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Editorial Comment

With HIV infection, the story never ends…

This issue of the journal features two articles on human immunodeficiency virus (HIV) infection. The first is a review article by Popoola and Awodele which dealt at length with oxidative stress associated with the use of Highly Active Antiretroviral Therapy (HAART). Free radical generation is known to contribute to cell damage and HIV itself induces more of such free radical production than that caused by the use of HAART. The natural mopping mechanisms for free radicals (both enzymatic and non-enzymatic) present in human serum are usually not sufficient to circumvent HIV-1 replication and generation of reactive oxygen species. The demonstration of oxidative stress caused by the use of HAART constitutes double jeopardy for patients on treatment. The authors therefore advocated the inclusion of exogenous anti-oxidants in the treatment of HIV-seropositive patients on HAART to ameliorate the adverse effects. The potential teratogenic effect of antiretroviral drugs based on findings in animal experiments by the authors is another challenge that warrants further studies.

The second article by Fasunla and other workers reported mild to profound hearing loss among HIV-infected adults which was associated with disease severity as determined by CD4 cell count less than 200 cells/mm^3. Hearing threshold was also shown to be higher in HIV-infected persons who were not on HAART. Hearing impairment is incapacitating and constitutes a barrier to effective communications and understanding of health promoting activities and advice. The rehabilitation of individuals with hearing loss is a challenge in developing countries with limited manpower and facilities for care as well as the cost of hearing aids. The authors rightly advocated priority attention being given to audiological services in holistic management of HIV-positive patients.

These articles highlight the fact that there are twists and turns with regards to HIV. The article by Popoola and Awodele buttresses the point that clinical management of patients is best served if there is good collaboration between basic and clinical scientists. The former can carry out mechanistic studies to tease out disease pathogenesis and provide answers to "why" and "how" which will form the basis of rational treatment by clinicians. It is conceivable that the addition of either ascorbic acid (Vitamin C) or alpha-tocopherol (Vitamin E) which are readily available antioxidants to the treatment regimen of patients on HAART may be beneficial in ameliorating some adverse effects experienced by patients on such drugs. The development of rehabilitation services including audiology is another current issue for comprehensive care of patients. More studies on these topics are certainly needed to guide treatment and improve the quality of lives of patients in general.

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