a year, while treatment for active TB lasts a minimum of nine months. People with HIV should be retested for TB yearly. Those who reside in areas where TB prevalence is high should be tested every six months.

Pap Smear
Research has found a higher prevalence of vaginal and cervical abnormalities, including cancer and pre-cancerous conditions, among women with HIV. Cervical abnormalities are also likely to be more severe and may progress more rapidly in women who are also infected with HIV.

A Pap smear is a procedure by which a provider gently removes cells from the surface of the cervix to culture them. If the cultured cells show changes in cell structure, this may indicate cancer or pre-cancerous growth. Women infected with HIV should receive a Pap smear and a rectovaginal exam as part of a gynecological exam. Pregnant women with HIV should receive Pap smears upon entry into prenatal care or before being discharged from a hospital following delivery of a child. If a Pap smear indicates atypical cells, a more extensive test, called a colposcopy, can determine the nature and severity of cell changes.

Women should receive two additional Pap smears in the first year after learning they are infected with HIV. Following these, they should receive a Pap smear at least once yearly. More frequent tests for HIV-infected women may be necessary in some instances, for instance if they have a history of human papillomavirus (HPV) infection, when previous Pap smears show lesions, or after the underlying cause of a cervical infection has been treated.

Syphilis
Syphilis is an STD, which when left untreated, can be life-threatening. In people with HIV, the disease can lead to severe neurological damage. HIV infection may hasten the progression of syphilis and interfere with successful syphilis therapy. Similarly, syphilis can affect the progression of HIV. Infection with both HIV and syphilis is not uncommon. All adults and adolescents with HIV who have been sexually active or used injection drugs at any time in their lives should be evaluated for syphilis.

Pregnant women should be screened for syphilis at entry into prenatal care, during the third trimester, at delivery, and any time they have been exposed to or show symptoms or signs of an STD.

Immunosuppression caused by HIV infection can also interfere with testing for syphilis. Health care workers must pay close attention to specific results of each client. If an HIV-infected patient has lesions that are suggestive of syphilis, but is unresponsive to a syphilis test, clinicians may, nonetheless, begin syphilis treatment with penicillin.

HIV infection can lead to neurosyphilis, a harder-to-detect and more dangerous form of syphilis involving the nervous system. Therefore, everyone with HIV whose syphilis test is reactive should receive a cerebrospinal fluid (CSF) exam. Among people with HIV infection, neurosyphilis is especially prevalent in young people or those in early stages of syphilis. Different treatment protocols apply depending on the presence of neurosyphilis.

Toxoplasmosis
Toxoplasmosis encephalitis is an infection of the brain that causes neurological impairment. A blood test can determine whether a person is infected by the parasite that causes toxoplasmosis. People infected with the toxoplasmosis parasite who have healthy immune systems and are not infected with HIV generally remain asymptomatic their entire lives. In people whose immune systems are compromised, however, disease is more likely to develop. Symptoms range from mild, such as exhaustion and flu-like conditions, to severe disease that may cause damage to the brain, eyes, liver, and lungs.

Treatments will not totally eradicate toxoplasmosis infection, but they can manage the infection and allow a person to remain asymptomatic. Antibiotics are especially effective. Because symptoms are likely to recur if treatment ends, physicians recommend continued treatment for an extended period.

For people with HIV who are infected with toxoplasmosis, physicians generally recommend prophylaxis against active disease when the T-helper cell count falls below 150. However, some physicians recommend preventive treatment as soon as a person with HIV learns he or she is also infected with toxoplasmosis.

Sources of toxoplasmosis infection include raw or undercooked meat, cat feces, and used cat litter. To prevent infection, it is important that people with HIV thoroughly cook any meats, fish, or eggs, wear gloves and masks when they clean litter boxes, and keep cats from walking on table tops.

Oral Health
People with HIV can experience several oral conditions that can cause pain, sores and destructive periodontal disease. Common oral infections are more likely to progress to active disease and to be more serious in people whose immune systems are weak.

People with HIV infection should receive an oral exam during each physical exam, and they should receive dental exams twice a year. If oral lesions or other problems are present, dental care should be more frequent.
Implications for Counseling

Information about medical care is one of the most important educational components of the disclosure session. Clients may not recognize that there are steps they can take to manage their health or that there is a distinction between being infected with HIV and having AIDS. Instead of seeing themselves as healthy and living with HIV, they may imagine themselves only as being seriously ill or dying. Or, they may see little threat from infection and may not understand that even if they are asymptomatic, HIV can affect the immune system.

Help clients understand that people with HIV are remaining in good health for longer periods than they were a decade ago and that people can take steps to manage their infection. Explain that seeking medical care is an important way clients can integrate and accept the treatment they need.

