

Can ARVs cause erectile dysfunction?

Q: Dear Doctor, My husband is HIV-positive while I am negative. He was put on ARVs, which he takes as one tablet once a night for about five years ago. He also suffers from depression and so was put on antidepressants. I help him to take his drugs as prescribed and his viral load is undetectable. The problem we have is that for over three years, we do not have a normal sexual relationship because he says he has no interest in sex and cannot have an erection. Is this the effect of the disease or the drugs and what can be done to help us?

Charity

A: Dear Charity, Sexual dysfunction among men who are HIV-positive and on ARVs can be caused by depression, which incidentally your husband has. So, he will need to be helped to overcome depression through treatment and supportive counselling so that he develops coping mechanisms to help him live with an incurable and highly stigmatising disease that HIV is.

Your being in a discordant relationship also needs to be addressed as your husband may be still fearing having sex with you because he fears infecting you with the virus. You both need to know that once his viral load is undetectable and you use condoms consistently and correctly he cannot infect you with the virus.

Lastly, the drugs he is on, i.e. antidepressants and ARVs like Efavirenz, which together with Lamivudine and Tenofovir form the one tablet he takes at night could alter the mood of a person and hence, affect his or her desire to have sex. So, the drug regimen he is on needs to be examined to see if there is any offending drug that needs to be substituted. In conclusion, PLHIV who are on ARVs and have undetectable viral loads can have normal sexual relationships even when they are in discordant relationships.

TOWARDS ZERO

DR WATITI

Know your HIV status

To all our esteemed readers of this column, for over a decade. We have shared information about HIV/AIDS aimed at helping you to face the challenge of living with HIV or caring for a loved one infected with the virus.

Our aim was to help you be equipped to stop new HIV infections, which are still high, especially among women and young girls. Secondly, we wanted to ensure that those already infected do not die of AIDS-related causes, which have reduced, but we still continue losing colleagues, friends and family members to AIDS-related causes.

Lastly, our hope was that with the knowledge we now have, we would not treat people living with HIV as if they are going to die soon or have flawed moral standards and, therefore, deserve being discriminated against. That was the reason behind our heading, "Towards Zero"; Zero new infections, Zero AIDS-related deaths and Zero discrimination.

We are at a tipping point in the fight against the HIV epidemic but in order for us to ensure

that the disease is eliminated as a public health threat from our country by 2030, which is an ambitious goal, we must all commit to ensuring that at least 90% of all our people are tested for HIV and they know their status and those who test positive are put on ARVs, regardless of their clinical condition or CD4 count and 90% of all people on ARVs take their drugs with such good adherence that their viral loads are maximally and sustainably suppressed.

Through this we have also advocated for provision of ARVs that are more durable, have fewer side effects and are easier to swallow so that the quality of life for people living with HIV who are on drugs is not compromised.

We wish you a prosperous 2018 and encourage you all to find out your HIV status plus that of your sexual partner(s) and if you are negative to take precautions not to get infected in 2018. For those who are positive and know it, seek early care and treatment and once you are put on ARVs, take them correctly.

Happy New Year

My CD4 count has reduced

Q: Dear Doctor, I was put on ARVs about one and a half years ago and after six months on the drugs my CD4 count had risen from 245 cells/ml to 750 cells per ml and the viral load was undetectable. However, it has recently reduced to 400 copies/ml. Does this mean the drugs are no longer working for me and they need to be changed?
Silver

A: Dear Silver, When we put people living with HIV (PLHIV) on ARVs, we can monitor how they are faring by doing clinical assessment. This is done by looking for presence of opportunistic infections characteristic of AIDS and checking the patient's weight plus his or her general wellbeing.

We can also monitor them by doing their CD4 count, which is a measure of how badly damaged one's immune system is. These two are known as clinical and immunological monitoring respectively. However, measuring the viral load or viralogical monitoring has been found to be a more accurate and objective method of monitoring how ARVs are doing in suppressing the viral load or the activity of HIV in the body.

Normally, once the viral load is less than 1,000 copies/ml of blood it is taken as being maximally suppressed. So, 400 copies/ml shouldn't worry you.

Continue taking your ARVs with good adherence while adhering to components of the basic care package for PLHIV, which are: taking Septrin prophylaxis regularly, sleeping under an insecticide treated mosquito net, using safe water for drinking and personal hygiene and eating a balanced diet.



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