

15. Brunette GW, Kozarsky PE, Magill AJ, Shlim DR, Whatley AD, editors. Travelers' health. Health information for international travel (The Yellow Book). Atlanta, GA: Centers for Disease Control and Prevention; 2010. www.cdc.gov/travel [cited 2011 May 5]

Further reading

Post JJ, Kelly MD. New developments in antiretroviral therapy for HIV infection. *Aust Prescr* 2005;28:146-9.

Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 91)

1. Ritonavir can increase the risk of Cushing's syndrome in patients taking inhaled corticosteroids.
2. Vaccination may not be effective in patients who have a CD4 count below 350 cells/microlitre.

Dental notes

*Prepared by **Michael McCullough**, Chair, Therapeutics Committee, Australian Dental Association*

Managing HIV in general practice

Doctors treating patients with HIV should be cognisant of the oral problems that occur in these patients. While their immunological status is reasonable, the majority of these patients will not develop the classically recognised oral manifestations of HIV disease, such as florid pseudomembranous candidosis, Kaposi's sarcoma or oral hairy leukoplakia. However, the patients are likely to have oral problems associated with their long-term treatment.

A recent study assessed the long-term use of highly active antiretroviral therapy (HAART) on the oral health of HIV-infected patients. The multiple logistical regression analysis, controlling for duration of HIV infection, CD4 count, smoking habits and alcohol consumption, showed patients have a greater risk of developing oral lesions with long-term use than with short-term use of HAART.¹

Patients with HIV can develop profound oral dryness with a resultant increase in traumatic mucosal ulceration and pain, as well as an increased likelihood of developing dental caries. Furthermore, these patients have an increased risk of periodontal disease, dental decay, oral infections and poor healing after periodontal treatment or extraction. It is advisable for the treating clinician to discuss with the patient the potential dental adverse effects of the long-term use of HAART. Early referral to a dentist for appropriate management is important, particularly for the establishment of an effective dental preventive program. The key to oral health management would be six-monthly reviews by a general or special-needs dentist with an interest and training in the dental management of patients with HIV.

Reference

1. Nittayananta W, Talungchit S, Jaruratanasirikul S, Silpapojakul K, Chayakul P, Nilmanat A, et al. Effects of long-term use of HAART on oral health status of HIV-infected subjects. *J Oral Pathol Med* 2010;39:397-406.

Patient support organisation

NAPWA, National Association of People living With HIV/AIDS

NAPWA is Australia's national peak organisation representing people living with HIV. Its website has a range of resources and links to its member organisations in every state and territory.

NAPWA promotes access to the latest treatments for those who need them. It produces educational resources, provides training in HIV medicine for community workers, and

collaborates with healthcare professionals, researchers, government and pharmaceutical companies.

Contact

Website www.napwa.org.au
National office PO Box 917, Newtown, Sydney NSW 2042
Phone (02) 8568 0300 or freecall 1800 259 666

There are member organisations in every state and territory. Contact the national office for up-to-date details.