

Queensland Health HIV/AIDS Mental Health Protocols and Glossary of Terms Used in Mental Health and HIV/AIDS and Sexual Health

Prepared collaboratively
through consultation by
Queensland Health Mental
Health and Public Health
Services



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This document is designed to provide information to assist policy and program development in government and non-government organisations.

Foreword

The Mental Health HIV/AIDS protocols have been developed in response to an expressed need by staff and consumers in the Mental Health, HIV/ AIDS and Sexual Health areas of clinical practice. These guiding principles and protocols are the first stage in a process to establish effective collaborative relationships between Mental Health Services, HIV/AIDS and Sexual Health Services in Health Service Districts that reflect availability of resources and access to services. Mental Health Services in Queensland, through a continuous improvement program, are progressively implementing the National Standards for Mental Health Services. This is due to be completed by June 30th 2003. The bench mark standards include, meaningful consumer participation in care planning, single service intake process and standardised documentation.

Consultations with field staff have identified a significant variation in the extent to which Mental Health, HIV/AIDS and Sexual Health staff are working together to assist consumers diagnosed with HIV/AIDS and experiencing symptoms of mental disorder. There may well be historic reasons, which explain these geographic variations as well as a perceived lack of organisational support through a developed set of working protocols

The intention in developing these protocols is to provide the framework, which can underpin the dialogue between Mental Health, HIV/AIDS and Sexual Health workers. It is an imperative, if we are to achieve optimum consumer outcomes, that collaborative and cooperative working arrangements are developed, so that services become part of the solution, rather than part of the problem. It is anticipated that Zonal working parties will be established to develop and implement local procedures for appropriate assessment, treatment and management of clients presenting to services, with HIV neurological and psychiatric manifestations (eg. AIDS Dementia Complex), using these protocols as the framework.

There is also increasing demand by consumers to be part of decision making in the care planning process. In this context, better informed consumers will be more demanding in terms of exploring options of care. It will therefore be important to understand the boundaries of what is possible between agencies. This makes the inter-agency dialogue and collaborative approach a more compelling model.

The consultation process has identified a number of practices, which are working effectively. These have been incorporated into the protocols.

The aim of this document is to disseminate important information and to support existing working arrangements. The intention in writing a set of protocols is to underwrite a collaborative dialogue and set of working arrangements between services, rather than be prescriptive in terms of how the dialogue and working arrangements should evolve.

Dr Peggy Brown
Director of Mental Health

Dr John Scott
State Manager Public Health Services

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PURPOSE OF PROTOCOLS

The purpose of establishing protocols is to define sets of agreed-upon expected behaviours, thereby providing a common platform from which to develop cooperation within and between organisations.

EXECUTIVE SUMMARY OF THE GUIDING PRINCIPLES AND WORKING PROTOCOLS

The Mental Health Unit and Public Health Services have jointly prepared the background information, diagnostic groups' information, levels and models of response, guiding principles and working protocols. Consultation on the 2nd draft was undertaken with the Zonal and District administrations. Comments on the completed 2nd draft document were invited from within Queensland Health and Community Agencies. The guiding principles and working protocols are designed to assist staff in Mental Health Services, Sexual Health Services, and Consumers and Carers to achieve a more collaborative approach to delivering effective consumer outcomes.

The following is a summary of the basic tenets of the guiding principles and working protocols:

- collaborative working arrangements and coordinated models of care for shared consumers to be developed;
- nominated contact person for any individual consumer in both the Mental Health Service and HIV/AIDS and Sexual Health Services;
- services to negotiate an appropriate agreed level of response to defined consumer presentations, including mental health emergencies;
- principles of case management to be agreed between services;
- consumer (carer where appropriate) participation in referral, intervention, treatment, care and support and service exit decisions;
- consumers having sufficient information in a format and language they understand, to be empowered to make informed choices;
- services and supports to be appropriate to the cultural context of the consumer;
- interventions to impose the least personal restriction on the consumer;
- legal and ethical principles of privacy and confidentiality to be applied;
- assessment, intervention, treatment, care, support, exit and re-entry planning and evidence of consumer participation are documented on the individuals care plan and consumer record;
- plans for shared training, to support the implementation and maintenance of the guiding principles and working protocols; and
- evaluation model in place to determine effectiveness of interventions.

BACKGROUND ISSUES

The fourth National HIV/AIDS Strategy 1999-2000 to 2003-2004 makes specific mention of the considerable changes that people living with HIV/AIDS have been exposed to in recent times with the availability of new and more effective treatments. Whilst these changes have improved for many people their longer term health prospects, they have also created a new set of needs as HIV/AIDS emerges as a more manageable chronic illness. People living with HIV/AIDS are making significant personal adjustments to what these changes mean for them, many are experiencing an additional range of complex health, disability, social and financial issues associated with unexpected long-term survival.

Despite these positive outcomes, there have also been those individuals who have not seen the advantages of these treatments come to fruition but rather have dealt with treatment failures and significant side effects resulting from toxicity to drugs. In addition, as individuals with HIV/AIDS are now living longer, there has been an increasing need to examine a range of mental health concerns, including AIDS Dementia Complex. Some people living with HIV/AIDS may have multiple co-morbidities, including AIDS defining illnesses, Hepatitis C co-infection, other medical conditions, substance use/misuse and social disadvantage and therefore consideration should be given to the inclusion of other service providers within the collaborative framework eg. Aged Care Assessment Team (ACAT), Alcohol Tobacco and Other Drugs Services (ATODS) and community based organisations.

Living long term with HIV for people already at risk of mental illness has seen an increase in mental ill health amongst positive people^{1 2}. Demand for intensive, extended psychological and psychiatric support together with the need for case-management, community support, secure care, and supported accommodation services that are appropriate to the needs of HIV positive people has been increasing.

Mental health problems are common amongst people living with HIV and AIDS³ and are related to a range of factors including:

- the stress of HIV diagnosis as a major adverse life event;
- prolonged survival with serious disability and complex and intrusive treatment regimens;
- pre-existing serious mental illness which may be exacerbated by HIV;
- substance use disorders;
- neuropsychiatric side-effects of HIV treatment; and
- neuropsychiatric consequences of HIV itself and opportunistic infections of the central nervous system.

A dual diagnosis of HIV and mental illness creates a high level of need as well as complex management issues. In addition, patients may present with several co-morbidities. These could include substance use/misuse, social issues, HIV related illnesses and other medical conditions. Special needs must be addressed with particular regard to sexual and cultural diversity, in order to minimise the risk of transmission and maximise adherence to both psychiatric and anti-viral treatments⁴.

¹ Jeffrey Greirson et al (March 2000) HIV Futures II. The Health and Well-being of people with HIV/AIDS in Australia
² Sherbourne C.D.et al (2000) Impact of Psychiatric Conditions on health-Related Quality of Life in Person's with HIV Infection. American Journal of Psychiatry 157:2 Feb 2000.
³ Luckhurst A.J. (1992) Mental Health, HIV and AIDS. A Review of the Literature. Australian Health Review 15(1):76-88 and Jeffrey Grierson et al (March 2000) HIV Futures II. The Health and Well-being of people with HIV/AIDS in Australia
⁴ Hamer J, Mental Health and HIV – Interim Report of the Building Bridges Project, Centre of Personal Education, 2000, South Australia

Areas of concern include:

- ensuring accurate ongoing diagnosis of medical and psychiatric conditions;
- ensuring coordinated treatments, taking account of drug interactions;
- ensuring accurate adherence to complex treatment regimens, especially during periods of acute psychiatric or medical illness;
- ensuring the provision of a continuum of care involving collaboration across the full range of service providers (in particular between in-patient care, GP and community support);
- support and management of transmission risk including the implementation of the *Queensland Health Protocol for the Management of HIV Positive People Whose Behaviour May Constitute a Public Health Risk*;
- maintaining good health/quality of life and preventing ill health; and
- ensuring regular, consistent contact by the service user with primary care services to enable continuous assessment and review of needs.

Anecdotal evidence suggests that the number of people with both HIV infection and a psychiatric condition appears to be increasing. Recent consultation has identified that:

- collaboration between HIV and mental health workers at all levels could be enhanced;
- there has been a lack of clarity about agency responsibilities regarding case-management/coordination of care;
- many workers in the HIV sector, from lack of knowledge, skills and experience, are unable to respond appropriately to consumers who display symptoms of mental illness; and
- some workers in the mental health sector appear to have limited access to current information and/or hold out-dated views of HIV and HIV psychiatry.

People living with HIV are not a homogeneous group. Cultural diversity along with the particular experiences of specific population groups within those living with HIV/AIDS, need to be considered when developing strategies to address HIV and mental health needs.

The complex needs of individuals with a combination of mental health problems, substance use/misuse, medical conditions and social disadvantage challenges many community sector workers as well as health care professionals in the delivery of service. Workers have indicated a need for advice, professional and personal support, supervision, professional development and clearer guidelines on roles and responsibilities.

THE RELATIONSHIP - MENTAL HEALTH SERVICE AND HIV/AIDS AND SEXUAL HEALTH SERVICES

Links should be established between Mental Health, HIV/AIDS and Sexual Health Services within a collaborative framework and consider the inclusion of other service providers eg. Alcohol Tobacco and Other Drugs Services (ATODS), Aged Care and community based organisations.

Mental Health staff, HIV/AIDS and Sexual Health staff and community based organisations (CBO's), meet to collaboratively address mental health issues associated with the diagnosis of HIV/AIDS. There should be links to provide clinical and supervisory support to staff in community based organisations involved in the care and management of consumers with concurrent mental health problems and HIV/AIDS. Development of an outpatients group program is an example of a useful model, which can be developed collaboratively.

Inter-agency negotiations should determine:

- a clear understanding of the boundaries of what is possible within available resource options in services;
- the roles and responsibilities of each service provider;
- an identified liaison/coordination person within each agency;
- face to face discussions should occur to develop a collaborative framework of practice to implement the protocols at a district level which is appropriate to resources, level of access and availability of services;
- what is an appropriate process to follow when a person declares themselves to be HIV/AIDS positive when presenting at a Mental Health Service;
- what assessment, by whom is required prior to referral from one agency to the other;

On presentation the consumer should be assessed to determine mental health status. If there are concerns, a referral for a mental health needs assessment should be considered. Where a Psychologist is attached to the HIV/AIDS and /or Sexual Health Service an internal referral can be made. The Psychologist will undertake an assessment and make the written referral to other agencies for appropriate support and/or intervention or further specialised assessment, including mental health services and HIV/AIDS specialist services.

Where there is not a Psychologist available within the HIV/AIDS and/or Sexual Health Service an external referral model for assessment of mental health needs must be negotiated at the local level. There should be effective partnerships established between sexual health and mental health services for timely assessment of individuals with multiple mental health problems.

A Consultant Psychiatrist may in some situations be available to commit some hours to work in the Sexual Health Service in a consultation / liaison role.

- details of how and when cross referrals will occur and by whom;
- the provision of multi-disciplinary outpatient and in-patient consultant-liaison Mental Health Services to hospital based infectious diseases units and HIV/AIDS Sexual Health Services;
- joint case management and / or reviews are utilised where appropriate;
- what is an appropriate process to follow in a psychiatric emergency and what would be an expected MHS response when advised of a mentally ill person presenting at an HIV/AIDS and Sexual Health Service;
- boundaries of privacy and confidentiality;
- guidelines for consumer / carer participation in referral process and care planning; and
- joint education / training workshops and information sharing should occur regularly between Mental Health and HIV/AIDS and Sexual Health staff to facilitate the most effective sets of cooperative working arrangements in urgent and non-urgent situations.

GUIDING PRINCIPLES OF INTERVENTION AND CARE

(Adapted from the Commonwealth National Mental Health Standards 1996.)

Choice	Access to a range of service and support options and information to assist in the selection of the most appropriate options, in the setting most empowering for the consumer.
Social, cultural and developmental context	Services and supports which respect and utilise for optimal benefit, the consumer's social and cultural values, beliefs, practices and stages of development.
Continuous and coordinated care	Access to services and supports during the onset, acute, rehabilitation and consolidation phases of need. Each component of care to be equally valued by each organisation.
Individual care	Treatment, care and support planning to be tailored to consumer need (including consideration of co-morbidities).
Least restrictive	The treatment, care and support services should impose the least personal restriction of rights and choice in balance with the need for treatment.
Privacy and Confidentiality	Agreed and documented principles are in place to ensure the protection of information and confidentiality for consumers and carers. These documented principles are available to consumers and carers in a language and format, which they are able to understand.

PROTOCOLS

Care Planning

Case manager	Case management responsibilities would remain with the referring agency. Consideration could also be given to co-case management models (eg AIDS Dementia and HIV Psychiatry Service -ADAHPS) and use of community care planning and case management.
Consumer/ carer participation	Consumer and carer where appropriate need to be involved in discussion of interventions, treatment, care and support options.
Resource availability	Interventions, treatment, care and support planning needs to occur in the context of available options [eg. Mental Health Services, GP's, Private Psychiatrist / Psychologists, HIV/AIDS services, SHACS (in Brisbane), Community Health, Palliative Care Services, ACAT, ATODS, domiciliary nursing services and other CBO's].
Resource options	With consumer consent and participation, define partnerships of care (ie. who needs to be involved).
Develop coordinated care / support plan	There needs to be a coordinated approach to the development of a shared care model where consumers are diagnosed with HIV/AIDS and a serious mental illness, including consideration of involvement of other agencies (eg. ACAT, ATODS).

Outcomes

Documented care plan	Intervention, treatment, care and support plans are documented on the individual consumer record (<i>at present the structure of these is variable across services and would need to be negotiated at a local level</i>).
Coordinated model of care	There should be documented evidence, which demonstrates a coordinated approach to the management of the physical, mental, spiritual and social well being of the consumer.
Evidence of Consumer and Carer Participation	Documentation, which demonstrates the involvement of the consumer in decisions of care, treatment and support and that the consumer and carer have received sufficient information in a language and format which is understandable, to be able to make informed choices.
Exit Planning and re-entry	Exit planning from the Mental Health Service should be included as part of the care planning process. The consumer should be actively engaged in these discussions. Consumers, carers and both agencies should be aware of follow up arrangements and how to access re-entry to the mental health service at a later date.
Evaluation of Interventions	There needs to be an agreed evaluation tool to measure the degrees of change in health status, satisfaction with mental health and HIV/AIDS services and perception of quality of life eg. HONOS (H ea l th O f <i>the</i> N ation O utcome S cales ⁵) is a tool currently in use in some mental health settings. HONOS requires the completion of a standard data set at the point of entry and exit by both the consumer and the Mental Health Service. LPS (Life S kills P rofile ⁶) and MHI (Mental H ealth I nventory ⁷) are also in use in some Mental Health Services as intake assessment and outcome evaluation tools.

