

## **The Art Of Maintaining ART: A Socially Challenging Case**

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### **Background:**

We present the case of a 55 year old developmentally challenged, socially isolated male, with advanced HIV, recurrent presentations with neurological opportunistic infections and irregular compliance related to a variety of reasons. His follow up has been fraught with difficulties relating to his background cognitive disability and poor health literacy, further compromised by recurrent intracranial infections and poor support systems. He has survived 12 years following his initial diagnosis despite these issues.

### **Clinical Case:**

PR was first diagnosed with HIV in 2006 after presenting with fatigue, weight loss, pancytopenia and oesophageal candidiasis over the preceding ten months. He had a complicated six month hospital stay with a number of opportunistic infections including cerebral toxoplasmosis; cytomegalovirus viremia and encephalitis; perianal herpes simplex virus infection; and HIV associated neurocognitive deficits. There were considerable difficulties with follow up and compliance largely related to the poor understanding of his condition.

He has presented to hospital on two further occasions with reduced level of consciousness, dysphasia and, most recently with right arm weakness. Each time his CD4 cell count has been below 20, and investigations have revealed recurrence of cerebral toxoplasmosis. He responds well to treatment in hospital, however fails to continue therapy at home. On the most recent occasion he was discharged with supervised medication administration through the Nepean Outreach service.

### **Conclusion:**

We present the case of a man with advanced HIV disease who has outlived expectations on a number of occasions despite life-threatening opportunistic infections secondary to poor medication compliance. His intellectual disability, compounded by the cerebral infections have had considerable impact on his treatment, and warrant a holistic approach to ensure maximum sustained therapeutic benefit for our patient. We hope the approach of providing supervised therapy, along with remote follow up via telehealth, will help to keep him engaged with treatment.

**Disclosure Of Interests:** Nil