

Prognosis

When you know you have a serious illness, it is normal to wonder how long you will stay in good health and what your health will be like in the future. The word used to forecast the probable course of an illness is "prognosis", which comes from an ancient Greek word that means to 'know in advance'.

The prognosis for people living with HIV has changed greatly since the first cases were diagnosed in the early 1980s. When AIDS was first discovered it was believed that most people would most likely die after a few months of being diagnosed with the condition. This situation has improved in part because it was recognized that HIV was the cause of AIDS and it took a few years for the immune system to be gradually destroyed, and also because doctors were learning more and more on how to recognize and treat infections and cancers commonly seen in people living with HIV. By the mid 90s (before the introduction of HAART, Highly Active Antiretroviral Therapy), it was believed that in rich countries such as Spain it would take between 8 and 15 years after infection for HIV to cause serious opportunistic infections or death. A small group of people (sometimes called 'slow progressors') may stay healthy for a much longer period of time, including without taking any antiretroviral treatment (ARV).

How is prognosis predicted in HIV?

The key tests to form a prognosis are CD4 cell counts, which gives an indication on the health of the immune system, and viral load tests that measure the amount of HIV in the blood. On average, as the CD4 count drops and the viral load increases, the risk of becoming ill or dying because of HIV goes higher in the short term.

When discussing HIV prognosis, doctors often refer to research involving the Multicenter AIDS Cohort Study (MACS), which has established a relationship between viral load, CD4 count and the risk of developing AIDS or dying within the next three years. This information is used to help make decisions related to treatment initiation.

HIV treatment and prognosis

Since the mid-1990s, the use of HAART (drugs which slow down the replication rate of HIV), has greatly improved the prognosis of people living with HIV.

For example, the number of deaths by AIDS in Spain went down from 5,848 in 1995 to 1,717 in 2000. AIDS deaths that still happen in this country normally affect people who were diagnosed in a very late stage of the infection, when their immune system is already quite damaged.

Research into the prognosis of people who have started HAART indicates that the risk of getting a serious illness or

death from HIV within the next three years is related to the following five key factors: having a CD4 count below 200 or a viral load above 100,000 at the time of starting treatment, being over 50-year old, being an injecting drug user; or having had a prior AIDS-defining illness.

In Spain it is recommended to start an ARV treatment when your CD4 count goes below 200, which indicates that HIV has damaged the immune system to such an extent that you are vulnerable to serious illness, and in many cases this count goes below 350. It is also recommended to initiate ARV treatment if you are experiencing any illnesses related to HIV. Starting treatment in these circumstances has shown to improve the prognosis compared to delaying the treatment until later.

Other factors to consider

Despite the effectiveness of HAART, some non AIDS-related illnesses are been observed with regular frequency in people with HIV. These include liver disease caused by hepatitis B or C; certain cancers (such as lung, testicular and anal cancers); and mental illnesses such as depression. In addition, HIV treatment can cause long-term side effects that can seriously affect one's health or quality of life.

Clearly, there are many other things that cause health deterioration other than HIV. For this reason it is important for people who are living with HIV to get advice on how to maintain their overall health (such as stopping smoking, doing regular exercise, having a balanced diet).

Access to medical care

The prognosis for people with little or no access to specialized HIV services or health care is much less optimistic, with HIV usually causing illness or death within five to ten years. However, even where there is no access to HIV drugs, the use of treatments against infections such as TB can considerably improve prognosis.

Including in wealthy countries, it is still important that people living with HIV receive care from doctors experienced in managing HIV infection, for this has shown to significantly improve prognosis.