⁵ Wing, Curtis and Beevor 1996; web site www.honos.org.uk

⁶ Stedman, T., Yellowlees, P., Mellisop, G., Clarke, R., and Drake, S. (1997). Measuring Consumer Outcomes in Mental Health. Canberra ACT Department of Health and Family Services

⁷ *ibid*

Training

Strategy

Negotiations should be initiated and be ongoing to plan a common training strategy between:

- Key professional groups in mental health and primary health care;
- Key HIV/AIDS agencies; and
- Mental Health Services and HIV/AIDS and Sexual Health Services and support agencies (e.g. ACAT, ATODS, Domiciliary Nursing Services) at the local level.

To facilitate

- improved coordination across the professional streams involved in assessment, treatment and support;
- an enhanced understanding of the issues and dilemmas faced by staff in each agency; and
- a joint problem solving process to enhance consumer options.

Implementation

If the guiding principles and working protocols are to be effective there will need to be:

- an initial orientation;
- training; and
- implementation strategy, developed for staff and consumers. The training model can also be used to conjointly develop an inter-agency Quality and Effectiveness framework to benchmark service and consumer outcomes.

APPENDIX 1: CATEGORIES OF MENTAL ILLNESS AND SUGGESTED RESPONSES

(Actual response arrangements will need to be negotiated locally.)

Mental Health disorders, where clients are HIV positive, are always diagnosed through a process of exclusion. For example, many conditions such as opportunistic infections, metabolic changes and substance use/misuse produce symptoms similar to AIDS dementia complex (ADC) and other psychiatric conditions and these conditions need to be eliminated as possible causes.

There are four major categories of mental disorder:

- 1. Anxiety Disorders**
- 2. Mood Disorders - Depressive and Manic**
- 3. Organic Disorders**
- 4. Psychotic Disorders**

There is also a group of behavioural disorders where people will present with active or expressed intentions of self-harming. People presenting in this way need to be assessed to determine the most appropriate responses.

Where presentation occurs at HIV/AIDS and/or Sexual Health Services, Mental Health Services are able to participate in a consultation liaison role and respond with advice and specialised assistance where people present with behavioural disorders and symptoms of serious mental illness.

Consumers presenting with symptoms of anxiety, mood and behavioural disorders may be able to be managed effectively within the primary health care system. The local Mental Health Service is a source of advice in regards to the most effective management.

Consumers presenting to Mental Health Services with behavioural disorders or serious mental illnesses (e.g. suspected ADC) who declare they are HIV positive should be assessed in collaboration with their GP or HIV specialist to exclude the presence of other possible conditions.

Dementia fits within group 3. It is Queensland Health policy that organic disorders are assessed and managed within the general health assessment and treatment stream. The dementia group of disorders is **not** considered to be part of the core business of Mental Health Services.

Dementia is a disease of the brain in which there is a progressive impairment of higher cortical functions. This may present as impairment of memory, thinking, orientation, comprehension, learning ability and judgement. As the disease progresses the cumulative effects of the damage to the brain result in an increasing degree of disability and impairment.

If a person presents with symptoms of dementia they should be referred for a medical assessment (see page 18). Some dementias have reversible causes. It is therefore important that persons presenting with symptoms undertake a comprehensive medical assessment. Development of a checklist for assessment at a local level, or assessment using the Neuropsychiatric AIDS Rating Scale (NARS)⁸ in a previously undiagnosed person, in consultation with their HIV specialist, is needed to exclude other possible conditions. It is important to ensure involvement of Mental Health Services in patient assessment when required.

Where persons present with symptoms of **psychosis (group four)**, a **needs assessment must be undertaken** to determine the most appropriate referral options. It is likely that persons presenting with these symptoms will have had previous contact with mental health services. This should be established at an early point in the assessment process. If not presenting at a mental health service, the consumer's consent should be obtained to make contact with the local Mental Health Service for advice on management.

Responses need to be determined in consultation with the consumer, **except** where it is assessed to be a psychiatric emergency. This is where the person is assessed to be a serious risk to themselves or others. In this case, action can be taken without the consumers consent. The relevant section of the Mental Health Act for involuntary assessment and/or treatment can be invoked if the criteria are met.

Psychiatric emergencies require a more immediate response. A locally negotiated arrangement for urgent consultation must be in place to determine appropriate action. In a psychiatric emergency, where contact cannot be made with a Mental Health Service an Ambulance may be called, with the persons consent, to take the person to the nearest hospital Accident and Emergency service for assessment. Police assistance should be sought where the person is assessed to be an acute and serious risk to themselves or others. In this instance the consumers consent is not required.

The Table on the following pages is a guide to presentations and response options. Each presentation will need to be assessed and responded to on individual merit.

⁸ Adapted from: Price R.W., & Brew B.J., (1988) The AIDS Dementia Complex. *Jnl Infect Diseases*, 158 (5) : 1079 – 1083. Hughes C.P., Berg L., Danziger. W.L., et al (1982) A new Clinical Scale for the Staging of Dementia. *British Journal of Psychiatry* 140:566 – 592.

DISORDER	CHARACTERISTICS	RESPONSE GUIDE
<p>1. ANXIETY DISORDERS</p> <ul style="list-style-type: none"> • Common, up to 80 percent prevalence in people with HIV infection • may be related to HIV related stressors, substance use /misuse and withdrawal, lifestyle and antiretrovirals 	<p>Patient describes feeling anxious/tense. Displays symptoms such as: being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, sleep disturbance, sweaty, abnormally rapid beating of the heart, abnormally rapid breathing, tremors.</p> <p>Marked symptoms of anxiety or increased arousal (e.g. difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness). The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<p>Cases to be assessed and responded to on merit, within available service parameters</p> <p>Refer to General Practitioners/ Clinical Psychologist/ Sexual Health or other AIDS Counselling Service where available or Private Psychiatrist</p> <p>Refer to General Practitioners/ Clinical Psychologist/Sexual Health or other AIDS Counselling Service where available or Private Psychiatrist</p>
<p>2. MOOD DISORDERS DEPRESSIVE AND MANIC</p> <p>a) Depressive Disorders</p> <ul style="list-style-type: none"> • may occur at anytime during HIV infection • prevalence of 17 to 25 percent in people with HIV infection • may be the result of a variety of illness related stressors or due to organic factors 	<p>Describes feeling low/depressed. Displays symptoms such as insomnia; loss of appetite, early morning wakening, constipation, mild memory loss, poor concentration, loss of energy.</p> <p>Presentation of depressed state is quite severe with the patient describing a sense of hopelessness/worthlessness, guilt, desire to harm themselves, suicidal ideation. The mood symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<p>Refer to General Practitioners / Clinical Psychologist /Accident and Emergency / Mental Health Crisis Assessment Team.</p> <p>Refer to Mental Health Service for assessment or Accident and Emergency within six hours if urgent / within 24 hours if non-urgent or Private Psychiatrist/Clinical Psychologist.</p>

DISORDER	CHARACTERISTICS	RESPONSE GUIDE
		Cases to be assessed and responded to on merit, within available service parameters
<p>b) Mania</p> <p>Clients with mania usually fit into two categories:</p> <p>1. Clients with a <i>pre-existing bipolar disorder</i> who can</p> <ul style="list-style-type: none"> • Develop mania at any time in the course of their HIV infection. • Prescribed and non-prescribed drugs can cloud the diagnosis. <p>2. Clients with Mania as a <i>consequence of HIV</i> brain involvement who often display a different clinical picture.</p>	<p>Patient displays an elevated mood, which has been sustained for days, sometimes weeks. They are over talkative (and cannot be interrupted in their conversation). They may invent “grand schemes”, spend too much money, make excessive telephone calls and recount an increase in their sex drive. Behaviour may necessitate hospitalisation to prevent harm to self or others. There may be psychotic features. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p>Presentation is quite severe with patient displaying a mood that is more irritable than euphoric. Cognitive slowing or dementia may be evidenced. Sometimes a grandiose belief that they have been “cured” or have discovered an HIV “cure”. Occasional psychomotor slowing replaces the expected increase in activity. Behaviour may necessitate hospitalisation to prevent harm to self or others. There may be psychotic features. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<p>Refer to Mental Health Officer for assessment or Accident and Emergency within six hours if urgent/within 24 hours if non urgent or Private Psychiatrist</p> <p>Refer to Mental Health Officer for assessment or Accident and Emergency within six hours.</p>

DISORDER	CHARACTERISTICS	RESPONSE GUIDE
<p>3. ORGANIC DISORDERS</p> <p>AIDS dementia complex (ADC) is a complication of HIV disease that occurs in some patients, usually those with advanced disease. Consideration should be given to reviewing the antiretroviral therapy to ensure optimal CSF penetration. There is a good chance that with appropriate treatment the complaints can be improved although this may take up to 3 months. Treatment must be carried out through a multi-strategy approach, which looks at HIV and other drug therapy together with strategies to assist new learning and memory abilities.</p> <p>In addition to cognitive deficits, people with AIDS dementia may exhibit disorders of movement and behaviour. Movement disorders may resemble those seen in Parkinson's Disease and include bradykinesia, tremor, rigidity, hyperreflexia and spasticity. Behavioural disturbances may consist of affective blunting and apathy, irritability, emotional lability, mania and psychosis.⁹</p>	<p>Stage 1 Patient displays unequivocal evidence of functional impairment, mild memory problems, and difficulty planning and completing work, balance and coordination problems. The symptoms displayed from Stage 1 through to Stage 4 cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p>Stage 2 Patient's memory is moderately impaired. Problem solving is impaired. Some disorientation. Patient needs assistance to perform basic activities of self-care.</p> <p>Stage 3 Patient displays major intellectual impairment and/or motor disability. There is frequent disorientation with a severe loss of memory.</p> <p>Stage 4 The patient is nearly vegetative. They are confused, disoriented, bed bound.</p>	<p>Cases to be assessed and responded to on merit, within available service parameters</p> <p>Where a person diagnosed with AIDS Dementia Complex presents with symptoms of serious mental illness, it is appropriate to negotiate with the local Mental Health Service for an assessment.</p> <p>Refer to General Practitioners / Medical Officer for review of anti-HIV drugs.</p> <p>Refer to Aged Care Assessment Team if nursing home care needed.</p> <p>If a presenting to Mental Health Services, liaison with clients GP, HIV specialist, family etc should occur to determine appropriate management and assessment based on presenting symptoms.</p>
<p>4. PSYCHOTIC DISORDERS</p> <ul style="list-style-type: none"> • may occur at anytime during HIV infection • prevalence is unknown, but probably uncommon 	<p>Patient experiences delusions (paranoid, grandiose or somatic). They may display auditory tactile or visual hallucinations, disorganised speech (eg. frequent derailment or incoherence), and grossly disorganised or catatonic behaviour. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<p>Refer to Mental Health Officer for assessment within six hours or Accident and Emergency if urgent/within 24 hours if non urgent or Private Psychiatrist</p>

⁹ Ferrando SJ 2000 Diagnosis and treatment of HIV-Associated Neurocognitive Disorders in Couros F and Forstein M (Editors), What Mental Health Practitioners Need to Know About HIV and AIDS, New Directions for Mental Health Services, No.87, Jossey Bass, San Francisco

APPENDIX 2: GUIDE TO DEFINING THE EVENT AND LEVEL OF RESPONSE REQUIRED

(Adapted from the Western Australia acute response definitions 1997.)

- ***Acute Response Level 1*** ***(Emergency)***

a presentation in need of immediate response because of serious risk to self or others or unpredictability / disorganisation / acute disturbance; although found to be infrequent, there are instances where ambulance, hospital emergency department and/or police will be utilised for immediate response.

- ***Acute Response Level 2*** ***(Crisis)***

a presentation in need of rapid but not immediate response (same day within 6 hours), because of harm / severity of crisis / level of distress / benefits of early intervention;

- ***Acute Response Level 3*** ***(Urgent)***

a presentation in need of timely response (within 24 hours), not at immediate risk but highly distressed / greatly decreased level of functioning / benefits of early intervention to prevent escalation of crisis.

- ***Acute Response Level 4*** ***(Non Urgent)***

a presentation where there is no apparent risk, the consumer is assessed as functional and there is an assessed capacity to develop a negotiated, planned and consensual intervention.

- ***Response Level 5*** ***(Ongoing Management)***

developing a care plan in consultation with stakeholders, including the consumer which defines inputs and strategies which work toward an agreed set of health care outcomes.

APPENDIX 3: USEFUL SOURCES OF INFORMATION

National Standards for Mental Health Services (NSMHS). A copy of the National Standards for Mental Health Services can be obtained by contacting the Mental Health Unit in Queensland Health Corporate Office, or accessed through the Commonwealth Department of Health web site. <http://www.health.gov.au/hsdd/mentalhe/resources/index.htm>, click on publications and scroll down to the consumer outcomes publications list.)

ACTIS Vaccine Glossary. AIDS Clinical Trials Information Service, June 1997.
Internet address: <http://www.actis.org> (Look under Vaccine Information).

AHFS Drug Information 90. Bethesda, MD: American Society of Hospital Pharmacists, 1990, p. 422.

AIDS Clinical Care, Vol. 7, No. 1 (January 1995). Rabson, A.R. "Enumeration of T-Cell Subsets in Patients with HIV Infection," pp. 1-3.

AIDS Glossary of Medical, Statistical and Clinical Research Terminology. Hogan, C. MN: National AIDS Treatment Activist Forum, October 1995.
Internet address: <http://www.teleport.com/~celinec/glossary.htm>

AIDS/HIV Treatment Directory, Vol. 2, No. 2 (August 1988); Vol. 7, No. 4 (January 1995); Vol. 8, No. 2 (June 1996); Vol. 8, No. 3 (January 1997); Vol. 9, No. 1 (December 1997); Vol. 9, No. 2 (June 1998). American Foundation for AIDS Research.

