

Antiretroviral treatment for HIV reduces food insecurity

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Can treatment with modern anti-HIV drugs help fight hunger for HIV-infected patients in Africa? Starting antiretroviral therapy for HIV reduces "food insecurity" among patients in Uganda, suggests a study published online by the journal *AIDS*, official journal of the International AIDS Society.

Treatment including antiretroviral therapy (ART) may lead to a "positive feedback loop" whereby improved functioning and productivity lead to increased ability to work—and thus to decreased [food insecurity](#), according to the study by Kartika Palar, PhD and colleagues of University of California Los Angeles and RAND Corporation. The article is available on the *AIDS* journal homepage and in the November 28 print edition.

Food Insecurity Decreases in Year after Starting ART

The researchers studied 602 patients receiving first-time care for HIV disease at two clinics in Uganda. At one clinic, patients were started on ART, the most effective drug treatment for HIV. Patients at the other clinic were close to becoming eligible but not yet started on ART.

During the first year of treatment, the two groups were compared for changes in their level of food insecurity, defined as "the limited or uncertain availability of adequate food." Based on a simple questionnaire, about half of patients had severe food insecurity at the

start of treatment (53 percent in the ART group and 46 percent of those not receiving ART).

In both groups, starting [HIV treatment](#) led to improved food security. However, the trend was more pronounced in the group receiving ART. By twelve months, the rate of severe food insecurity had decreased to 13 percent of the ART group versus 18 percent in the non-ART group.

Examination of other variables gave insight into the "pathway" by which ART may lead to improved food security. Patients starting [antiretroviral drugs](#) had greater improvements in work status and in mental health—particularly decreased scores for depression. Although [physical health](#) also improved during treatment—with or without ART—this did not seem to contribute to the reduction in food insecurity.

Changing the 'Vicious Cycle' to an 'Upward Spiral'

Researchers are just beginning to explore the socioeconomic and psychological benefits of ART for HIV-infected patients. In developing countries such as Uganda, food insecurity is a common problem with important effects on health. Previous studies have shown that [patients](#) with food insecurity are less likely to follow up with recommended treatment for HIV and have poorer treatment outcomes.

The new study provides evidence that starting treatment for HIV—especially treatment including ART—leads to improved food security. The reductions in food insecurity were achieved even though neither of the study clinics offered food assistance.

"Our results suggest that greater ability to work and reduced symptoms of depression may be the primary pathways through which ART improves food insecurity," Dr Palar and coauthors write. They suggest a "bidirectional relationship" between ART and food insecurity.

While ART alone can't solve the problem of food insecurity, the researchers believe that policymakers should consider interventions to halt the "vicious cycle" by which HIV leads to worsening social and economic outcomes. Dr Palar and colleagues conclude, "Well-integrated and implemented interventions in the context of comprehensive care have the potential to produce an 'upward spiral' where [food security](#) and ART can mutually reinforce each other for the benefit of all those in [treatment](#)."

Provided by Wolters Kluwer Health

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