

TREATMENT OF CO-MORBID OPPORTUNISTIC INFECTIONS (OIs)

Many patients will be diagnosed with HIV infection at the time they are diagnosed with an OI. Development of an OI reflects significant damage to the immune system, implying that HAART should be initiated as soon as possible. However, in such situations, it may be advantageous to initiate treatment of the OI first and then to initiate HAART shortly thereafter (e.g. a few weeks later). The risks associated with this slight delay in initiation of HAART are often outweighed by the advantages of 1) allowing time for the patient to psychologically adjust to the diagnosis of HIV infection and to prepare for HAART; 2) allowing time for adherence issues to be adequately addressed; and 3) reduction in the likelihood of significant immune reconstitution syndrome (IRS) involving the OI.

IRS represents an inflammatory response to an OI by an immune system that has been invigorated by the recent initiation of HAART. Clinically, IRS typically presents as fevers, sweats, lymphadenopathy, fatigue, and other features characteristic of the underlying OI. These signs and symptoms typically develop within the first several weeks after initiation of HAART. Often, the OI responsible for IRS represents a new diagnosis, having remained clinically 'silent' in the face of a severely depleted immune system. Care must be taken to distinguish IRS from a truly new OI in the patient who has recently initiated HAART. Management of IRS typically involves continuation of HAART, initiation or continuation of treatment for the responsible OI, and use of non-steroidal anti-inflammatory drugs (NSAIDs). Steroids, such as prednisone, are often used in the management of severe cases of IRS. Further discussion of IRS can be found in *Chapter V: Recommendations for the Treatment of Opportunistic Infections (OIs) among Adults and Adolescents* and in *Chapter X: Diagnosis and Treatment of Opportunistic Infections (OIs) among HIV-Exposed and -Infected Children*.