AIDS Medical Glossary. New York, NY: Gay Men's Health Crisis (GMHC) Treatment Education.
Internet address: <http://www.critpath.org/research/gmhgloss.htm>

AIDS Treatment Data Network.
Internet address: <http://www.aidsinfoyc.org/network/oisgloss.html>

AIDS 101 Glossary. Hernandez, V. Philadelphia, PA: Critical Path AIDS Project.
Internet address: <http://www.critpath.org/research/gloss-vh.htm>

GMHC Treatment Issues, October 9 1995. Smart, T., "Zinc Fingers: The Next Antiviral Target?" pp. 7-8.
Internet address: <http://www.gmhc.org/>

The Medical Management of AIDS, 4th Edition. Sande, M., and Volberding, P. "AIDS Dementia Complex." Philadelphia, PA: W.B. Saunders, Company, 1995, p. 267.

The HIV Drug Book, 2nd Edition. New York, NY.: Project Inform, Pocket Books, 1995.

The Online Medical Dictionary Cancer Web Project.
Internet address: <http://www.graylab.ac.uk/omd/>

American Psychiatric Practice Guidelines. 2000 Practice Guidelines for the Treatment of Patients with HIV/AIDS. American Journal of Psychiatry, Vol 157, No. 7, Nov 2000 Supplement.

Ferrando SJ 2000 Diagnosis and Treatment of HIV-Associated Neurocognitive Disorders in Couros F and Forstein M (Editors), What Mental Health Practitioners Need to Know About HIV and AIDS, New Directions for Mental Health Services, No.87, Jossey Bass, San Francisco

AIDS Dementia and HIV Psychiatry Service (ADAHPS)
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GLOSSARY OF TERMS USED IN MENTAL HEALTH

(adapted from Queensland Health Glossary of Mental Health Terms for interpreters and translators)

A

Acculturation Problem Problem involving adjustment to a different culture (eg. following migration).

Acute Recent onset of severe clinical symptoms of mental illness.

Acute Inpatient Service A service that provides assessment and short-term intensive treatment, as part of the continuum of care, for people experiencing acute episodes of mental illness who cannot be treated more appropriately in other community settings.

Acute Stress Disorder Anxiety, fear and other symptoms that occur within one (1) month after exposure to an extreme traumatic stressor.

Addiction A state of dependence produced by the habitual taking of drugs, including alcohol, characterised by compulsion, loss of control and continued patterns of use despite negative consequences.

Adjustment Disorder Development of clinically significant emotional or behavioural symptoms in response to a psychological stressor such as family bereavement or breakup of relationship.

Adolescence Period of growth and development from puberty to maturity.

Adulthood Stage of growth and development that follows adolescence.

Advocate Person who intercedes for and acts on behalf of a client when the client is unable to do so, and may be a professional or lay person.

Against Medical Advice (AMA) When a voluntary client departs from inpatient psychiatric treatment, against the recommendation of the care givers.

Age-related Cognitive Decline A decline in cognitive functioning, including memory and reasoning, as a result of the ageing process.

Aggression Physical or verbal behaviour that is forceful or hostile and enacted to intimidate others.

Agoraphobia Fear and anxiety about being in places or situations from which escape may be difficult (or embarrassing), or in which help may not be available in the event of having a Panic Attack. Fear of the outdoors or going out, especially alone. It is the most common phobia.

Amphetamine A prescribed drug that has a marked stimulant action on the central nervous system. It produces a feeling of mental alertness and well being. Tolerance to amphetamine develops rapidly and prolonged use may lead to dependence.

Amphetamine Use Disorder Presence of inappropriate behaviour or physiological changes that develop during, or shortly after, use of amphetamines or related substances.

Anorexia Nervosa Eating disorder in which the person starves him/herself or uses other techniques such as vomiting, to induce weight loss. It is motivated by a false perception of being fat and/or phobia about becoming fat. It can be life threatening.

Anxiety Disorder A form of neurosis in which anxiety dominates the person's life. Examples are Acute Stress Disorder, Agoraphobia, Generalised Anxiety Disorder, Obsessive Compulsive Disorder, Panic Attack, Panic Disorder, Post Traumatic Stress Disorder, Separation Anxiety Disorder, Social Phobia, Specific Phobia, Substance-induced Anxiety Disorder.

Attention Deficit/Hyperactive Disorder A disorder with a persistent pattern of inattention and/or hyperactivity and impulsivity.

Authority The right of designated people to make decisions and issue commands.

Avoidant Personality Disorder The essential feature of Avoidant Personality Disorder is a pervasive pattern of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation that begins by early adulthood and is present in a variety of contexts.

B

Behavioural Therapy Treatment based on the belief that psychological problems are the products of faulty learning and not the symptoms of an underlying disease. Treatment is directed at the problem or target behaviour and is designed for the particular person, not for the particular diagnostic label that has been given.

Bereavement A reaction to the death of a loved one (eg. feelings of sadness and associated symptoms such as insomnia, poor appetite, and weight loss).

Bipolar Affective Disorder A severe mental illness with repeated episodes of mania and depression. The person is usually well in the intervals between episodes.

Brief Psychotic Disorder A disturbance that involves the sudden onset of at least one of the following psychotic symptoms: delusions, hallucinations, disorganised speech etc.

Bulimia Nervosa An eating disorder characterised by overeating followed by techniques to prevent weight gain, eg. induced vomiting, use of laxatives. Can occur as a phase of anorexia nervosa.

C

Case Management The mechanism for ensuring continuity of care across inpatient and community settings, for access to and co-ordination of the range of services necessary to meet the individual and identified needs of a person within and outside the mental health service.

Child or Adolescent Antisocial Behaviour This category can be used when the focus of clinical attention is antisocial behaviour in a child or adolescent that is not due to a mental disorder (see also: Conduct Disorder and Impulse-Control Disorder).

Childhood Disintegrative Disorder A developmental disorder occurring as a result of a brain disease such as encephalitis in childhood. Symptoms include abnormalities of behaviour, progressing to psychosis.

Chronic Mental Illness An illness or disorder which is severe in degree and persistent in duration. The symptoms may be permanent or episodic. There may also be a substantially diminished level of functioning in the primary aspects of daily living.

Client A recipient of mental health services: may be a person, family, group or community.

Cognitive Development The development of intelligence, conscious thought and reasoning that begins in infancy

Cognitive Disorder A disorder where the person shows decreased abilities in memory, problem solving, etc. It is generally associated with a general medical condition but could be a psychological impairment.

Communication Disorders A group of disorders where there are problems in communicating, either through difficulties in receiving language or in speech. Generally these disorders stems from a general medical condition such as a brain injury or stroke, or a developmental problem in children. Examples are: Expressive Language Disorder, Mixed Receptive-Expressive Language Disorder, Phonological Disorder, Stuttering and Communication Disorder Not Otherwise Specified.

Community Group of people with common characteristics, locations or interests.

Community Mental Health Service Local treatment centre where community treatment is provided.

Community Support Systems Resources that are used to bolster the natural support system (including the family) of chronically disabled people living in the community.

Community Treatment The provision of routine treatment and support services in a variety of community settings to people with mental disorders and serious mental health problems. These include clinic based services, outpatient services, domiciliary and other visiting services, and consultation and liaison services to general practitioners, primary health care and private sector providers.

Compulsive Irresistible impulsive behaviour in which a person feels compelled to carry out certain actions, such as repetitive hand washing based on a fear of contamination.

Conduct Disorder A repetitive or persistent pattern of aggressive behaviour. It is usually recognised in childhood or adolescence and can lead to an impulsive personality disorder.

Conscious Being aware of the existence of one's own mental state.

Continuity of Care The provision of barrier-free access to the necessary range of health care services and other support agencies, with the level of support and care varying according to individual needs.

Coping Efforts directed toward how to manage stress, conflict and change.

Counsellor A health professional who helps clients and families evaluate their patterns of problem solving and develop more effective ones.

Crisis A turning point that results from a stressful event or a perceived threat to one's well-being that cannot be readily solved by methods that have been successful in the past.

Culture-Bound Syndromes The methods of communicating distress, symptoms, or the need for social support, which are acceptable in relation to the norms of a person's cultural group (eg. nerves, possessing spirits, somatic complaints, inexplicable misfortune).

Cyclothymic Disorder A disorder with marked swings of mood from cheerfulness to depression. These fluctuations are not as severe as those of Bipolar affective disorder.

D

Decompensation Deterioration in a person's ability to cope with life stresses, which may lead to the development of symptoms of psychological distress.

Defensive Functioning Scale A test which is used to assess automatic psychological processes (or coping styles) which protect the person against anxiety and from the awareness of internal or external dangers or stressors.

Delirium A disorder of mental processes accompanying organic brain disease. It may include illusions, hallucinations or extreme excitement.

Delirium Tremens Delirium associated with excessive use of alcohol, usually seen as a withdrawal symptom. Features include anxiety, tremor, sweating, and vivid and terrifying visual and sensory hallucinations.

Delusion Irrational belief that cannot be altered by rational argument. In mental illness it is often a false belief that the person is persecuted by others, or is a victim of physical disease.

Dementia A chronic or persistent disorder of the mental processes due to organic brain disease. It is marked by short term memory loss, changes in personality, deterioration in personal care, impaired reasoning ability, and disorientation.

Dependence on Substance The physical and/or psychological effects produced by the habitual taking of certain drugs, including alcohol, leading to a compulsion to continue to take the drug.

Dependent Personality Disorder A disorder with a pervasive and excessive need to be taken care of that leads to submissive and clinging behaviour and fears of separation. This pattern begins by early adulthood.

Depersonalisation Disorder A disorder in which the person feels unreal or strangely altered, or that the mind is becoming separated from the body. The person may feel like an automaton or as if he or she is living in a dream or a movie.

Depression (Psychiatric diagnosis) A mental state characterised by excessive sadness. Activity may be agitated and restless or slow and retarded. The person may experience feelings of worthlessness, despair and extreme pessimism. There are usually disruptions to sleep, appetite and concentration.

Depressive Episode - Major The essential feature of a Major Depressive Episode is a period of at least two (2) weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities. In children and adolescents, the mood may be irritable rather than sad.

Disability A chronic condition that makes a person unable to perform in a usual manner.

Disability Support Services A range of service responses which enable the individual to live as independently as possible and be included in the ordinary life of their community.

Separation Anxiety Disorder Excessive anxiety concerning separation from the home or from those to whom the person is attached.

Disorganised Type of Schizophrenia A disorder with disorganised speech, disorganised behaviour and flat or inappropriate mood. The disorganised speech may be accompanied by silliness and laughter that are not closely related to the content of the speech.

Dissociative Fugue (formerly Psychogenic Fugue) A disorder in which the person leaves home or usual surroundings and wanders aimlessly, with inability to recall some or all of one's past. This is accompanied by confusion about personal identity or even the assumption of a new identity.

Dissociative Identity Disorder (formerly Multiple Personality Disorder) The presence of two (2) or more distinct identities or personality states that recurrently take control of behaviour. In children, the symptoms cannot be attributed to imaginary playmates or other fantasy play.

Dissociation The process whereby thoughts and ideas can be split off from consciousness and may function independently, thus allowing conflicting opinions to be held at the same time about the same object.

District Mental Health Service A structure that provides a range of specialist mental health service components delivered by specialist mental health professionals to a geographically defined population.

DSM-IV Diagnostic and Statistical Manual of Mental Health Disorders 4th Edition.

Disthmic Disorder A chronically depressed mood that occurs for most of the day, more days than not, for at least two (2) years. Individuals with Disthmic Disorder describe their mood as sad or "down in the dumps". In children the mood may be irritable rather than depressed and required minimum duration is only one (1) year.

E

Eating Disorders Severe disturbances of eating behaviour in which people starve themselves or use other techniques to induce weight loss. See also: Anorexia Nervosa and Bulimia Nervosa.

Ego The part of the mind that develops from a person's experience of the outside world and is most in touch with external realities.

Electro Convulsive Therapy (ECT) A treatment for severe depression and sometimes for schizophrenia and mania. A convulsion is produced by passing an electric current through the brain.

Electroencephalogram (EEG) A tracing to record electrical discharges in the brain. The pattern of EEG reflects the state of the person's brain and level of consciousness. EEG is used to detect and locate disease such a tumours and epilepsy.

Euphoria A sense of extreme well-being and optimism, the absence of pain or stress which might be exaggerated in psychiatric cases.

Exhibitionism Exposure of one's genitals to a stranger.

Expressive Language Disorder An impairment in expressive language development.

Extended Inpatient Services Providing ongoing assessment, long-term treatment and rehabilitation on an inpatient basis, where a severe level of impairment exists. Treatment is focussed on prevention of deterioration and reduction in impairment.

F

Family Therapy Psychotherapeutic treatment of the family as a unit to clarify and modify the ways they relate together and communicate.

Fetishism Sexual attraction to an inappropriate object (known as a "fetish"). It may be part of the body, clothing or objects, eg. women's underpants, bras, stockings, shoes, boots or other objects such a leather handbags, rubber sheets.

Flashbacks (Hallucinogen Persisting Perception Disorder) A vivid involuntary reliving of the experiences during episodes of drug intoxication. The person must have had no recent Hallucinogen Intoxication and must show no current drug toxicity.

Foster Care Type of living arrangement by which clients are placed with selected families.

Frotteurism Touching and rubbing against a non-consenting person as a means of sexual pleasure. The behaviour usually occurs in crowded places from which the individual can more easily escape arrest.

Functional Overlay A psychological condition which has caused or aggravated the physical symptoms.

G

Gender Identity Disorder A strong and persistent gender identification, which is desired to be, or the insistence that one is, of the other sex.

Generalised Anxiety Disorder A disorder with excessive anxiety and worry, occurring more days than not for a period of at least six (6) months about a number of events or activities.

Global Assessment of Relational Functioning (GARF) Scale An assessment scale which can be used to indicate an overall judgement of the functioning of a family or other ongoing relationship on a hypothetical continuum ranging from competent relational functioning to a disrupted, dysfunctional relationship.