Related Issue: Early Intervention Program

In 1988, the state of California created the Early Intervention Program (EIP) to provide prevention and support services, long-term managed health care, and educational programs for people with HIV. A person can receive services from this program immediately after receiving a positive result.

The statewide program, administered by the Department of Health Services, Office of AIDS, includes 12 public or private clinics, and services from other health care providers. Payment for services depends largely on a client's economic status.

An EIP site assigns a case manager to evaluate the progress and ongoing needs of each client. Based on an initial evaluation, case managers recommend and direct clients to non-EIP services, such as financial benefits assistance or 12-step recovery groups.

After case managers perform a thorough assessment of a client's potential needs for medical and psychological care, clients receive medical monitoring, behavior change counseling, health education, and psychosocial support. Programs include workshops on topics such as proper nutrition and how to deal with the knowledge of being infected with HIV.

For more EIP information, contact the state's Office of AIDS at 916-445-0553.

Hepatitis B

Most people infected with hepatitis B develop viral antibodies that protect them from disease. However, the debilitating effects of HIV infection on a person's immune system increase both the severity of pre-existing hepatitis and the risk of new infection. Symptoms of hepatitis B include fever, malaise, and anorexia, and may result in cirrhosis of the liver. Hepatitis B infection is found in the body fluids of infected people and can be detected by blood tests. Hepatitis B is transmitted by the same means as HIV and is much more easily spread.

Hepatitis B can be treated but not cured, and it can be life-threatening. For people with HIV who are not infected with hepatitis B, physicians recommend a hepatitis B vaccine.

Vision

Cytomegalovirus (CMV) is a herpes virus. It can lead to the opportunistic disease CMV retinitis, which can cause blindness. A large percentage of the population is infected with CMV; the virus generally becomes active only when a person's immune system is weak. Symptoms of CMV retinitis include blurred vision, blind spots, or a large gray spot or haze over the field of vision. Physicians refer patients with any visual symptoms suggestive of CMV to an ophthalmologist.

Early diagnosis and treatment, commonly with the drug ganciclovir, is important to managing the disease.

Other infections can also cause eye disease in someone with HIV. In the absence of symptoms of eye disease, people with HIV should receive a visual exam every three to five years between ages 20 to 39; every two to four years between 40 to 64; and every one to two years after 64.

Antiviral Treatment Considerations

A person should consider antiviral treatment when T-helper cell counts fall to the 200-500 range. Individual or combination therapy might include zidovudine (ZDV; AZT), didanosine (ddI), dideoxycytidine (ddC), or stavudine (d4T). Individuals should continue to receive medical exams and diagnostic tests while taking these treatments.

Psychological Care

Regardless of the presence of symptoms, people with HIV face the emotional strain of living with a life-threatening infection. In response, service providers recommend support groups, social contact with people infected with HIV, and individual or group therapy.

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Help clients understand that people with HIV are remaining in good health for longer periods than they were a decade ago and that people can take steps to manage their infection. Explain that seeking medical care is an important way clients can integrate and accept the
knowledge that they are infected.

Help clients view medical care as a logical step in responding to HIV infection. Just as testing provides information about infection status, medical evaluation provides information about the stage of infection and suggests “next steps” concerning care.

Explain the purpose and meaning of medical interventions. Help clients understand that they have a right to know what services are being performed and why they are being performed. For instance, encourage them to ask doctors to explain why they are drawing blood or asking for stool samples.

Learn about each client’s history regarding medical resources and from whom he or she has sought services in the past. Discuss whether clients feel comfortable disclosing their HIV infection status to their providers and receiving HIV-related care from this person. Let clients know that they have options for medical care, from seeing private practitioners (if they have insurance) to visiting a state-funded Early Intervention Program (EIP) site.

Assess factors that are important to clients in their relationships with medical providers, and offer names and telephone numbers of at least two medical providers. Take into account considerations of each client in making referrals. For instance, be ready to identify providers who offer services at reduced or no cost, and providers who are sensitive and able to respond to the concerns of women who are pregnant or considering pregnancy. In areas where there are few physicians who provide HIV-related care, contact local AIDS organizations to identify physicians who see patients with HIV.

Acknowledging that in addition to Western medicine, clients may choose other forms of medicine, for instance Native American and traditional Mexican forms of healing and Traditional Chinese Medicine. In addition, explain that medical care is one part of an overall health plan that can include mental health services, sound nutritional practices, and exercise.

Be careful to avoid overwhelming clients with information about medical care. More important than a thorough discussion of the range of care options is a discussion in which the client can talk about matters concerning medical care that are important to him or her.

Assessing Willingness to Seek Care

A variety of factors affect the decision to seek medical care after receiving a positive result. Do not assume that clients will be interested in seeking care. Assess reasons they may or may not wish to receive medical care and empathize when they do not want further services.

