

A Project in Transition: Nutrition in HIV/AIDS

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Introduction

Between 2006 and 2014, there was a 40% increase in the number of HIV and AIDS cases in Travis County, according to the Texas Department of State Health Services. Although, progress has been made in the care of HIV and AIDS, the patient population remains an underserved community. We partnered with Project Transitions (PT) to assess the needs for their HIV clients. Project Transitions is an organization committed to serving people with HIV and AIDS through supportive living, housing, and hospice services. PT specifically identified nutrition as an area of need for their clients. We combined our various backgrounds of social work, pharmacy and medicine to collaborate on providing nutritional guidance for the community.

Background

Nutrition for people living with HIV is an important concern. Often infection and malnutrition can be further complicated by anti-retroviral medications and their side effects. When people with HIV fail to meet their nutritional needs, decreased immunity associated with the virus itself and malnutrition results in increased susceptibility to opportunistic infections, which can create a cycle that leads to a more malnourished states.

Patients with HIV are frequently malnourished. There are many causes of protein energy malnutrition in this patient population. Weight loss can represent either loss of lean muscle mass or loss of fat stores. The severity of malnutrition can be underestimated in severely ill patients if they have large fat stores. Generalized malnutrition may explain some of the immune dysfunction, as more protein is lost during the acute periods of weight loss than could be predicted by starvation alone.

Weight loss is the most frequent finding associated with HIV/AIDS infection. A weight loss of 10% is generally considered to have a significant impact on a patient's functional status. Inadequate oral intake, intestinal malabsorption, and altered metabolism may all contribute to weight loss in patients with HIV. Other risk factors that contribute highly to wasting in these patients include heavy alcohol use, cocaine or crack use, and protease inhibitor treatment.

There is currently no standard of nutritional management for patients with AIDS that is universally accepted. However, the American Dietetic Association supports the following guidelines: maintaining optimal weight and preventing rapid weight loss, reduction or cessation of smoking and alcohol consumption, balancing intake of foods and beverages rich in calcium and vitamin D and protein, supplementing with calcium when needed, use of regular weight bearing or resistance exercises. In general patients who are not malnourished do not require nutritional supplements. However, adequate intake of macronutrients and micronutrients from a balanced diet is still important.

Process

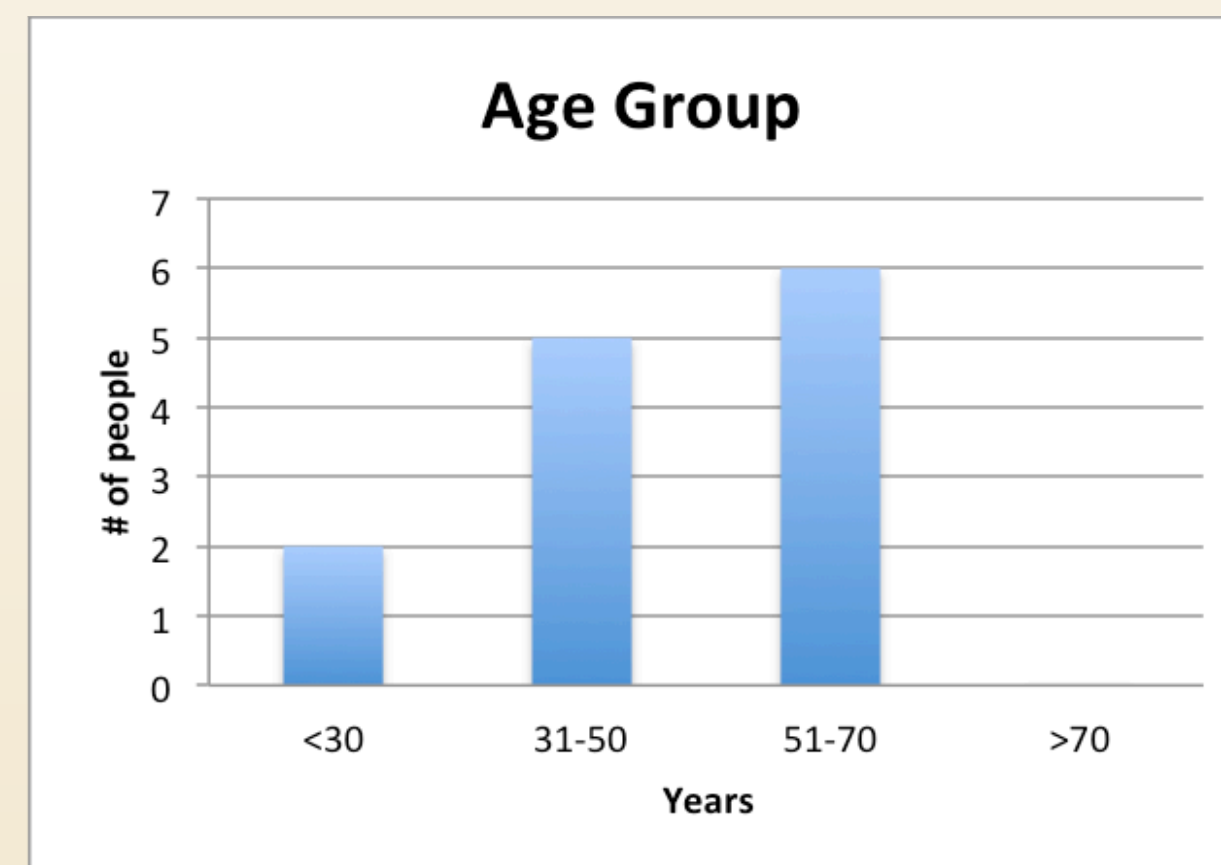
For many underserved populations, two main barriers to healthy eating are limited access to fresh produce and a lack of financial resources due to their high cost. We initially thought that it might be helpful to connect PT to other partners (such as grocery stores and farmers' markets) to get free and frequent access to fresh produce. However, after looking into PT's food pantry, we found that they were not lacking in this department as PT receives fresh produce and other food items from Austin Food Bank on a weekly basis.