H

Hallucination False sensory perception of something that is not really there. It may involve, vision, touch, taste or smell.

Histrionic Personality Disorder A disorder with pervasive and excessive emotionality and attention-seeking behaviour. This pattern begins by early adulthood and is present in a variety of contexts.

HIV Disease, Dementia Due to A dementia that is judged to be the direct consequence of human immunodeficiency virus (HIV) disease.

Huntington's Disease A disease with involuntary jerky movements particularly affecting the shoulders, hips and face, and accompanied by a progressive dementia.

Hypersomnia Excessive sleepiness for at least one (1) month as evidenced prolonged sleep episodes or by daytime sleep episodes occurring almost daily.

Hypoactive Sexual Desire Disorder A deficiency or absence of sexual fantasies and desire for sexual activity which is causing marked distress or interpersonal difficulty.

Hypochondriasis Preoccupation with fears of having, or the idea that one has a serious disease based on a misinterpretation of one or more bodily signs or symptoms.

Hypomanic Episode A distinct period during which there is a mild degree of mania or elevated mood that lasts at least four (4) days. This period must be accompanied by at least three (3) symptoms: decreased need for sleep, rapid and animated speech, flight of ideas etc.

Hysteria A neurosis, with emotional instability, repression, dissociation, physical symptoms such as paralysis. This is not the same as malingering and it should not be confused with psychopathic conditions.

I

Identity The awareness of being a person separate and distinct from all others.

Illusion A false perception due to misinterpretation of stimuli. For example, a person may misinterpret the conversation of others as the voices of enemies conspiring to destroy him or her.

Insanity A degree of mental illness such that the affected person is not responsible for his/her actions or is not capable of entering into a legal contract. This term is used in legal rather than medical contexts.

Insight A term which relates to the person's recognition or lack of recognition that he/she has a mental illness.

Institutionalisation Syndrome occurring to hospitalised clients, characterised by a loss of identity as a person, seeing oneself instead as a patient with total dependence on external sources of reinforcement, pleasure and affirmation. The person loses community living skills and feels uncomfortable in environments other than the institution.

Intake Initial contact by clinical staff with a person referred to a mental health service. It involves the collection of information to assess the appropriateness of referral and enables a person to be directed to the most appropriate service response within or outside the mental health service.

Integration Integration refers to the process whereby a mental health service becomes co-ordinated as a single specialist network and includes mechanisms which link intake and assessment and continuing treatment and case management to ensure continuity of care.

Intellectual Disability A disability caused by significantly sub-average general intellectual functioning that is accompanied by limitations in functioning in at least two (2) of the following skills areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction etc.

K

Kleptomania A strong impulse to steal items, even though the items are not needed for personal use or for their monetary value.

Korsakoff's Syndrome (Korsakoff's Psychosis) A organic disorder affecting the brain that results in a memory defect in which new information fails to be learnt although events from the past are still recalled. The commonest cause is alcoholism, especially when this has led to a deficiency of vitamin B1.

L

Learning Disorders (formerly Academic Skills Disorders) A disorder where the child/person shows achievement in standardised tests in reading, mathematics, or written expression which is substantially below that expected for age, schooling and level of intelligence.

M

Male Orgasmic Disorder (formerly Inhibited Male Orgasm) A persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase.

Malingering Pretending to be ill, usually in order to avoid work or to gain attention or access to drugs.

Mania A state of mind characterised by excessive cheerfulness and increased activity. The mood is euphoric and changes rapidly to irritability. Thought and speech are rapid to the point of incoherence and behaviour may be overactive, extravagant, overbearing. There may be grandiose delusions.

Manic Episode A distinct period during which there is an abnormally and persistently elevated, expansive or irritable mood. This period of abnormal mood must last at least one (1) week.

Manic-Depressive Psychosis (Bipolar Affective Disorder) A severe mental illness with repeated episodes of mania and depression. The person is usually well in the intervals between episodes.

Mental Health A dynamic process in which a person's physical, cognitive, affective, behavioural and social dimensions interact functionally with one another and with the environment.

Mental Health Act The Act of Parliament governing the care of people with severe mental illness. The Act provides for involuntary admission and treatment of a person who is considered to be a danger to themselves or others.

Mental Illness Physical, cognitive, affective, behavioural and social patterns that interact dysfunctionally with the environment.

Mental Status Examination Examination in which the following mental processes are reviewed: appearance and behaviour, thought content, sensorium and intellect, thought processes, emotional tone and insight.

Mixed Affective State A Mixed Episode is characterised by a period of time (lasting at least one (1) week) in which the criteria are met, both for a Manic Episode and for a Major Depressive Episode, nearly every day. The individual experiences rapidly alternating moods (sadness, irritability, euphoria).

Mobile Intensive Treatment Services A service that provides long-term case management and assertive outreach to very vulnerable and disabled people living in the community with severe mental illness, enduring disability and complex needs. Without the provision of this service response, the person would be likely to have recurring admission to acute inpatient services.

N

Narcissistic Personality Disorder A pervasive pattern of grandiosity, need for admiration and lack of empathy that begins by early adulthood and is present in a variety of contexts.

Narcolepsy Repeated irresistible tendency to fall asleep in quiet surroundings or when engaged in monotonous activities

Narcosis A state of diminished consciousness or complete unconsciousness caused by the use of narcotic drugs which have a depressant effect on the central nervous system.

Neurasthenia A set of psychological and physical symptoms, including fatigue, irritability, headache, dizziness, anxiety and intolerance of noise.

Neurosis A mental illness in which insight is retained but there is a maladaptive way of behaving or thinking that causes suffering. For example, depression, anxiety, phobias or obsessions

Nicotine-induced Disorder (Nicotine Withdrawal) The presence of a characteristic withdrawal syndrome that develops after the abrupt cessation of, or reduction in, the use of nicotine-containing products such as cigarettes followed by a prolonged period of daily use

Non-hospital Based Acute Inpatient Unit A facility that provides acute inpatient services located on a non-hospital site.

Non-hospital Based Extended Inpatient Unit A facility that provides extended inpatient services located on a non-hospital campus.

Norms Unspoken rules of conduct or standards of acceptable behaviour in a culture.

O

Obsession A recurrent thought, feeling or action which the person cannot prevent, that is unpleasant and provokes anxiety.

Obsessive-Compulsive Disorder (OCD) A disorder with persistent ideas, thoughts, impulses or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress. Compulsions are repetitive behaviours (eg., handwashing, ordering, checking) or mental acts (eg., praying, counting, repeating words silently) the goal of which is to prevent or reduce anxiety or distress.

Obsessive-Compulsive Personality Disorder A disorder with a preoccupation with orderliness, perfectionism and mental and interpersonal control at the expense of flexibility, openness and efficiency.

Occupational Therapy A form of therapy in which clients are encouraged to perform useful tasks and develop interests that may either re-establish old skills and knowledge or initiate new ones. The aim is to reach the maximum level of function and independence in all aspects of daily life.

Opioid Use Disorder (Opioid Dependence) Dependence on opioid drugs such as heroin. Most individuals with Opioid Dependence will experience withdrawal on abrupt discontinuation of opioid substances.

Orientation Awareness of oneself in time, space and place. Introduction given to staff and clients as they enter the unfamiliar environment of an inpatient unit.

Outcome Criteria Statements of measurable client goals that are expected to be reached as a result of therapeutic interventions.

Outreach Services A service that provides visiting specialist mental health services to people who are unable to access such services close to their own community. It includes regular visits from a mental health service located in a major population area, to rural and remote areas and the establishment of formal mechanisms for clinical consultation and support between visits. This is generally provided to rural and remote areas where there are no local mental health services or those areas with satellite mental health services.

P

Panic Attack A sudden, unpredictable, intense episode of anxiety characterised by personality disorganisation, a fear of losing one's mind, going crazy, being unable to control one's behaviour, a sense of impending doom, helplessness and being trapped.

Panic Disorder A disorder with recurrent, unexpected Panic Attacks followed by at least one (1) month of persistent concern about having another Panic Attack, worry about the possible implications or consequences of the Panic Attacks, or significant behavioural change related to the attacks.

Personality An enduring disposition to act and feel in particular ways. These patterns are sometimes described by different dimensions, eg., extroverted, neurotic.

Personality Disorder A disorder with deeply ingrained and maladaptive patterns of behaviour, persisting through many years, usually commencing in adolescence. The abnormality of the behaviour must be sufficiently severe that it causes suffering, either to the patient or to other people or both.

Phobia Unrealistic fear or aversion to a situation or thing. Avoiding the feared situation may severely restrict one's life and cause much suffering.

Post Traumatic Stress Disorder A disorder which follows a traumatic event such as major disaster, rape, torture or accidents. Involves re-living the event and withdrawal from the external world.

Primary Health Care The first level of contact with the health system (GPs, community health centres, etc.).

Prognosis The prediction of the probable outcome of an illness over a given period of time

Psychiatric Crisis Response and Treatment Provision of ongoing assessment, short-term interventions and treatment in the community for psychiatric crisis resolution. It includes the management of a person in an acute episode of mental illness with access to treatment options in a variety of settings to prevent admission to an acute inpatient unit.

Psychoanalysis A treatment modality based on Freudian constructs, the analysis of the relationship that the client develops with the psychoanalyst.

Psychogeriatric Services A component of the mental health service which targets older people with mental illness who require both specialised mental health and aged care expertise.

Psychomotor Refers to the combination of physical and mental ability. The term is used for disorders in which muscular activities are affected by brain disturbance.

Psychopath Person suffering chronic mental disorder characterised by anti-social behaviour and lack of guilt, and little capacity for forming emotional relationships with others.

Psychosis A severe disease or disorder of the mind characterised by derangement of personality and loss of contact with reality. There is often a lack of insight, although memory and intellect tend to remain intact.

Psychosomatic Refers to the mind/body relationship. Usually refers to illnesses which are caused by the interaction of mental and physical factors.

Psychotherapy Psychological methods for the treatment of mental disorders and psychological problems, eg., psychoanalysis, cognitive behavioural therapy, family therapy, group therapy.

Psychotropic Drugs Drugs which affect mood, eg., antidepressants, stimulants, tranquillisers.

Pyromania A disorder where the person repeatedly starts fires. The person may be indifferent to the consequences to life or property caused by the fire, or they may derive satisfaction from the resulting property destruction.

R

Rationalisation An unconscious defence mechanism where an individual uses a feasible and acceptable reason to explain irrational behaviour, motives or feelings.

Regression A return to more immature level of functioning

Regulation Involuntary admission and treatment under the provisions of the Mental Health Act.

Relational Problem, Parent – Child This category should be used when the focus of clinical attention is a pattern of interaction between parent and child (eg., impaired communication, over protection, inadequate discipline).

Relational Problem, Partner When the focus of clinical attention is a pattern of interaction between spouse or partners characterised by negative communication (eg., criticism) distorted communication (eg., unrealistic expectations) or non-communication

Relational Problem, Sibling This category should be used when the focus of clinical attention is a pattern of interaction among siblings that is associated with clinically significant impairment in individual or family functioning or the development of symptoms in one or more siblings.

Relationship Problems Relational problems include patterns of interaction between or among members of a unit that are associated with clinically significant impairment in functioning, or symptoms among one or more members of the unit, or impairment in the functioning of the unit itself.

Religious or Spiritual Problem This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversions to a new faith, or questioning of spiritual values that may not necessarily be related to an organised church or religious institution.

S

Satellite Mental Health Service A service that provides intake and assessment, continuing treatment and case management and consultation and liaison from a small number of mental health professionals based in rural or non provincial centres. These services are supported clinically and professionally by outreach mental health services from provincial and metropolitan mental health services (from within the district or from another district).

Schizo-affective Disorder A disorder with an uninterrupted period of illness during which there is a Major Depressive, Manic or Mixed Episode concurrent with symptoms that meet criterion for Schizophrenia.

Schizophrenia A severe mental illness characterised by a disintegration of the process of thinking, of contact with reality, and of emotional responsiveness. Delusions and hallucinations (especially of voices) are usual features, and the person may feel that thoughts, sensations and actions are controlled by or shared with others. The person may become socially withdrawn and lose energy. No single cause of the disease is known. There are strong genetic factors in the causation and environmental stress can precipitate illness.

Secure Treatment Service Provision of services for people with mental disorders or serious mental health problems who, based on clinical assessment, require treatment in a closed setting to ensure the safety of the person, the staff and the community. Three (3) levels of in-patient secure treatment are provided: acute in-patient secure treatment, extended secure treatment and high security treatment.

Self-Concept The sum total of perceptions, feelings and beliefs about oneself.

Self –Determination A person's control of decisions that influence his or her life.

Self-Efficacy The belief in one's own capacity to perform the actions needed to control events affecting one's well being and the ability to successfully execute the appropriate required behaviours.

Self-Esteem The evaluative internal image of oneself formed by the interaction of one's experiences with influential variables in the environment.

Sexual Masochism Sexual pleasure derived from the experience of pain and/or humiliation.

Sexual Sadism Sexual excitement from inflicting pain or thinking about inflicting pain or humiliation on other people.

Sleepwalking Disorder (Somnambulism) Repeated episodes walking about and performing other actions during sleep without later memory of doing so.

Somatization Disorder A disorder characterised by multiple recurrent changing physical symptoms such as back pain, the absence of physical disorders that could explain them.

Special Care Suite A small dedicated self-contained facility located within a rural general hospital setting where short term specialised treatment for a person experiencing an acute episode of mental illness is provided.

Specialised Mental Health Service Specifically designed health services for individual assessment, continuing treatment and rehabilitation for people with mental disorders and serious mental health problems. They also provide specialised consultation and liaison services to other agencies and include a component offering expert advice to facilitate rehabilitation and promotion programs.

Stigma A sign of disgrace or shame associated with an illness.

Stress Any factor that threatens the health of the body or has an adverse effect on its functioning such as injury, disease or worry. The existence of one form of stress tends to diminish resistance to other forms.

Substance Withdrawal Symptoms associated with abrupt stopping of excessive use of alcohol or drugs. Features may include anxiety, tremor, sweating, and vivid and terrifying visual and sensory hallucinations.

