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The Role of the Occupational Therapist in Chronic HIV Management

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Editorial

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Abbreviations: HIV: human immunodeficiency virus; ART: anti-retroviral therapy; ADLs: activities of daily living; IADL: instrumental activities of daily living; PLHW: people living with HIV; HAND: HIV Associated Neurocognitive Disorders.

Editorial

A diagnosis of human immunodeficiency virus (HIV) is no longer a death sentence. For more than a decade, the new cases of HIV remain steady in the United States (US); however, HIV rates among those who identify as Black/African Americans, Latinos, and men who have sex with men are increasing [1]. The advent and application of highly effective and more accessible anti-retroviral therapy (ART) has transformed Human Immunodeficiency Virus (HIV) into a chronic disease greatly enhancing health outcomes, increasing life longevity, and decreasing HIV transmission among people living with HIV (PLHW) [2,3]. An emergence of age-associated co-morbidities including metabolic, cardiovascular, respiratory, renal, vestibular, and motor-based diseases occurs among PLWH leading to decreased functional independence with ADLs, IADLs and MRADLs [4-6]. Due to the now chronicity of HIV, occupational therapists should be consulted at onset of diagnosis to assist PLHW with the management of HIV.

Health concerns causing alarm in the HIV community for both clinicians and patients include cognitive related issues such as HIV Associated Neurocognitive Disorders (HAND), fall-related injuries as a result of decreased bone density from use of ART, and the myriad of psychosocial issues that impact their lives and those of their family and caregivers. These HIV-related debilities offer new challenges to rehabilitation professionals attempting to help PLWH negotiate the accelerated aging process [3].

The realization of the need for qualified occupational therapists to offer skilled occupation-based interventions to PLWH will enhance the quality of life for HIV patients. People living with HIV have an accelerated aging process [3,5]. This accelerated aging process is due partially to the disease process and partially to the use of life saving and extending antiretroviral treatment [5]. PLHW face a multitude of psychosocial, physical, and cognitive problems that may limit the kind and number of activities that they can engage in as either a desire or necessity [7]. Occupational therapists treating PLWH tackle psychosocial, physical, and cognitive impairments that may impact perform of life roles and skills. These issues include but are not limited to depression, lethargy, pain, decreased motor control, and memory deficits. The difficulties individuals face due to these performance issues impact simple and instrumental activities of daily living (ADLs), pursuits of hobbies and leisure activities, and work-related tasks [5]. Occupational therapists are in a unique position to address the issues associated with individual's performance through making essential alterations of the physical environment at home and practical accommodations at work [8]. To meet the needs of PLWH, occupational therapists must study the concerns and specific conditions with which the patients and caregivers face.

As a result, PLWH would benefit from the skills of rehabilitation professionals. Not everyone with HIV has a lingering disability. PLWH must manage intermittent impairments. These impairments may restrict an individual's ability to participate in physical and mental daily activities, increase the amount of challenges to life

roles. The role of an occupational therapist is to empower PLWH to rise above these challenges through facilitation of maximum occupational performance despite level of impairment [9]. Occupational therapists seek to meet the needs of people with various injuries, ailments, or deficits in occupational performance [10]. As a result, the interventions that occupational therapists utilize for other physically or cognitively challenged individuals may be applied to individuals dealing with HIV infection. These interventions may include but are not limited to energy conservation tactics, mobility needs, home/office/environmental adjustments, and adaptive equipment that tackle activities of daily living (ADL) and instrumental activities of daily living (IADL).

In PLWH, two familiar neurological appearances of HIV infection include HAND and peripheral neuropathy. As occupational therapists are skilled in mental health, cognitive issues are handled with care. Cognitive issues for PLWH affect the subcortical areas of the brain that manage executive functions including attention, motivation and emotions [11]. In addition, PLWH may have a decrease in memory, language, problem solving and reasoning like individuals with Alzheimer's disease [11].

Occupational therapists can utilize comparable compensatory approaches practiced in Alzheimer's disease or dementias to reduce these obstacles to ensure that clients can live independently in the community or with limited supervision. The other neurological issue is peripheral neuropathy [12]. According to the literature, about one third of people living with HIV experience some level of peripheral neuropathy. Peripheral neuropathy presents itself through numbness of feet, tingling or burning pain throughout the extremities, muscle weakness, and possible foot deformity [13]. Individuals affected with peripheral neuropathy would benefit from the skills of an occupational therapist to assist with managing the symptoms of peripheral neuropathy as well as dealing with the side effects of this condition including falls and fall related injuries. The effects of peripheral neuropathy can reduce the occupational performance of the HIV positive patient.

Occupational therapists are well equipped to assist PLWH with managing the physical, cognitive, and social challenges of this disease [4]. Occupational therapists have both the knowledge and proficiency to handle people with both permanent and intermittent disabilities. In addition, occupational therapists can convey this proficiency with enabling patients to increase their functional independence with activities of daily living in their daily lives. As HIV is now a chronic disease, the role of occupational therapy and other rehabilitative sciences will become larger with this population. As a result, occupational therapists should be more knowledgeable, sensitive, and aware of the needs of the HIV patient to properly assist with his or her care. Occupational therapists desire to treat the whole person and not just the ailment. As such, the addition of the occupational therapist to the treatment team at the onset of HIV diagnosis is essential to better patient outcomes among PLWH.

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