SURVEY: We created and administered a survey to find out more about the community's needs. The survey collected basic demographic information, importance level of a healthy diet, comorbidities and potential barriers preventing them from reaching proper nutrition. Based on this information, we could tailor nutritional guidance to their specific needs.

GROUP DISCUSSION: After administering the survey, we held a group discussion to provide nutritional education to the clients and further explore their needs.

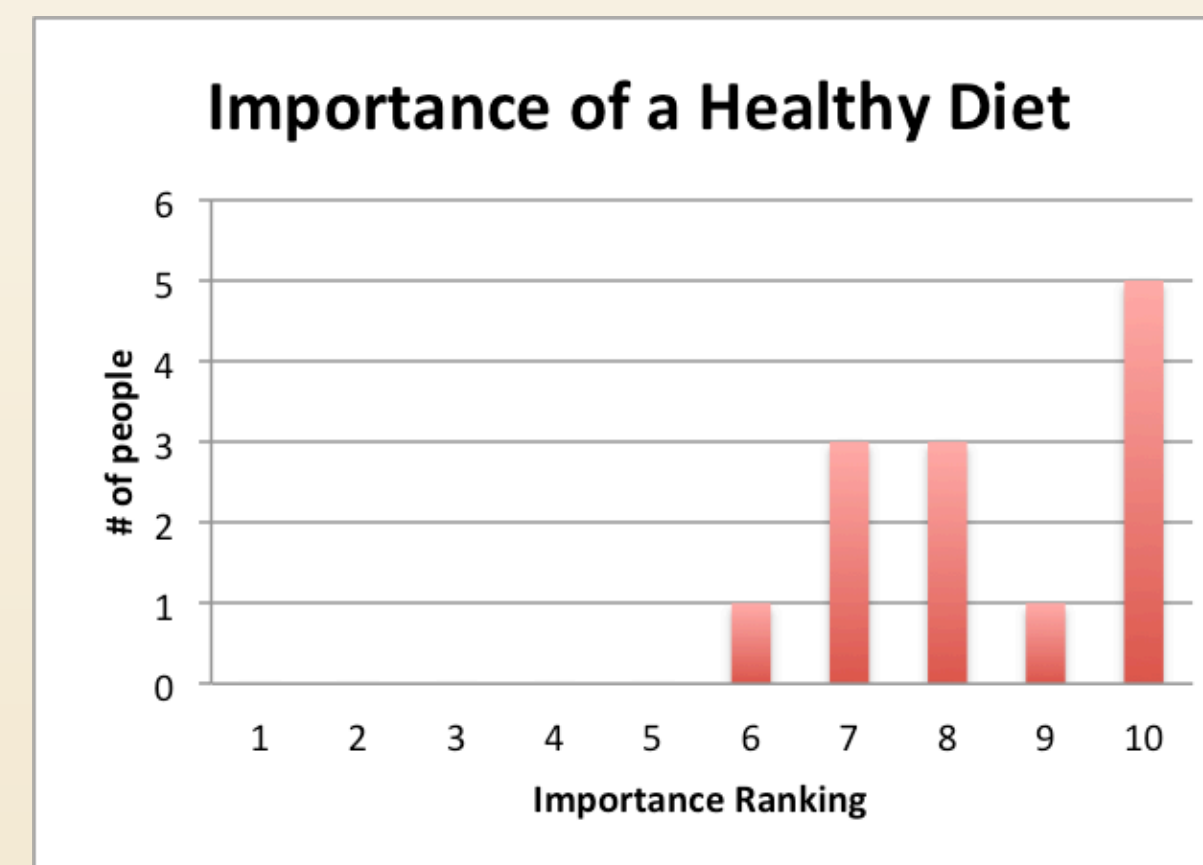
- We tailored the discussion to reflect information from the survey responses
- We used motivational interviewing to assess how likely the clients were to implement changes to their current diets.
- We provided a supportive environment to assess the psychosocial barriers that the clients face on a regular basis.
- We provided basic nutritional education regarding serving sizes, food plate, daily sodium and sugar intake and how to read nutritional labels.