Support Groups Groups of people who meet regularly to discuss specific problems that are common to all of them.

Symptoms Characteristics by which diseases are recognised. The complaints which a patient presents.

Syndrome Set of symptoms occurring together.

T

Team A group of mental health professionals of different disciplines to democratically share expertise and develop a comprehensive therapeutic plan of action for clients. A client may be considered a member of a team.

Tic Disorders A tic is a sudden, rapid, recurrent, non-rhythmic, stereotyped movement or vocalisation. It is experienced as irresistible but can be suppressed for varying lengths of time. All forms of tic may be exacerbated by stress and attenuated during absorbing activities (eg., reading or sewing).

Trauma Any injury - either physical or emotional.

U

Unspecified Mental Disorder There are several circumstances in which it may be appropriate to assign this code: (1) for a specific mental disorder not included in the DSM-IV Classification, (2) when none of the available Not Otherwise Specified categories is appropriate, or (3) when it is judged that a non-psychotic mental disorder is present but there is not enough information available to diagnose one of the categories provided in the classification. In some cases, the diagnosis can be changed to a specific disorder after more information is obtained.

V

Values Individualised rules by which people live.

Voluntary Admission Admission to a mental health unit for treatment that results from the client making the decision for admission and signing the necessary agreement for inpatient treatment.

Voyeurism Obtaining sexual pleasure by watching other people undressing or having sex.

GLOSSARY OF TERMS USED IN HIV/AIDS AND SEXUAL HEALTH

(adapted from the Speak easy guide developed by the Queensland AIDS Council and edited by the Queensland Health AIDS Medical Unit.)

A

ABACAVIR An antiretroviral drug of the nucleoside reverse transcriptase inhibitor class (trade name Ziagen). Used in combination therapy.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) A disorder of the immune system characterised by immune deficiency, due to HIV infection. A diagnosis of AIDS is made based on the onset of any one of a number of conditions referred to as AIDS-defining illnesses and a positive HIV test

ACTIVITY The measure of a drugs ability to control or inhibit a pathogen

ACUTE The term used to describe a condition or stage in a condition that has intense short-term symptoms. Acute conditions have the potential to develop into chronic conditions

ADC See AIDS DEMENTIA COMPLEX

ADHERENCE The degree to which a person follows a drug regime. In HIV care, adherence is used as a synonym for compliance

AFAO Australian Federation of AIDS Organisations

AIDS See **ACQUIRED IMMUNE DEFICIENCY SYNDROME**

AIDS-DEFINING ILLNESS (ADI) Any one of a number of serious illnesses that occur in HIV infection as a result of advanced immune deficiency. AIDS defining conditions include, MAC, PCP, AIDS dementia complex, HIV wasting syndrome, toxoplasmosis, CMV retinitis, invasive cervical cancer, Kaposi's sarcoma and other conditions

AIDS DEMENTIA COMPLEX (ADC) ADC is a condition characterised by memory loss, poor concentration, behavioural changes, balance and co-ordination problems. AIDS dementia complex is associated with HIV infection of the brain. ADC is diagnosed only if no other reason for the dementia can be found. Like other dementia's, ADC is a progressive condition (symptoms develop in stages from mild to severe) however, it does not always advance to severe stages. Onset of ADC rarely occurs unless the CD4 cell count is below 200. Treatment with antiretroviral therapy has been shown to halt and reverse the effects of ADC. The virus can usually be demonstrated in cerebro-spinal fluid

AMPRENAVIR An antiretroviral drug of the protease inhibitor class. (trade name Agenerase): used in combination therapy

ANABOLIC STEROIDS Synthetic versions of the natural hormone, testosterone. Anabolic steroids build muscle. They may be used to reverse the effects of HIV wasting syndrome: only effective if combined with exercise

ANAEMIA A condition of deficiency of red blood cells or haemoglobin. Haemoglobin is necessary for oxygen transport in the blood to body tissues. There are many causes of anaemia, most commonly, an iron deficient diet. Anaemia may be a symptom of HIV related conditions (eg MAC) or a side effect of antiretroviral therapy. Symptoms of anaemia are shortness of breath, fatigue and headache

ANCAHRD Australian National Council on AIDS Hepatitis C & Related Diseases

ANTIBODIES Proteins found in the blood and other body fluids, also known as immunoglobulins. They are produced by B lymphocytes in response to the presence of antigens. Antibodies function to protect the body from disease by either binding to antigens, marking them for destruction by macrophages or coating antigens, neutralising their harmful effects. Because antibodies are designed to react to specific antigens they can be used to diagnose infections. As HIV infection progresses quantities of antibody may decline

ANTIBODY POSITIVE The term used to describe a test result that has detected antibodies, to specific antigens, in the blood. A positive result is represented by a plus sign (eg HIV+, HSV+)

ANTIEMETICS Drugs used to prevent and/or treat nausea and vomiting. Antiemetics can be taken in tablet form or as injections

ANTIGEN A foreign substance, or part of a foreign substance, that stimulates an immune response. Antigens have the potential to cause disease. Each antigen is characterised by its specific individual structure that identifies it as being foreign to the body. Antigens are present on viruses, bacteria, fungi, protozoa and toxins. They are found either circulating freely in the blood or are displayed by virus-infected cells

ANTIRETROVIRAL NAIVE The term used to refer to a person who has never taken antiretroviral drugs

ANTIRETROVIRAL THERAPY (ART) Drugs designed to act specifically against HIV. The aim of ART is to repress replication of HIV by inhibiting the function of HIV enzymes. There are currently three classes of antiretrovirals available:- nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors and protease inhibitors. Each class of these drugs acts at different stages in the HIV replication process

ART See **ANTIRETROVIRAL THERAPY**

ASYMPTOMATIC A condition or stage in a condition that shows no symptoms

ATTENUATED VIRUS A virus that has been weakened so that its potential to harm the body is reduced or it has a reduced ability to replicate but can still stimulate an immune response. Attenuated viruses are the basis for some vaccines (eg measles, mumps and rubella). Currently, Australia is evaluating vaccines for HIV based on attenuated virus in clinical trials

AZT See **ZIDOVUDINE**

B

B CELLS Immune system cells, also known as B-lymphocytes. They function to protect the body from disease. B cells respond to the presence of specific antigens. Once exposed to an antigen B cells transform into plasma cells that multiply rapidly and manufacture large numbers of antigen-specific antibodies. Transformation of B cells to plasma cells is initiated by CD4 cells

BIOAVAILABILITY The degree to which a drug becomes available to the target cells after administration

BIOPSY The removal of a small sample of tissue for microscopic examination to test for the presence of cancer, infection or other disease processes. A biopsy may require a local or general anaesthetic

BLOOD BRAIN BARRIER The protective barrier that restricts the passage of certain substances, including some drugs, from the blood vessels to the brain tissue

BODY FLUIDS The fluids that are naturally produced by the body. These fluids include tears, saliva, urine, blood, semen, vaginal secretions or breast milk

BONE MARROW The soft material located in the cavities of bones. Bone marrow is the site for production of erythrocytes (red blood cells), leukocytes and platelets

BRONCHOSCOPY Endoscopic examination of the respiratory tract

C

CANDIDIASIS An infection caused by the fungus *Candida albicans*. The fungus exists naturally in the mouth, vagina, digestive tract and folds of the skin. Normally candida does not cause disease. Candidiasis develops if something disrupts the balance of the fungus in the body and an overgrowth develops. Symptoms vary depending on the site affected. Oral candidiasis, commonly called thrush, appears as white patches on the tongue, gums and inner cheeks, that may be painful. Vaginal candidiasis causes a white discharge and itch. It is a common problem for all women but the prevalence is higher in women who are HIV positive. Candidiasis of the oesophagus is rarely seen if the immune system is intact. It is more likely to develop if the CD4 cell count is below 200. Oesophageal candidiasis can lead to difficulty and pain on swallowing. Treatment depends on the site affected but candidiasis responds well to antifungal drugs

CCR-5 (CKR-5) A receptor molecule found on the surface of certain white cells. The natural function of CCR-5 is to receive cytokines. It lies next to the CD4 molecule and is the second site for HIV attachment. The gp120 binds to the CCR-5 receptor after it has attached to the CD4 molecule. This enables gp41 to fuse with the surface of CD4 cells allowing the virus to infect the cell

CD See **CLUSTER OF DIFFERENTIATION**

CD8 A cluster of differentiation molecule that functions to detect virus infected cells and cancer. CD8 is found on the surface of CD8 cells (cytotoxic T lymphocytes)

CD4 A cluster of differentiation molecule found on the surface of helper T cells. The natural function of CD4 is to assist in the interaction between helper T cells and other immune system cells. It is also present on the surface of macrophages and dendritic cells. CD4 is one of the two structures that serve as binding sites that allow HIV to attach, enter and infect cells

CD4/CD8 RATIO A test that compares the number of CD4 cells to the number of CD8 cells. It is used to help diagnose primary HIV infection. Normally the CD4 cell count is higher than the CD8 cell count. In primary HIV infection the CD4 cell count decreases and the CD8 cell count increases

CD4 CELLS A class of T lymphocytes, bearing the CD4 molecule on their surface, also known as helper T cells. The function of CD4 cells is to regulate the immune response. CD4 cells are activated by the presence of antigens. As activated cells they release cytokines that stimulate the growth and activity of B cells and CD8 cells. The CD4 cell is the primary target of HIV. Loss of CD4 cells can seriously impair the function of the immune system

CD4 CELL COUNT A test used to monitor the state of the immune system by measuring the number of CD4 cells. As HIV mainly targets these cells their number declines as the infection progresses. The effects of HIV on the immune system are assessed by monitoring the CD4 cell count over time. The CD4 cell count is used to anticipate the onset of opportunistic infections and can help make treatment decisions

CD8 CELLS A class of T lymphocytes, bearing the CD8 molecule on their surface, also known as cytotoxic T lymphocytes. The function of CD8 cells is to protect the body from viruses and cancer cells. Rather than destroying viruses directly, they prevent viral replication by killing virus-infected cells. CD8 cells are activated by CD4 cells. As HIV infection progresses CD8 cell function declines due to a decrease in the number of CD4 cells. CD8 cells are also involved in switching off immune responses

CD8 CELL COUNT A test used to monitor the state of the immune system by measuring the number of CD8 cells

CENTRAL NERVOUS SYSTEM (CNS) The part of the nervous system that consists of the brain, spinal cord and the meninges, (the membrane that covers the brain and spinal cord)

CERVICAL CANCER A cancer of the lower end of the womb (cervix). Cervical cancer begins as an abnormal change to the cells called dysplasia. Most dysplastic changes are harmless but some may progress to cancer. Cervical cancer is caused by certain strains of human papilloma virus. Early cervical cancer is asymptomatic. Signs of progressive disease include abnormal bleeding and vaginal discharge. It is not known if the prevalence of cervical cancer is higher for women who are HIV positive but HIV is thought to accelerate its progression. Cervical cancer is treated with surgery, radiotherapy or chemotherapy and is preventable by regular Pap smear tests, enabling early detection and treatment of dysplasia

CEREBRO-SPINAL FLUID (CSF) The fluid that surrounds the brain and spinal cord. This fluid can be accessed via a lumbar puncture

CHOLESTEROL A form of fat found in the blood: elevated tests of cholesterol are a consequence of some form of HAART

CHRONIC The term used to describe a condition or a stage in a condition that extends over a long period of time, that progresses slowly or shows little change in symptoms

CLINICAL TRIAL A study performed to test the safety and effectiveness of a intervention e.g. drug, counselling, exercise

CLUSTER OF DIFFERENTIATION (CD) CD refers to a class of molecules found on the surface of white cells. They are receptors that receive information enabling these cells to interact with each other. There are many types of CD receptors, each having a distinct function. They are classified with numbers that identify their function and distinguishes different cell types. A cell that bears a particular type of CD is represented with a plus sign (eg CD8+ cell). Often the plus sign is dropped. An important CD receptor in HIV infection is CD4

CMV See **CYTOMEGALOVIRUS**

CNS See **CENTRAL NERVOUS SYSTEM**

CO-FACTORS Substances or elements of the environment or lifestyle that are thought to contribute to the progression of HIV infection or other disease. For example, infections caused by fungi, protozoa, bacteria or other viruses and recreational drugs, alcohol, smoking, poor diet and high stress

CO-INFECTIONS Infections that are present at the same time as HIV infection. They may be acquired before, after or at the same time as HIV. Co-infections may contribute to the progression of HIV infection or can be risk factors for HIV transmission. Some co-infections complicate the treatment of HIV and may become more difficult to treat as HIV infection progresses. Symptoms may increase in severity as immune system function declines and the incidence of recurrence increases. HIV may cause some co-infections (e.g. hepatitis C) to progress more rapidly

COLONOSCOPY Endoscopic examination of the colon (the large bowel)

COMBINATION THERAPY The use of two or more antiretroviral drugs rather than a single drug (monotherapy). Combination therapy is more effective in decreasing viral load and reduces the development of drug resistance

COMBIVIR A combination therapy consisting of 2 nucleoside analogue anti-retroviral drugs Zidovudine (AZT) and Lamivudine (3TC)

COMPLIANCE The degree to which a person follows a drug regimen

CONCOMITANT MEDICATION The use of two or more different medications, taken at the same time, for the same or different conditions

CONVERGENT COMBINATION THERAPY The use of two or more antiretroviral drugs that all target the same stage in the HIV replication cycle. For example, a therapy in which all drugs target the reverse transcriptase enzyme

CROSS RESISTANCE Cross resistance develops when a virus, resistant to one drug, shows resistance to other drugs of the same class, so that it is resistant to more than one drug. This can occur when two drugs of the same class have very similar chemical compositions

CRYPTOCOCCOSIS An infection caused by the fungus, *Cryptococcus neoformans*. The fungus is found in soil contaminated by bird droppings. The infection is contracted by inhaling the spores of the fungus and cannot be transmitted from one person to another. The infection may develop if the immune system is intact but is more likely to occur if the CD4 cell count is below 200, when symptoms are usually more prolonged and severe. Cryptococcosis commonly infects the lungs but, in HIV infection, it usually involves the meninges (see **MENINGITIS**). Less often the brain, skin and eyes are affected. Cryptococcosis is treated with antifungal drugs

