

# Nutritional Therapy in HIV

## The role of nutrition and nutritional services

The relationship between malnutrition and immune suppression is well documented. People infected with HIV who are malnourished may develop infectious complications more quickly than well-nourished patients. Malnutrition may alter the course of the disease, affect the time of death and the ability of the body to respond to therapeutic regimens.

From our experience nutritional therapy has several aims:

1. To provide advice on a nutritionally balanced diet early on in the course of the disease. The object of this being to:

- Preserve body weight
- Optimise nutritional status
- Encourage a positive approach to eating
- Minimise any adverse effects poor nutrition has on the immune system

2. To provide support and advice on specific dietary issues:

- vitamin and mineral supplementation, including safe and toxic levels dietary analysis by computer available
- Information and /or modification of alternative diets
- ways to adapt diets if traditional/ethnic foods are unavailable or expensive
- Provide healthy eating advice on a budget

3. To provide advice on microbiological safety of food and water, specifically in relation to:

- Correct storage, cooking, handling and re-heating of food
- Discussion of 'high risk' sources of food poisoning
- Water safety to reduce the risk of cryptosporidiosis and microsporidiosis

4. To provide advice and information on specialist / therapeutic diets including the following:

- Diabetes / raised blood glucose
- Lipid levels (raised cholesterol / triglycerides)
- Weight reduction
- Food intolerances

5. To offer information and support with diet and anti-retroviral regimes:

The role of diet and specific anti-retrovirals e.g. indinavir, liquid ritonavir  
Nutritional support to help counteract any side effects

6. To provide advice and support for those with Lipodystrophy/altered lipid levels:

Discussion and measurement of body shape changes  
The role of diet and exercise (refer to physio/exercise programme)  
Lipid lowering advice (cholesterol/triglycerides) if appropriate

7. To provide advice on the symptomatic relief and preservation of nutritional status during the course of HIV disease:

Dietary manipulation to help with symptom control e.g. diarrhoea, constipation  
nausea and vomiting, taste changes  
The use of appetite stimulants/ anabolic steroids  
Nutrition support to help maintain/increase body weight.

***See separate factsheet for more details on nutritional complications and nutritional support.***

This information was provided by the Dietetics team of the HIV/GU Medicine Directorate of the Chelsea and Westminster Hospital. For more information please call 020 8746 8178.

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