This assessment can help counselors determine what information to cover in the session. For instance, discussing specific tests or vaccines may be of little value to someone who expresses no interest in learning more about the state of his or her health. The following are some of the factors that may influence the decision to seek care.

Different Priorities. Clients may have concerns they consider more pressing than medical care. They may be concerned about disclosure of their results, rejection by family and friends, or the welfare of children, or sexual or needle-using partners. In addition, they may have no money, home, or job. They may be dealing with substance abuse. For some people, the decision to seek care may be based not on health concerns, but on the need to obtain written documentation of disability that may be needed to receive government benefits.

Inability or Unwillingness to Accept a Positive Result. Taking steps to receive care requires that a person acknowledge and face the reality of being infected. This is something many people may not desire or be able to do. Denial is a common reaction and a common means for coping with difficult situations. Respect that clients may need time to deal with the psychological impact of HIV infection while impressing upon them the importance of seeking medical care in fairly short order.

Access. Many people face barriers to receiving services. For instance, in some areas, Spanish-speaking providers may not be available, or clinics may have limited hours that conflict with a person’s work schedule. Medical care can be prohibitively expensive or require long waits. In addition, some people may feel inadequate in the face of the process of arranging for care. Finally, institutional prejudice against African Americans, Native Americans, Latinos, young people, gays and lesbians, and others has led many people to distrust health care providers and avoid seeking services.

Loss of Control. Rather than being seen as a way to gain control over a life-threatening infection, a client may feel he or she is losing control by seeking help. Present the idea that to seek medical care is actually a way to gain greater control, increasing a person’s knowledge, reducing confusion or fear, and making choices clearer. In addition, vaccines and preventive drug treatments can give a person greater control against illnesses.

Anonymity or Confidentiality. Clients may fear exposure when seeking services. This concern is especially relevant in rural areas, where relatively few providers offer HIV care. Clients may fear being seen coming to or going from a physician’s office. Respect these fears and be prepared to offer options. If clients are afraid to enter a clinic where HIV services are offered, they may be able to arrange entering through a side or back door, or travel to a clinic in another location. In time, they may
respond differently to fears and not need this protection.

Resistance to Drug Treatment. People may resist medical care because they believe it will mean they must take drugs. Help clients see that medical care may not involve drugs, and medication may not be advisable for them for several years. Even if clients are at a symptomatic stage of infection that warrants treatment, the choice is still theirs to decide what they want. Some people may be suspicious of treatments because they have known of people who appeared to gain little benefit from them.

Beliefs about Medical Care. Receiving medical care in the absence of symptoms of disease may seem illogical to some people. Often, people are accustomed to receiving care only when they need immediate relief from pain or have acute symptoms of disease.

Unexpressed Fears. Clients may also have fears about medical care that are less clear. They may have had traumatic experiences with physicians, or they may have watched a parent enter a hospital without coming out alive. Women who are pregnant or considering pregnancy may fear that providers will discourage pregnancy or judge them for their desires. Discuss clients’ fears and acknowledge that the prospect of seeking care can be frightening.

A Counselor’s Perspective

“I help clients see that they don’t have to know everything about medical care before they seek it. They can learn as they go along—at their own pace.”

Choices

When clients express unwillingness or inability to seek care, discuss whether they may be willing to pursue other options, for example, seeing a social service provider who may help them with specific needs such as obtaining food, shelter, financial assistance, or employment. Social service providers may be the best resources to help clients receive medical care when they later decide they want it. Clients may be unwilling to pursue formal services but may be willing to discuss infection with friends or family members. Validate clients’ willingness to do this, and ask if they can remain open to the prospect of seeking medical care in the future.

It may be more important for some people to get emotional support before seeking medical care. Young people, in particular, may need social support to understand that others their age are infected, and to face the challenge of dealing with a health care system that often does not take into account the economic, social, or developmental issues facing youth. Clients may confront feelings of isolation or feelings that because they are seropositive, they are somehow “bad” and undeserving of medical care. These clients may benefit from seeing a psychotherapist, entering a peer support group, or attending social functions for people with HIV.

Support clients when they are willing to make life changes, such as changing nutritional patterns or reducing or eliminating their use of alcohol or cigarettes. But explain to them that these actions are not substitutes for medical care.

Where possible, present incentives for people to seek medical care. In some locations, public clinics provide meals as an incentive to attract patients. The possibility of pain relief from symptoms can be a strong incentive. If counselors learn about a client’s specific area of concern, they may use this as a “hook” to motivate a person to seek care.

Counselors in confidential counseling settings often have more options to help clients pursue health care than those in anonymous settings. For instance, they will find it easier to arrange follow-up appointments to see clients, or they may be able to contact clients by telephone. In anonymous counseling settings, counselors are often restricted to working with clients only within a single counseling session. In these settings, when possible, help clients understand that if they are unable or unwilling to access other services, they can return to visit test site counselors. Some clients have returned to test sites a year or more after testing to report they have not accessed services and know of nowhere else to go. Recognize the limitations of the HIV test site, and accept that some people wait many years after testing before seeing a physician.