CRYPTOSPORIDIOSIS An infection caused by the protozoa, *Cryptosporidium parvum*. The protozoa is found in water, soil and some animals. Cryptosporidiosis is contracted by ingesting substances (eg water, faeces) contaminated with the protozoa and is able to be transmitted from one person to another. The infection may develop if the immune system is intact but is more likely to occur if the CD4 cell count is below 200 and symptoms are usually more prolonged and severe. Cryptosporidiosis affects the intestines causing diarrhoea, abdominal pain, nausea and vomiting. It is difficult to treat and prevention, with particular attention to hygiene, is important: in patients who are immune competent the infection is usually self-limiting

CYTOKINES A group of proteins produced by the cells of the immune system that act as chemical messengers between these cells. Cytokines include interleukin 2, that stimulates the growth and activation of T lymphocytes and interleukin 4, that promotes antibody production. The production of certain cytokines declines as HIV infection progresses, inhibiting immune system function. There are a large number of different cytokines

CYTOMEGALOVIRUS (CMV) A member of the herpes virus family. The virus may be found in the blood, faeces, saliva, urine and other body fluids. CMV is transmitted sexually or by sharing intravenous drug equipment. The infection is widely spread throughout the general population but does not normally cause disease if the immune system is intact. A primary CMV infection is usually asymptomatic, but the virus remains latent within the tissues. A secondary infection can develop if the CD4 cell count falls below 100 and the virus is able to reactivate. Symptoms of secondary CMV infection depend on the organ affected. It most commonly causes disease of the retina (see **CMV RETINITIS**) and the digestive tract (see **GASTROENTERITIS**). The lungs and the brain are less often involved. CMV is treated with antiviral drugs

CYTOMEGALOVIRUS RETINITIS An inflammation of the retina (the light sensitive tissue at the back of the eye) due to CMV infection. The inflammation damages the retina and may spread to the optic nerve. Symptoms include blurred vision, light sensitivity, blind spots and floaters (See **FLOATERS**). If left untreated CMV retinitis may lead to blindness. An infection is more likely to develop if the CD4 cell count falls below 50. CMV retinitis is treated with antiviral drugs

D

DDC See **ZALCITABINE**

DDI See **DIDANOSINE**

DELAVIRDINE An antiretroviral drug of the non-nucleoside reverse transcriptase inhibitor class, (trade name Rescriptor): used in combination therapy only

DENDRITIC CELLS Immune system cells with branch-like projections that function to capture antigens. They include Langerhans cells of the skin and follicular dendritic cells of the lymph nodes. Dendritic cells bear the CD4 molecule on their surface

DEOXYRIBONUCLEIC ACID (DNA) DNA is a complex molecule that regulates the replication of cells. It carries the codes for the construction of proteins

D4T See **STAVUDINE**

DIABETES MELLITUS A condition characterised by elevated blood sugar levels: may be a complication of some forms of HAART

DIAGNOSIS The process of determining the nature of a disease or condition. A diagnosis is made based on signs and symptoms, physical examinations, and test results

DIDANOSINE (DDI) An antiretroviral drug of the nucleoside reverse transcriptase inhibitor class, (trade name Videx). Used in combination therapy only

DISSEMINATION The spread of a condition, from its point of origin, through the tissue or body

DMP-266 See **EFAVIRENZ**

DNA See **DEOXYRIBONUCLEIC ACID**

DRUG INTERACTION The extent to which one drug may interact with another leading to changes in the effectiveness of either or both drugs

DRUG RESISTANCE A decrease in the sensitivity of a micro-organism to a drug. Resistance is mainly the result of mutation. Resistance to antiretroviral drugs arises because the drugs are designed specifically to target HIV enzymes (proteins that regulate the replication of HIV). A mutation that alters the structure of an enzyme may decrease the virus' sensitivity to the drug. When this occurs the drug will continue to repress the replication of unmutated viruses but the mutated virus is able to replicate. Eventually, drug resistant strains outnumber other strains. Drug resistance can also develop in other viruses, bacteria, fungi and protozoa

E

EFAVIRENZ (DMP-266) An antiretroviral drug of the non-nucleoside reverse transcriptase inhibitor class (trade name Stocrin): used in combination therapy only

EFFICACY The ability of a drug to achieve the desired effect.

ELISA (EIA) See **ENZYME-LINKED IMMUNOSORBENT ASSAY**

ENCEPHALITIS An inflammation of the brain caused by viral, bacterial or protozoal infections. The inflammation is the body's reaction to infection. Swelling occurs that may lead to destruction of tissue. Toxoplasmosis is the most common cause of encephalitis in HIV infection

ENDOSCOPE An instrument that permits direct visualisation of internal organs. Endoscopes are inserted either directly into the digestive tract, respiratory tract and urinary tract or through very small incisions in the skin (laparoscopes). Endoscopes are used to remove tissue for biopsy and/or perform surgery

ENZYME A substance that induces chemical reactions. Enzymes work by either binding small molecules together to create a larger molecule or dividing a large molecule into small molecules

ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA OR EIA) A laboratory technique for detecting antigens or antibodies. ELISA is commonly used to screen for HIV antibodies. Since false positives can occur, positive results are confirmed by a Western Blot test

ERYTHROCYTES The technical term for red blood cells. The major function of erythrocytes is to transport oxygen to the tissues

F & G

FORTOVASE See **SAQUINAVIR**

FUSION INHIBITOR A therapy designed to prevent HIV entering cells. Fusion is the process whereby HIV and a CD4 cell bind enabling HIV to infect cells. Fusion inhibitors block the surface molecules of CD4 cells that allow fusion to take place. Studies conducted on fusion inhibitors are currently in experimental stages

GAIN Gold Coast AIDS Injectors Network

GASTROENTERITIS An inflammation of the lining of the stomach and the intestines. It is frequently due to infectious agents (eg campylobacter and salmonella), but stress and food allergies can be responsible. In some cases CMV or HIV itself may be responsible. Symptoms include diarrhoea, vomiting, headache, nausea and stomach cramps. Treatment depends on the cause but generally includes anti-diarrhoea medication and measures to prevent dehydration and malnutrition

GASTROSCOPY Endoscopic examination of the stomach

G-CSF See **GRANULOCYTE COLONY STIMULATING FACTOR**

GENE THERAPY Treatment based on the alteration of human genes. The aim of gene therapy is to either render cells resistant to infection or renew immune system function. Studies conducted on gene therapies for the treatment of HIV are currently experimental.

GENOTYPE the genetic make up of an organism

GENOTYPIC RESISTANCE ASSAY a test which assesses the likelihood of drug resistance from a knowledge of mutations which have occurred in the genotype for reverse transcriptase or protease

GP41 (GLYCO-PROTEIN 41) A protein found just below the surface of HIV that facilitates entry of HIV into cells. It fuses with the surface of a cell once gp120 has attached to CD4 molecule

GP120 (GLYCO-PROTEIN 120) A protein found on the surface of HIV that initiates entry of HIV into cells. It binds with CD4 molecules enabling gp41 to fuse with the surface of CD4 cells

GRANULOCYTE COLONY STIMULATING FACTOR (G-CSF) A synthetic hormone used to stimulate the growth of neutrophils. G-CSF is used to treat neutropenia (low white cell count)

GRANULOCYTE MACROPHAGE COLONY STIMULATING FACTOR (GM-CSF) A synthetic hormone used to stimulate the growth of neutrophils and macrophages. GM-CSF is used to treat neutropenia

H

HAART See **HIGHLY ACTIVE ANTIRETROVIRAL THERAPY**

HAEMOPHILIA An hereditary disorder of the blood in which there is a deficiency of clotting factors. People with haemophilia have a tendency to bleed excessively and may need blood transfusions. Most patients with haemophilia are males

HATS Heterosexuals and Their Support

HEPATITIS An inflammation of the liver commonly caused by viral infections but may be due to substances toxic to the liver or a side effect of drug therapy

HERPES SIMPLEX VIRUS (HSV) There are 2 types of HSV. Type 1, commonly called cold sores, occurs around the mouth and nose. Type 2, or genital herpes, appears on the genitals or around the anus. Both types cause irritating blisters that develop into painful ulcers. After initial infection, the virus remains latent within the spinal cord and can reactivate in times of stress or immune deficiency. HSV is highly infectious and is transmitted sexually, by close person to person contact or from mother to baby during birth. There is no cure for HSV but symptoms can be controlled with antiviral therapy

HERPES VIRUS VIII The virus, also known as the human herpes virus 8 (HHV8), associated with the development of Kaposi's sarcoma. Evidence suggests that the virus is sexually transmitted

HERPES ZOSTER VIRUS (SHINGLES) An inflammation of the peripheral nerves due to an infection with the herpes virus known as varicella-zoster. Initial infection with this virus causes chicken pox (varicella). After initial infection the virus may remain latent within the tissues and can reactivate as shingles if the CD4 cell count falls below 500. Shingles appear as painful, itchy blisters on the skin that form hard scabs as they heal. Blisters most commonly occur on the chest, back and stomach but other areas of the skin can be affected. There is no cure for shingles but symptoms can be controlled with antiviral therapy and pain management. The distribution of the blisters is usually localised to one nerve pathway, rather than generalised as in chicken pox

HHV8 See **HERPES VIRUS VIII**

HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART) A combination of three or more antiretroviral drugs that may or may not include a protease inhibitor. The aim of HAART is to decrease viral load to undetectable levels by aggressively attacking HIV

HISTOPLASMOSIS An infection caused by the fungus *Histoplasma capsulatum*. Histoplasmosis is contracted by inhaling dust contaminated with the fungus and is not transmitted from one person to another. While it is rare in Australia, people with HIV, travelling to the mid-west cities of the USA where it is common, are at risk. The infection begins in the lungs but may spread to other organs. Histoplasmosis causes a flu-like illness that may lead to pneumonia or possibly anaemia and thrombocytopenia. Histo-plasmosis is treated with antifungal therapy

HIV See **HUMAN IMMUNODEFICIENCY VIRUS**

HIV WASTING SYNDROME A severe involuntary weight loss, associated with diarrhoea and weakness. The cause of this condition is not fully understood but it is thought that HIV alters metabolism of fat and protein leading to muscle loss and wasting. HIV-related wasting syndrome is diagnosed only if no cause for the weight loss and diarrhoea can be found other than the presence of HIV. Treatment may include growth hormone and anabolic steroids

HPV See **HUMAN PAPILLOMA VIRUS**

HSV See **HERPES SIMPLEX VIRUS**

HU See **HYDROXYUREA**

HUMAN IMMUNODEFICIENCY VIRUS (HIV) The retrovirus recognised as the cause of AIDS. There are two types of HIV; HIV-1 and HIV-2. HIV primarily targets CD4 cells. As a consequence, almost all aspects of the immune response are altered. HIV2 is rare in Australia, and is found particularly in West Africa

HUMAN PAPILLOMA VIRUS (HPV) Viruses that causes genital warts. They are usually sexually transmitted, but not always. Warts may take 3 weeks to 12 months to develop after initial infection; however, not everyone carrying the virus develops warts. After initial infection the virus may remain latent in the tissues and can reactivate if immune system function is impaired. Certain strains of HPV are associated with the development of cervical and anal cancer. There is no cure for HPV but genital warts are treated with applications of topical lotions, surgery or cryotherapy (freezing)

HYDROXYUREA(HU) An anticancer drug that is currently being investigated as a treatment for HIV. The aim of hydroxyurea is to prevent the replication of the CD4 cells themselves, thereby blocking the replication of HIV. Hydroxyurea has also been found to improve the performance of some antiretroviral drugs

I

IL-2 See **INTERLEUKIN 2**

IMMUNE-BASED THERAPY (IMMUNOTHERAPY) A treatment for HIV that aims to repair the immune system, rather than acting directly against the virus. Immune-based therapies work to repress HIV replication by improving the immune response to the virus. Currently, Australia is evaluating various immune-based therapies in clinical trials (e.g. Interleukin-2)

IMMUNE DEFICIENCY A disorder of the immune system characterised by a decrease in the number of lymphocytes (either B cells or T cells). Lymphocyte deficiency can lead to the development of certain cancers, recurring infections and opportunistic infections

IMMUNE RESPONSE The immune response functions to protect the body from disease. It is a highly interactive process between the cells of the immune system. The immune response involves the production of antibodies by B cells, the activation and growth of CD4 cells and CD8 cells and the release of cytokines. Memory cells are formed as part of the immune response. These cells remain in the blood long after an infection has resolved and mount a very rapid response to subsequent infections. This process is called immunity

IMMUNE SYSTEM A collection of organs, cells and responses that operate together to protect the body from infections and cancer. The immune system is composed of the spleen, thymus gland, lymph nodes, lymphocytes, macrophages and certain proteins. It has two functions. It recognises substances that are foreign to the body that may cause disease and then it works to dispose of these substances. If this system is impaired severe infections, cancers and other conditions may develop

IMMUNOCOMPROMISED A state in which the immune response is impaired by the administration of immunosuppressive drugs, malnutrition or certain abnormal conditions

IMMUNOSUPPRESSION An inhibited ability of the immune system to respond to the presence of antigens as a result of the administration of drugs (eg chemotherapy) or due to an abnormal condition of the immune system

INDINAVIR An antiretroviral drug of the protease inhibitor class, (trade name Crixivan). Used in combination therapy

INDUCTION THERAPY The initial, concentrated phase of drug therapy. Induction therapy is followed by maintenance therapy. This form of therapy is not used in HIV

INFLAMMATION The body's response to tissue damage or infection. The function of inflammation is to promote tissue repair and prevent the spread of infection through the body. Signs of inflammation include swelling, redness, pain and sometimes loss of function of the tissue involved. The degree of inflammation depends on the amount of tissue damaged or the type of infection. In certain infections the inflammatory response may be excessive, causing destruction of tissues.

