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Assessment of the prevalence of distal symmetrical polyneuropathy and its risk factors among HAART-treated and untreated HIV infected individuals

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Background: The magnitude and risk factors of Distal Sensory Polyneuropathy (DSP) among people living with HIV/AIDS is not well studied in Ethiopia.

Objective: The objective of this study is to determine the prevalence of DSP among highly active antiretroviral (HAART)-treated and Untreated HIV-positive individuals.

Method: Cross-sectional study was conducted from July– December 2007 in Jimma University Specialized Hospital. From a total of 2417 HIV infected individuals who were registered in the HIV/AIDS treatment and follow-up clinic of Jimma University Specialized Hospital, 400 were selected randomly. Data was collected using structured questionnaires which contained a brief peripheral neuropathy screening tool of AIDS Clinical Trial Group protocol 5157. We also reviewed records and did essential laboratory investigation. Data was entered into computer and analyzed with using SPSS 12.0.1 statistical software.

Result: The overall prevalence of DSP among study participant was 34.6% (110/318) of which 81 of 110 (73.6%) were symptomatic and 29 of 110 (26.4%) were asymptomatic. The prevalence of DSP among highly active ante-retroviral HAART-treated was 48% (98/204) and among untreated individuals it was 10.5% (12/114) respectively. The prevalence of DSP among 30mg stavudine combination HAART regimen users was 43% (52/121) and 74% (40/54) among 40mg stavudine users. Where as among Zidovudine combination HAART regimen treated individuals, 20.7% (6/29) were found to have DSP. And among recent (<6 months) HAART and isoniazide (as standard anti TB) exposed study participants, 12 (52%) had DSP and among HAART Untreated INH (as standard anti TB) exposed study participants, DSP was found in 2 (25%) of them. Among socio-demographic variables older participants were 5.3 times more likely to develop DSP as compare to young ones.

Conclusion: In our study the prevalence of DSP was high. Age and the combined use of high dose stavudine /40mg were important risk factors for DSP.