

COMORBID CONDITIONS OF INTERNAL DISEASES IN AIDS PATIENTS

Otaqo'ziyev Murodjon Abdulhomid O'g'li
Saloxiddinov Z.S

Annotation: Importance despite aging-related comorbidities representing a growing threat to quality-of-life and mortality among persons with hiv (pwh), clinical guidance for comorbidity screening and prevention is lacking. Understanding comorbidity distribution and severity by sex and gender is essential to informing guidelines for promoting healthy aging in adults with hiv.

Key words: Weakness immune, body fluids, multiply and damages, pneumonia, injection equipment.

Opportunistic infections (ois) are infections that occur more often or are more severe in people with weakened immune systems than in people with healthy immune systems. People with weakened immune systems include people living with hiv.

Ois are caused by a variety of germs (viruses, bacteria, fungi, and parasites). Oi-causing germs spread in a variety of ways, for example, in the air, in body fluids, or in contaminated food or water. Some ois that people with hiv may get include candidiasis, salmonella infection, toxoplasmosis, and tuberculosis (tb). The guidelines for the prevention and treatment of opportunistic infections in adults and adolescents with hiv provide detailed information on hiv-related ois. Once a person has hiv, the virus begins to multiply and damages the immune system. A weakened immune system makes it harder for the body to fight off ois.

Hiv medicines prevent hiv from damaging the immune system. But without treatment with hiv medicines, hiv can gradually destroy the immune system and advance to acquired immunodeficiency syndrome (aids). Many ois, for example, certain forms of pneumonia and tb, are considered aids-defining conditions, which are infections and cancers that are life-threatening in people with hiv. In the united states, ois have become less common among people with hiv than in previous years. Fewer people with hiv get ois, because hiv medicines are now widely used in the united states. By preventing hiv from damaging the immune system, hiv medicines reduce the risk of ois.

However, ois are still a problem for many people with hiv. Some people with hiv get ois for the following reasons:

They may not know that they have hiv. Therefore, they are not getting hiv treatment. An oi may be the first sign that they have hiv.

They may know that they have hiv, but they are not getting hiv treatment they may be getting hiv treatment, but the hiv medicines are not controlling their hiv for people with hiv, the best protection against ois is to take hiv medicines every day. People living with hiv can also take the following steps to reduce their risk of getting an oi.

Avoid contact with the germs that can cause ois.

The germs that can cause ois can spread in a variety of ways, including in body fluids or in feces. To avoid sexually transmitted diseases (stds) or infections, use condoms every time you have sex. If you inject drugs, do not share drug injection equipment. After any contact with human or animal feces, wash your hands thoroughly with warm, soapy water. Ask your health care provider about other ways to avoid the germs that can cause ois.

Be careful about what you eat and drink.

Food and water can be contaminated with oi-causing germs. To be safe, do not eat certain foods, including undercooked eggs, unpasteurized dairy products or fruit juices, or raw seed sprouts. In addition, do not drink water directly from a lake or river. For more information, read the hiv and nutrition and food safety fact sheet from hivinfo.

Travel safely.

If you are visiting a country outside the united states, avoid eating food and drinking water that could make you sick. Before you travel, read the centers for disease control and prevention (cdc) fact sheet on traveling with hiv.

Get vaccinated.

Talk to your health care provider about which vaccines you need. To learn more, read the hivinfo fact sheet on hiv and immunizations.

References:

1. Belyakov na, trofimova tn, rassokhin vv. Diagnostics and mechanisms of the damage of the central nervous system in hiv-infection. Med acad j. 2012;12(2):56-67. (in russ.). <https://doi.org/10.17816/maj12256-67>.
2. Trofimova tn, belyakov na, rassokhin vv. Radiology and hiv infection. Saint petersburg: baltic medical educational center; 2017. 352 p. (in russ.)
3. Gajsina af, magonov ep, gromova ea, et al. Pathological mechanisms of hiv-associated neurocognitive frustration. Diagnostic radiology and radiotherapy. 2016;(2):6-21. <https://doi.org/10.22328/2079-5343-2016-2-6-21>.
4. Belyakov na. Golovnoy mozg kak mishen' dlya vich. Saint petersburg: baltic medical educational center; 2011. 48 p. (in russ.)
5. Khalezova nb, neznanov ng, belyakov na. Hiv infection and mental disorders: modern view of the problem. Med acad j. 2014;14(3):14-32. (in russ.). <https://doi.org/10.17816/maj14314-32>.
6. Belyakov na. Hiv infection – medicine. Saint petersburg; 2011. 656 p. (in russ.)
7. Hiv 2015/16. Ed. By c. Hoffman, j.k. rockstroh. Hamburg: medizin fokus verlag; 2015.