INTEGRASE a viral enzyme which integrates viral DNA (after reverse transcription) into the host cell DNA

INTERLEUKIN 2 (IL-2) A type of cytokine released by CD4 cells to stimulate the growth of CD8 cells and the CD4 cells themselves. The level of IL-2 gradually declines as HIV infection progresses due to depletion of CD4 cells

INTERLEUKIN 2 THERAPY (IL-2 THERAPY) An immune-based therapy that is currently being evaluated in clinical trials as a treatment for HIV. The aim of IL-2 therapy is to raise the CD4 cell count and restore immune system function

INVERSE See **SAQUINAVIR**

IN VITRO STUDY Studies conducted in artificial environments, such as test tubes

IN VIVO STUDY Studies conducted within a living body, such as animals or humans

J & K

JC VIRUS See **PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY**

KALETRA See **LOPINAVIR**

KAPOSI'S SARCOMA (KS) An abnormal overgrowth of blood vessels. It is usually classified as a cancer but this point is debated. The herpes virus VIII seems to be associated with KS in the presence of immune compromise. KS appears as lesions on the skin and internal organs. Skin lesions most often develop on the feet, face and back. Lesions may be red, purple or black and are initially flat and usually painless. Confined to the skin KS is normally harmless. Internal lesions of the mouth, intestines, lymph nodes and lungs occur less frequently, but these lesions develop more rapidly and sometimes cause serious disease. KS is more likely to develop if the CD4 cell count is below 250 and the lesions may become more destructive as HIV infection progresses. Treatments used to control KS are surgical removal, cryotherapy (freezing), radiation therapy and chemotherapy

KS See **KAPOSI'S SARCOMA**

L

LAMIVUDINE (3TC) An antiretroviral drug of the nucleoside reverse transcriptase inhibitor class, used in combination therapy only

LATENCY A stage during an infection that is asymptomatic. The infecting agent (eg virus, bacteria etc) exists in an inactive state, concealed within the tissues. Latent infections have the potential to reactivate

LESION A distinct area of disturbance or abnormality of tissue (eg wound or tumour)

LEUCOCYTES (WHITE BLOOD CELLS) Immune system cells that function to protect the body from disease. Leucocytes include macrophages, lymphocytes, neutrophils and basophils. Most leucocytes are mobile cells that move through the blood searching for and destroying foreign substances

LIPOATROPHY wasting of fatty tissue, often from the face, arms, buttocks and legs, when a complication of antiretroviral therapy

LIPODYSTROPHY A condition due to abnormal metabolism of fat cells, thought to be associated with the use of some antiretrovirals. Lipodystrophy results in abnormal deposition of fat usually an accumulation around the stomach and upper back and sometimes wasting of the face, limbs and buttocks: It is often associated with other metabolic consequences, such as ↑ cholesterol

LIPS A HIV positive women's support network

LOCALISED A condition that is confined to one part of the body

LONG-TERM NON PROGRESSORS Long-term non progressors are people, who are HIV positive, have no symptoms for more than 10 years and have a normal CD4 cell count without antiretroviral treatment. Why this happens is unknown. However, evidence suggests that long-term non progressors have naturally very high levels of neutralising antibody against HIV: in some cases the infection is due to a slow replicating viral strain, associated with a “nef” depletion

LOPINAVIR An antiretroviral drug of the protease inhibitor class combined in the capsule with Ritonavir to enhance blood levels (Trade Name KALETRA). Used in combination therapy

LUMBAR PUNCTURE (SPINAL TAP) Insertion of a hollow needle into the lower spine. A lumbar puncture is performed to draw fluid from around spinal cord to test for infections of the central nervous system or to administer anaesthetic

LYMPHATIC SYSTEM The lymphatic system consists of the thymus gland, spleen, tonsils, lymph fluid and lymph nodes, that are all connected by lymph vessels. It functions to drain fluids from tissues and filter the fluid of foreign substances before it enters the blood. Macrophages and lymphocytes are located within the lymph nodes and can migrate anywhere within the body, via lymph vessels, to sites of infection

LYMPH NODES (LYMPH GLANDS) Numerous small organs distributed along the length of the lymph vessels. Lymph nodes play a major role in protecting the body from disease. Foreign substances (antigens) are removed from the body within the lymph nodes by way of the immune response. Lymphocytes and macrophages are located in the lymph nodes where they are in a prime position to encounter and destroy antigens. Lymph nodes are a major site of HIV infection

LYMPHOCYTES Cells of the immune system that function to protect the body from disease. They are divided into two main classes, T lymphocytes (T cells) and B lymphocytes (B cells). T cells are divided into two subclasses, CD4 cells and CD8 cells. B cells and T cells are responsible for mounting the immune response

M

MAC See **MYCOBACTERIUM AVIUM COMPLEX**

MACROPHAGE A type of leukocyte that has many functions in protecting the body from disease. Macrophages primarily target antigens that are circulating freely in the blood but also attack cells infected by viruses or bacteria and cancer cells. They kill by literally engulfing their targets and digesting them. Macrophages also have an important role in the immune response. Once a macrophage has digested an antigen it stimulates the immune response by presenting part of the antigen to lymphocytes. They also release cytokines that enhance CD8 cell function. HIV can infect macrophages inhibiting these important functions

MAINTENANCE THERAPY An extended drug therapy administered, after a condition has been brought under control, usually at a diminished dose. Maintenance therapy is prescribed to control conditions that cannot be completely cured

MENINGITIS An inflammation of the meninges, the membrane that covers the brain and spinal cord. There are many causes of meningitis including bacterial, viral and fungal infections. Symptoms include headache, nausea, fever, vomiting, light sensitivity and sometimes a stiff neck. Cryptococcosis is the most common cause of meningitis in HIV infection

MICROSPORIDIOSIS An infection caused by the protozoa, microsporidia. The protozoa exists in water, food and some animals. Microsporidiosis is contracted by ingesting substances (eg water, faeces) contaminated with the protozoa and is able to be transmitted from one person to another. The infection rarely causes disease if the immune system is intact. It is more likely to develop if the CD4 cell count is below 50 but it can occur at any time. Microsporidiosis mainly affects the intestines but other digestive organs may also be involved. Symptoms include persistent watery diarrhoea, abdominal pain, weight loss and cramping. Microsporidiosis is difficult to control but treatment usually includes anti-protozoal and anti-diarrhoea medication. Prevention, with particular attention to hygiene, is important

MOLLUSCUM CONTAGIOSUM An infection caused by a pox virus. The infection is transmitted from one person to another by casual contact. Molluscum contagiosum may develop if the immune system is intact but is more likely to occur if the CD4 cell count is below 500. It is characterised by the formation of raised, round lesions predominantly appearing on the skin but may rarely occur on the surface of the eye. Skin lesions are found on the face, the upper trunk, arms, legs or genital area. The infection does not cause serious disease. Molluscum contagiosum can be difficult to treat and re-occurrences are more frequent as HIV infection progresses. Treatment involves the application of liquid nitrogen or cryotherapy to remove persistent lesions, and antiretroviral therapy, to improve the immune response

MONOTHERAPY The use of a single drug. Monotherapy is not considered adequate therapy for the treatment of HIV. (**See COMBINATION THERAPY**)

M-TROPIC (MACROPHAGE-TROPIC) A strain of HIV that is able to infect particularly macrophages as well as CD4 cells. The M-tropic strain is also referred to as non-syncytium inducing (NSI), and is often found early in the course of HIV-infection

MUTATION An alteration of the genetic material (DNA or RNA). Most mutations are natural processes that occur during replication. The alteration in the genetic material is permanent and is carried during replication to new generations. Mutations arise in viruses, bacteria, fungi, protozoa and human cells. HIV is highly susceptible to mutation, and mutations are the major cause in the development of drug resistance

MYALGIA A tenderness or pain in a muscle or muscles

MYCOBACTERIUM AVIUM COMPLEX (MAC) An infection caused by Mycobacterium of the avium-intracellulare complex. Mycobacteria exist in water, soil and food. The condition is contracted by inhaling or ingesting the bacteria and is not able to be transmitted from one person to another. Initially, the bacteria colonise the lung or intestines. At this stage the condition is usually asymptomatic. The infection may progress to a disseminated state (spread throughout the body) affecting the lymph nodes, lungs, intestines and bone marrow. Typical symptoms of disseminated MAC include fevers, night sweats, diarrhoea, nausea and vomiting. MAC is more likely to develop if the CD4 cell count is below 100. If left untreated more serious symptoms, such as neutropenia and anaemia, may arise. MAC is controlled with a combination of antibiotics

MYOPATHY An abnormal condition of a muscle or muscles characterised by weakness which may be progressive. Myopathy may be a reaction to antiretroviral drugs or HIV itself may be responsible

N

NAÏVE CELLS Immature B or T lymphocytes. They are inactive cells that have not been exposed to antigens. Once exposed to an antigen, a naïve cell matures, multiples rapidly and begins to perform its function within the immune response. These cells are referred to as activated lymphocytes

NAPWA National Association of People Living With HIV/AIDS

NELFINAVIR An antiretroviral drug of the protease inhibitor class, (trade name Viracept). Used in combination therapy

NEUTROPENIA A decreased number of neutrophils circulating in the blood. Neutrophils are a type of leukocyte that target and destroy bacteria. Neutropenia may lead to an increased susceptibility to bacterial infections. There are many causes of neutropenia, but it may be a symptom of HIV related conditions (eg MAC) or a reaction to antiretroviral drugs

NEUTROPHIL A type of white blood cell that primarily targets bacteria but also attacks certain fungi. Neutrophils kill their targets by engulfing and digesting them

NEVIRAPINE An antiretroviral drug of the non-nucleoside reverse transcriptase inhibitor class, (trade name Viramune). Used in combination therapy

NHL See **NON-HODGKIN'S LYMPHOMA**

NNRTI See **NON NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR**

NON-HODGKIN'S LYMPHOMA (NHL) A cancer of the lymphocytes, usually B cells. The cause of NHL is unknown but in many cases is linked to an Epstein-Barr virus infection. NHL develops as an uncontrolled abnormal cell growth. The growths are normally located in the lymph nodes but in HIV infection the central nervous system (CNS), bone marrow, digestive tract and lungs may also be involved. Symptoms vary greatly depending on the organ affected but commonly include fever, night sweats and weight loss. Non-Hodgkin's Lymphoma of the CNS is referred to as primary CNS lymphoma. It causes dementia-like symptoms and can be rapidly fatal. NHL is more likely to develop if the CD4 cell count is below 200. Treatment depends on the site of the lesion but either chemotherapy or radiation therapy is used

NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI'S) A class of antiretroviral drugs. NNRTI's act by binding to the HIV enzyme, reverse transcriptase, and blocking its function. This inhibits the translation of viral RNA to DNA and halts the replication process

NOSOCOMIAL The term used to describe conditions originating in a hospital setting. Most nosocomial conditions are infections that develop in the lungs, urinary tract, catheter access sites and surgical wounds.

NRTI See **NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR**

NSI Non-Syncytium Inducing (see M-Tropic).

NUCLEOSIDE ANALOGUE An antiretroviral therapy also known as a nucleoside reverse transcriptase inhibitor, derived from the nucleosides thymidine or cytosine

NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI'S) A class of antiretroviral drugs, also known as Nucleoside Analogues. NRTI's act by inhibiting the function of the HIV enzyme, reverse transcriptase, prematurely terminating the construction of HIV DNA. This halts the replication process

O

OESOPHAGOSCOPY Endoscopic examination of the oesophagus

OESOPHAGUS The passage that leads from the throat to the stomach

OHL See **ORAL HAIRY LEUKOPLAKIA**

OI See **OPPORTUNISTIC INFECTION**

OPPORTUNISTIC INFECTIONS (OI'S) Infections that develop if the immune system is severely damaged. OI's are due to viruses, bacteria, protozoa and fungi that exist either normally within the body or commonly in the environment and do not normally cause disease if the immune system is intact (eg PCP). The risk of developing an OI is greater if the CD4 cell count is below 200. Prophylactic therapy is important in preventing many of these infections

ORAL HAIRY LEUKOPLAKIA (OHL) A condition that appears as thick white growths, typically located on the side of the tongue or the inner cheeks. The cause of OHL is unknown but Epstein-Barr virus seems to be associated. OHL does not cause serious illness nor is it transmitted from one person to another. It is seen frequently in HIV infection when the CD4 cell count is below 500. Usually the growths clear without treatment within a month but are often recurrent. Antiviral drugs are effective if the condition persists

P

PANCREATITIS An inflammation of the pancreas, principally due to substances toxic to the pancreas but viral infections may be responsible. In some cases pancreatitis is a side effect to antiretroviral drugs. Symptoms of pancreatitis include abdominal pain, nausea and vomiting

PAP SMEAR (Papanicolaou smear) – a smear test to detect abnormal cells in the cervix which may progress to cervical cancer; the test can be modified to test for early cancers of the anal canal

PATHOGEN Any disease producing agent. Pathogens include viruses, bacteria, protozoa, fungi, parasites and toxins

PAWS Pets are Wonderful Support

PCP See **PNEUMOCYSTIS CARINII PNEUMONIA**

PCR See **POLYMERASE CHAIN REACTION**

PEP See **POST-EXPOSURE PROPHYLAXIS**

PERIPHERAL NERVOUS SYSTEM (PNS) The part of the nervous system consisting of the nerves that lie beyond the brain and spinal cord

PERIPHERAL NEUROPATHY A degeneration of the peripheral nerves. The most common type seen in HIV infection occurs at the end of the nerve, affecting the soles of the feet, the tips of toes or tips of the fingers. Symptoms include numbness, a burning sensation, sensitivity and sometimes pain. In advanced cases these may be accompanied by leg and arm weakness. Peripheral neuropathy may be a reaction to antiretroviral drugs or HIV itself may be responsible

PERSISTENT GENERALISED LYMPHADENOPATHY (PGL) A condition commonly seen in HIV infection characterised by swelling of the lymph nodes that persists for at least one month. PGL is a result of intense stimulation of lymphocytes within the lymph nodes in response to the presence of HIV

PGL See **PERSISTENT GENERALISED LYMPHADENOPATHY** to prevent disease after exposure to an infectious agent

PHENOTYPE The physical make up of an organism which is determined by its genotype!