When clients appear uninterested in seeking care, at a minimum, ask them if they are willing to take written information about the value of medical care and service options, including referrals to providers and case managers. Most test sites include this as part of information packets that they distribute to all clients who test positive.
Case Study

Marty is a 25-year-old who has tested HIV positive. He tested at the recommendation of an STD clinic provider, who he visited for treatment of genital herpes. He appears uninterested when the counselor discusses the importance of HIV-related medical care. In further discussion, Marty says: “I’ve had HIV this long and nothing’s happened, so I don’t see any reason to do anything now.”

Counseling

Learn what it means to Marty to be infected with HIV, and whether he wants to do anything differently in his life based on the news that he is infected. Identify his needs, paying attention to his priorities as well as other concerns.

Learn more about his unwillingness to seek medical care or address these related health issues, and what, if anything, might be his next step in a process of change. Explain the progression of HIV and clarify that being infected for several years without becoming ill is not an indicator that he will remain free of disease.

If Marty’s experience in seeking treatment for genital herpes has been positive, use this to make a parallel to seeking treatment for HIV. Learn more about his STD treatment and his reasons for seeking care.

Explain that HIV can make other STDs more severe and that the presence of HIV can make a person more susceptible to other STDs. A medical provider can assess whether Marty has other conditions for which he may be treated before symptoms develop. In addition, Marty may be able to avoid other STDs and other infections by receiving vaccines—for instance, for hepatitis B.

If Marty seems open to further discussion, present him with other advantages to seeking medical care, explaining various options and demystifying the process. Clarify that an initial HIV exam can be a harmless and non-invasive procedure.

If Marty remains unwilling to seek care now, ask if he is willing to take information with him about medical care, information that will be useful if he chooses to respond to his infection in a different way in the future. Assess his willingness to pursue non-medical services, then provide referrals to support groups and to a psychotherapist or a social worker.

In addition to a discussion of medical care, discuss his history of sexual behavior and his willingness to engage in safer sex behaviors. Explain that other STDs can be transmitted in the same way as HIV and genital herpes, and explore the risk of transmitting HIV to others.

Emphasize that in the interest of his health, it is important for Marty to protect himself from infection with other STDs. If Marty expresses a desire to avoid other STDs, validate this as an indication that he is interested in taking care of himself, and may, as a result, wish to seek medical care at some point in the future.

References


Additional Sources

National Institute of Allergy and Infectious Diseases. Important therapeutic information on the benefit of zidovudine for the prevention of the transmission of HIV from mother to infant. Clinical Alert. 1994.
Test Yourself

Review Questions

1. Which of the following are general recommendations for people receiving positive test results? a) be tested for hepatitis, tuberculosis, and syphilis, in addition to a complete blood count and T-helper cell level, b) begin aggressive treatment with antiviral drugs, c) go to the hospital d) all of the above.

2. True or False: For people infected with TB, those who are also infected with HIV are far less likely to develop active TB than those who are not infected with HIV.

3. True or False: Because complications related to vision typically do not occur in early stages of HIV infection, there is no reason for a person to seek a visual exam unless he or she is at an advanced stage of disease.

4. True or False: It is important that women with HIV receive a Pap smear test during a gynecological exam following HIV testing.

5. True or False: That life is no longer worth living, believes a positive result is a sign that life is no longer worth living, b) for someone who feels unable to seek medical care, c) for someone who has feelings of shame about being infected, d) all of the above.

7. True or False: Physicians generally suggest that a person wait at least a year after receiving a positive test result before seeking follow-up services.

8. True or False: When a person is waiting at least a year after receiving a positive test result before seeking follow-up services.

Discussion Questions

1. How can counselors assess clients’ willingness to seek medical or other services after receiving a positive test result?

2. Are there reasons to discuss the importance of HIV-related medical care before a client receives an HIV test? How can counselors initiate such a discussion and what might it include?

Answers to Test Yourself

1. A. These are all important tests. Antiviral therapy would be considered only after an initial evaluation and only when warranted by the results of other tests. Unless a person presents with a serious illness, there is no reason to suspect a client needs hospital care.

2. False. People infected with TB who are also infected with HIV are much more likely to develop active TB than seronegative people with TB infection.

3. False. While most vision complications occur at advanced stages of infection, initial and follow-up eye exams are important for a person with HIV infection regardless of the stage.

4. True.

5. False. T-helper cell tests are important as a general indicator of the overall health of a person’s immune system.

6. D. All of the above.

7. False. It is important that a person with HIV seek follow-up services as soon as possible after receiving a positive test result.

8. True.
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