

STUDY OF THE STRUCTURE OF COMORBIDITIES IN PATIENTS WITH HIV INFECTION

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Relevance. According to WHO and UNAIDS, about 60% of people living with HIV in Eastern Europe and Central Asia have at least one chronic comorbidity. Most often there are viral hepatitis (especially hepatitis C), tuberculosis, anemia of various origins, cardiometabolic disorders (diabetes mellitus, arterial hypertension, dyslipidemia), neuropsychic disorders (depression, cognitive impairment). Early detection of comorbidities is key to predicting the outcome of HIV infection.

Results. Analysis of comorbidities among the examined HIV-infected patients ($n = 783$) showed that a significant proportion of patients had at least one disease associated with HIV infection. Various opportunistic and chronic diseases were registered in 525 people (67.05%). No concomitant diseases were detected in 258 patients ($32.95 \pm 1.68\%$) at the time of examination.

Coinfection with hepatitis B and C viruses is the most common pathology in HIV-infected people. This is due to common routes of transmission of infections (through the blood, sexual route) and the high prevalence of parenteral infection in the past. The presence of hepatitis worsens the prognosis and requires adaptation of the ART regimen to take into account hepatotoxicity. Respiratory infections (12.13%) and diarrhea (10.73%) are typical for patients with moderate to severe immunodeficiency. They indicate a decrease in local immunity and require the appointment of preventive therapy, especially for $CD4 < 350$ cells/ μl . Candidiasis (4.73%), pneumocystis pneumonia (3.58%), and herpes zoster (1.02%) are classic opportunistic infections associated with late stages of HIV infection (stages III-IV according to the WHO classification). The occurrence of these diseases serves as a criterion for starting ART in the absence of therapy. Kaposi's sarcoma (0.51%) and severe anemia (0.77%) are markers of advanced immunodeficiency. These conditions often require not only specific treatment, but also palliative care.

The absence of comorbidities in 32.95% of patients is an encouraging indicator, especially if patients are at an early stage of HIV infection or receive timely ART. However, given the possible non-detection of latent conditions, regular monitoring and laboratory monitoring is necessary.

Conclusions. Almost two-thirds of HIV-infected people in the region have one or more comorbidities. Coinfection with hepatitis B and C is the most common, which requires a parallel approach to treatment. The proportion of opportunistic infections, including pneumocystis pneumonia and candidiasis, indicates the presence of advanced stages of the disease in some of the examined patients. Identifying comorbidities is key to stratifying risk, prescribing timely therapy, and improving patient prognosis.

List Of Literature:

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