PHENOTYPIC RESISTANCE ASSAY a test which measures the ability of HIV (or other organisms) to replicate in the presence of various concentrations of drug

PHI See **PRIMARY HIV INFECTION**

PI See **PROTEASE INHIBITOR**

PLACEBO Placebos are used in clinical trials to help determine the effectiveness of a trial drug. A placebo is an inactive substance made to resemble medication. To eliminate psychological effects, participants in clinical trials do not know whether they are taking a trial drug or a placebo

PLWHA People Living With HIV/AIDS

PML See **PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY**

PNEUMONIA An inflammation of the lung. There are many causes of pneumonia including viral, bacterial, protozoal and fungal infections. Pneumonia may involve one or both lungs. Symptoms vary depending on the cause but cough, chest pain, fever and shortness of breath are common

PNEUMOCYSTIS CARINII PNEUMONIA (PCP) An inflammation of the lung caused by the protozoa-like organism, *Pneumocystis carinii*. PCP is rarely seen if the immune system is intact. It is more likely to occur if the CD4 cell count is below 200. PCP is a serious condition that affects the major functional cells of the lungs. It causes difficulty breathing, a dry cough, fever, and a decreased level of oxygen in the blood. PCP is treated with antibiotics and may be prevented with prophylactic therapy

PNS See **PERIPHERAL NERVOUS SYSTEM**

POLYMERASE CHAIN REACTION A laboratory test whereby tiny amounts of DNA or RNA can be amplified and thereby manipulated. Sometimes called Nucleic Acid Amplification

PRIMARY HIV INFECTION The clinical symptoms (fevers, rash, swollen glands, diarrhoea etc) associated with the development of antibodies to HIV. PHI occurs 3 to 6 weeks after infection, and may last from 1 to 3 weeks. (PHI = seroconversion illness)

PROGNOSIS The probable future course of a disease or condition

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML) A rare condition of the central nervous system due to an infection by the JC virus. The infection is usually contracted in childhood and is often asymptomatic, but the virus can remain latent in the kidneys. If the CD4 cell count falls below 50 it may reactivate and travel through the blood to the brain. The virus infects the white matter causing lesions that can arise in different functional areas of the brain. The condition is progressive with symptoms that develop in stages from mild to severe. Symptoms vary depending on the part of the brain involved but commonly include confusion, lack of co-ordination, weakness and impairment of speech or vision. The JC Virus is untreatable, but HAART will improve the immune response to it

PROPHYLACTIC THERAPY A drug therapy used to prevent the development of infections. There are two types. Primary prophylaxis is taken to prevent the onset of infections that have not developed. Secondary prophylaxis is taken after the successful treatment of an infection to prevent recurrence. Prophylactic therapy is important in HIV infection as it helps prevent many opportunistic infections

PROTEASE an enzyme within HIV which cuts long strands of viral protein into smaller components and assembles them into new virus particles

PROTEASE INHIBITORS (PI'S) A class of antiretroviral drugs. PI's act by binding to the HIV enzyme, protease, blocking its function. Imperfect viral proteins are created and as a result immature copies of HIV are produced. These copies are unable to infect and destroy new cells

PROTOCOL The details of a clinical trial. A protocol describes the characteristics and number of participants, the duration of the trial, the drugs involved, their dose levels and desired affects. A protocol also includes a list of events under which the trial will be suspended

PROVIRUS The genetic material (DNA or RNA) of a virus that has been integrated with the DNA of a living cell

P24 ANTIGEN TEST A test that measures the amount of p24 antigen (a protein in the core of HIV) in the blood. The p24 antigen test is used to help diagnose early HIV infection before antibody production begins. It was used to estimate the rate of viral replication, however it was unreliable for this purpose. The p24 antigen test has been largely replaced with viral load tests

Q & R

QPP Queensland Positive People

QuAC Queensland AIDS Council

QuIVAA Queensland Intravenous AIDS Association

REGIME (N) Prescribed course of treatment.

REPERTOIRE The complete set of T and B lymphocyte lines that make up a competent immune system. There are millions of lymphocyte lines and each line has a unique surface receptor that is able to recognise only one specific antigen. This enables the immune system to react to millions of different antigens. As HIV infection progresses, CD4 cell numbers may decrease to a point where entire lines of CD4 cells are lost. An incomplete CD4 cell repertoire reduces the scope of antigens to which the immune system can respond thereby increasing susceptibility to opportunistic infections

REPLICATION The process by which copies of a virus is made. Replication of HIV is regulated by three enzymes. The enzyme reverse transcriptase converts viral RNA into a DNA copy of the virus. The viral DNA is integrated into the cell's DNA by a second enzyme, integrase. The cell is now coded to make copies of viral RNA and long chains of viral proteins. A third enzyme, protease, cuts the protein chains into smaller, usable portions necessary for the production of fully formed, infectious viruses. The proteins and RNA are assembled into new copies of the virus, which then exit the cell

RESERVOIR A cell that carries HIV as a provirus (see PROVIRUS). A reservoir may remain infected with HIV long after the commencement of antiretroviral combination therapy, as current drugs are unable to affect proviruses

RESISTANCE See **DRUG RESISTANCE**

RETINITIS See **CMV RETINITIS**

RETROVIRUS A group of viruses, including HIV, that carry their genetic material as RNA rather than DNA. Classic RNA viruses use RNA to make proteins. Unlike classic viruses, retroviruses contain an enzyme, called reverse transcriptase, that converts viral RNA into DNA before proteins are made

REVERSE TRANSCRIPTASE an enzyme within HIV which changes viral RNA to DNA.

RIBONUCLEIC ACID (RNA) A complex molecule, similar in composition to DNA that controls the construction of proteins. In a cell, RNA is a single-stranded molecule that is a copy of a single gene. In some viruses, it replaces DNA as the carrier code for genes and may be single or double-stranded

RITONAVIR An antiretroviral drug of the protease inhibitor class, (trade name Norvir). Used in combination therapy; but often used in low doses to enhance blood levels of other PI's

RNA See **RIBONEUCEIC ACID**

S

SALMONELLOSIS An infection caused by the bacteria, Salmonella. The bacteria are found in raw meat, raw poultry, processed foods and dairy products. Salmonella is a common cause of food poisoning. The infection is contracted by ingesting contaminated food. Salmonella most often affects the intestines, causing diarrhoea, nausea, vomiting and abdominal cramps. It may spread to other organs through the blood. Relapses of salmonellosis are more common in HIV infection if the CD4 cell count is below 200 and symptoms can be more severe. Salmonella may infect the blood causing blood poisoning (See SEPTICAEMIA). Treatment includes antibiotics and anti-diarrhoea medication. Prevention, with particular attention to preparation of food and hygiene, especially hand washing, is important

SALVAGE THERAPY A term used to describe one of a variety of HAART regimes after the failure of the first HAART regimen

SANCTUARIES Tissues such as the brain and testes that have a blood barrier. The blood barrier restricts the passage of certain substances from the blood vessels to the tissue. Some drugs are unable to penetrate the blood barrier therefore creating a sanctuary for HIV

SAQUINAVIR An antiretroviral drug of the protease inhibitor class. Saquinavir comes in two forms, a hard gel capsule known as Invirase and a soft gel capsule known as Fortovase. Used in combination therapy

SCIVAA Sunshine Coast Intravenous AIDS Association

SEBORRHOEA (SEBORRHEIC DERMATITIS) A skin condition causing redness of the skin, often with greasy, yellow scales, of the face: common in people with HIV infection

SEPTICAEMIA (BLOOD POISONING) A bacterial infection of the blood. Septicaemia develops when bacteria spread from an infection, in any part of the body, to the bloodstream. It is a serious condition characterised by a sudden drop in blood pressure, fever and changes in heart rate. Septicaemia is vigorously treated with antibiotics

SEROCONCORDANT A sexual partnership in which both members are either HIV positive or HIV negative

SEROCONVERSION The change in the blood from antibody negative to antibody positive. Seroconversion is one of the immune system's responses to the presence of antigens in the blood and occurs shortly after transmission of any infective agent. In HIV infection, seroconversion may be asymptomatic but it is often accompanied by a condition called seroconversion illness or primary HIV illness. (PHI) Typical symptoms of seroconversion illness include fever, myalgia, swollen lymph glands, sore throat and rash. These symptoms usually resolve within one to three weeks

SERODISCORDANT A sexual partnership in which one member is HIV positive

SEROSTATUS Serostatus refers to the state of the blood in relation to the presence of antibodies. Serostatus may be either positive or negative

SI See **SYNCYTIUM INDUCING**

SIDE EFFECT Any reaction to or consequence of a drug or therapy. Typical side effects include nausea, lethargy, rash and diarrhoea. Side effects may be short-term or long-term

SQWISI Self Help for Queensland Workers in the Sex Industry

STAVUDINE (D4T) An antiretroviral drug of the nucleoside reverse transcriptase inhibitor class, (trade name Zerit). Used in combination therapy

STI Sexually Transmissible Infection

STI see **STRUCTURED TREATMENT INTERRUPTION**

STRAIN A strain is a variation of the original form. A viral strain is created when the genetic material (DNA or RNA) mutates. The alteration of the genetic material may cause a change in the characteristics of the mutated virus. Because the genetic material is copied during replication, the new copies of the mutated virus will share the same changes in characteristics. These new copies of the mutated virus are called a strain. Strains also develop in bacteria, fungi and protozoa

STRUCTURED TREATMENT INTERRUPTION The deliberate, intermittent, stopping of HAART, in an attempt to boost the body's HIV immune responses: There are tantalising glimpses that S.T.I. may be of value to some people, but not all

SYMPTOMATIC A condition or a stage of a condition that shows symptoms of a particular disease

SYNCYTIUM INDUCING (SI) A strain of HIV that is syncytium inducing. The strain has the ability to produce syncytia, also known as giant cells. Syncytia are formed when an HIV infected CD4 cell merges with other CD4 cells (infected or uninfected). The result is a giant cell (syncytia) that is capable of intense viral replication. SI strains are more pathogenic than NSI

SYNERGY The action of one or more drugs that enhances the effect of another

SYSTEMIC A condition or substance that affects the entire body

T

TAT A gene that regulates the replication of HIV. The Tat gene inhibitor is a proposed antiretroviral treatment that is still in early testing stage. It has been found to prevent replication of HIV in the test tube, however its effects in humans are not yet known

3TC See **LAMIVUDINE**

THROMBOCYTOPENIA A decrease in the number of platelets circulating in the blood. Platelets are cell fragments necessary for the clotting of blood. Thrombocytopenia can lead to abnormal bleeding and in advanced cases haemorrhage may occur. There are many causes of thrombocytopenia including bone marrow disease, but HIV may be responsible

TOXIN A substance that interferes with the normal function of cells or tissues

TOXOPLASMOSIS An infection caused by the protozoa, *Toxoplasma gondii*. *Toxoplasma* exists in raw meat, uncooked eggs and in the faeces of infected cats. The infection is acquired by ingesting substances contaminated by toxoplasma and is not transmitted from one person to another. It is more likely to develop if the CD4 cell count is below 100. Toxoplasmosis most often affects the brain causing encephalitis. The eyes are less often involved. Symptoms include confusion, anxiety, partial paralysis and poor co-ordination. In severe cases seizures and coma may occur. Toxoplasmosis is treated with antiprotozoal drugs. Prevention, by thoroughly cooking meat and avoiding contact with cat faeces, is important

TRANSMISSION The passing of infection from one individual to another

TRIZIVIR A combination medication containing Zidovudine (AZT), Lamivudine (3TC) and Abacavir (Ziagen) in one tablet. The usual dose is one tablet twice a day

TUBERCULOSIS (TB) An infection due to the bacteria, *Mycobacterium tuberculosis*. The bacteria are usually transmitted by inhaling or ingesting air borne droplets. Primary infection is often asymptomatic but the bacteria remain latent in the lung cells. A secondary infection can develop if the CD4 cell count falls below 500 and the bacteria are reactivated. The bacteria cause lesions, most often in the lungs, but they may spread to other organs. Early symptoms of secondary TB are cough, fever, night sweats and weight loss. If left untreated more severe symptoms, such as haemorrhage and pneumonia can develop. TB is not common in Australia but it is a risk when travelling to countries where the incidence is high. Antibiotics are used to treat active TB and to prevent a reactivation of latent infections

U & V

UNDETECTABLE VIRAL LOAD The term used to describe the level of virus in the blood that is not able to be detected with currently available tests

VACCINE A substance that contains attenuated or killed infectious agents (eg bacteria, viruses). A vaccine is administered to either prevent infectious diseases by providing immunity (see IMMUNE RESPONSE) or to treat infectious diseases by stimulating antibody production

VERTICAL TRANSMISSION The transmission of an infectious agent from mother to fetus during pregnancy or from mother to baby during birth

VIRAL LOAD TEST A test that measures the number of HIV copies in the blood. Viral load tests are used to monitor the rate of HIV replication over time. This can help make decisions on when to start antiretroviral therapy or can indicate treatment failure if a sudden increase in viral load occurs

VIRAEMIA The presence of virus in the blood

VIRION An entire mature virus particle found outside a living cell

VIRULENCE The measure of a pathogen's (eg bacteria, viruses) ability to produce disease or a measure of a pathogen's ability to invade tissue

VIRUS A non-cellular particle that consists of genetic material, either DNA or RNA, enzymes and a protein coat. Unlike cells, they do not possess the necessary machinery to replicate. For a virus to replicate, it must first infect a living cell. It uses the DNA and other machinery of a cell to make viral proteins and assemble new copies of itself. Once new viral copies are produced, they exit the cell into the blood, usually destroying the cell in the process

W, X, Y & Z

WESTERN BLOT TEST A blood test that detects the presence of specific antibodies. The Western Blot test is used to diagnose HIV infection and to confirm a positive ELISA test

WILD TYPE VIRUS A naturally occurring virus that has not been exposed to drug therapy and therefore has no mutations that confer drug resistance

WINDOW PERIOD The interval between initial transmission of an infective agent and the appearance of detectable antibodies in the blood. In general, HIV antibodies appear within 45 days (6 weeks) after HIV transmission. In rare cases this it may take up to 3 months. A test for HIV, based on antibody detection, will produce false negatives during the window period

ZALCITABINE (DDC) An antiretroviral drug of the nucleoside reverse transcriptase inhibitor class, (trade name Hivid). Used in combination therapy

ZIDOVUDINE (AZT) An antiretroviral drug of the nucleoside reverse transcriptase inhibitor class, (trade name RETROVIR). Used in combination therapy