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Note:

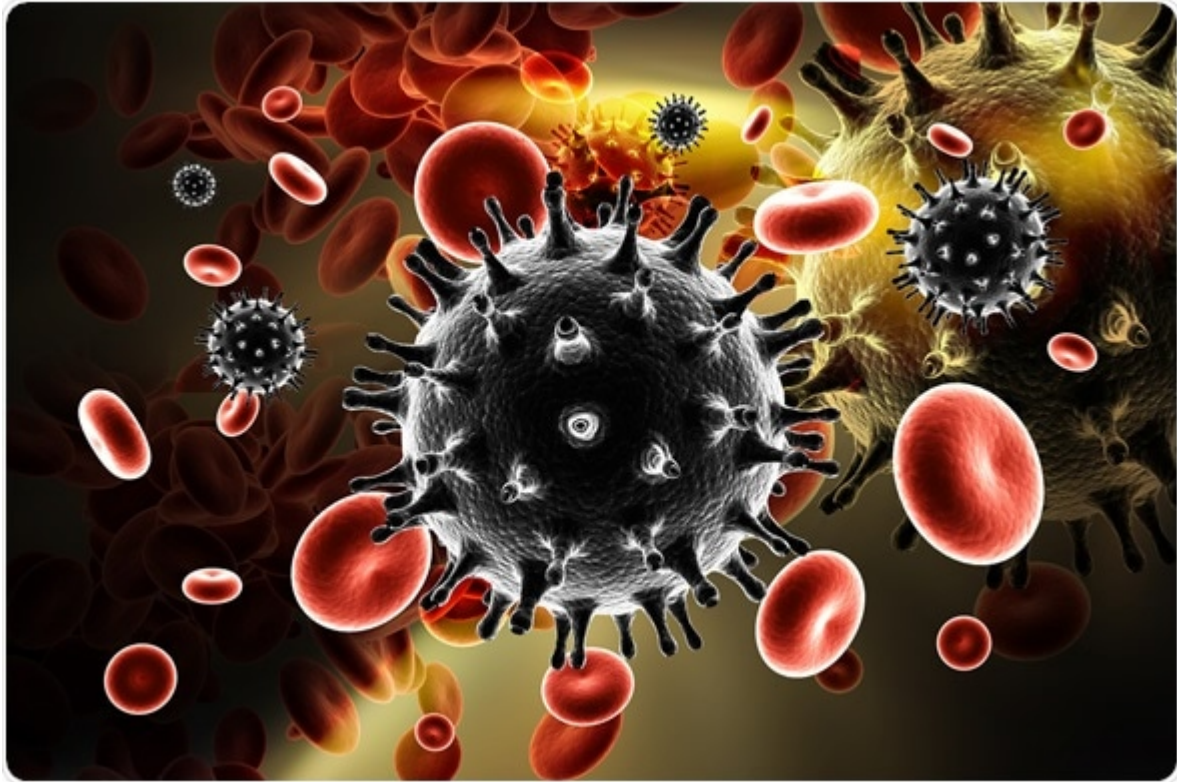
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Living with HIV

By Sally Robertson, BSc

In the 1980s and 1990s, knowledge about HIV and HIV management was limited and people infected with the virus were considered “long-term” survivors if they lived for more than a couple of years. However, significant advances have been made since then and HIV is now considered a chronic rather than acutely fatal illness that people can live with and manage in the long term.



Digital illustration of HIV Virus in Blood Stream in color background - Image Copyright: RAJ CREATIONZS / Shutterstock

Coping with Diagnosis

Being diagnosed with HIV can be very distressing, but there are various approaches people can take to deal with the condition and live a long and healthy life. It is common for people who find out they have HIV to experience feelings of shock, anxiety, fear, and depression.

Speaking to a counsellor or somebody at a specialist helpline can help with processing these emotions, as can talking to a close friend or family member. Some individuals find talking to other people who have HIV helpful, for example, on the internet or in a support group.

Telling Partners

It is important that HIV-positive individuals tell any partners who they have sex with or share needles with about their HIV status. Many resources are available that provide advice on how people can disclose their HIV status to their partners.

Partner notification services are also available, where staff can help an HIV-positive person locate partners and inform them that they have been exposed to the virus. Those individuals are then offered HIV testing, counselling, and the opportunity to make use of support services.

Staying Healthy

In the UK, guidelines currently say that anybody who is diagnosed with HIV and considering taking treatment should start as soon as possible, irrespective of their CD4+ count. Antiretroviral therapy (ART) is extremely effective and

with timely diagnosis and treatment, people can expect to live healthily and happily.

Guidelines now reflect the findings of a study called START, which found that people who delayed taking their HIV treatment until their CD4+ count fell to below 350 (the point when patients were previously advised to start therapy) were significantly more likely to develop symptoms of AIDS than people who start treatment right after diagnosis.

Beginning treatment while the CD4+ count is above 500 slows disease progression, protects the immune system, and reduces the risk of death or serious illness by more than 50%. It also greatly reduces the likelihood of passing on HIV to someone else.

People who begin treatment should visit their healthcare provider regularly and always take their medicine as instructed in order to ensure that the HIV viral load is kept as low as possible. Even missing just one or two doses a week can increase a person's risk of becoming resistant to ART.

Many HIV drugs can interact with other medications and it is also important for individuals with HIV to tell their doctor or pharmacist about any other drugs they are taking, including over-the-counter drugs and supplements.

Reviewed by Susha Cheriyaedath, MSc

Sources

- <http://www.nhs.uk/Conditions/HIV/Pages/living-with.aspx>
- <http://www.cdc.gov/hiv/basics/livingwithhiv/>
- www.tht.org.uk/.../Living-with-HIV-long-term
- <http://www.avert.org/living-with-hiv>

Further Reading

- [What Causes AIDS?](#)
- [What is HIV/AIDS?](#)
- [AIDS Symptoms](#)
- [AIDS Pathophysiology](#)
- [AIDS Treatment](#)
- [AIDS Prognosis](#)
- [History of AIDS](#)
- [AIDS Stigma](#)
- [AIDS Transmission](#)
- [When Does HIV Become AIDS?](#)
- [HIV-1 and HIV-2: What's the Difference?](#)
- [HIV Care During Pregnancy](#)
- [HIV and Blood Transfusions](#)
- [HIV and Steroids](#)
- [HIV and Organ Transplants](#)

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