

Cardiovascular patients with HIV require unique treatment options

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Cardiovascular disease has become the leading cause of death for those living with HIV, as the infection has moved from a terminal disease to a chronic illness.

As survival has improved, the focus of care has shifted to managing <u>chronic illness</u> in which <u>cardiovascular disease</u>, hypertension, diabetes and kidney disease are common comorbid conditions requiring care and treatment.

The combination of conditions often requires balancing medications, procedures and other interventions while considering competing priorities of care.

An article in *Critical Care Nurse* (*CCN*) provides an overview of risk factors, pathophysiology and unique treatment options related to cardiovascular disease in persons living with HIV.

In the article, two case studies of hypothetical patients living with HIV highlight the <u>treatment options</u> and nursing considerations associated with receiving care for cardiovascular disease.

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"Because persons living with HIV are living longer, they are increasingly affected by health conditions associated with aging, such as cardiovascular disease," he said. "With more than 1 million people living with HIV in the United States, critical care nurses must understand the complexity of cardiovascular disease among persons living with HIV."

The article emphasizes that clinicians should take special care to prevent interactions between antiretroviral agents and other medications, optimizing the effectiveness of antiretroviral therapy and preventing avoidable toxic effects.

Because high-level adherence with medications is essential in HIV treatment, unnecessary changes in an antiretroviral therapy regimen should be avoided.

As the American Association of Critical-Care Nurses' bimonthly clinical practice journal for high acuity, progressive and critical care nurses, *CCN* is a trusted source for information related to the bedside care of critically and acutely ill patients.

More information: J. M. Cournoyer et al. Cardiovascular Disease and HIV: Pathophysiology, Treatment Considerations, and Nursing Implications, *Critical Care Nurse* (2016). DOI: 10.4037/ccn2016839

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