Results

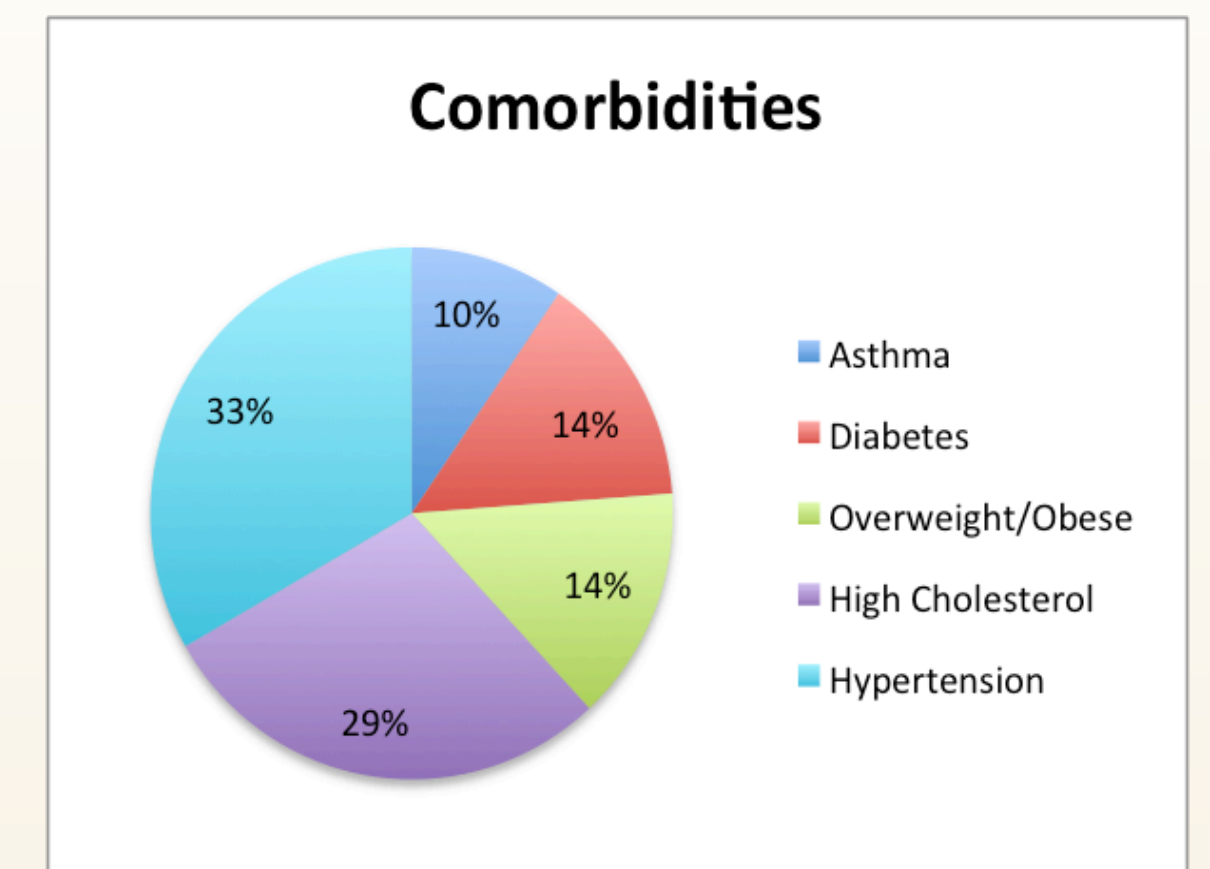


We gathered a total of 13 surveys from the clients. Some results are included above. When asked to rank how important a healthy diet is to them, responses were unexpectedly high, the mean was 8.46 and the median was 8 (on a scale of 1-10; 10 being most important). The clients identified barriers to eating fresh produce as: produce spoils quickly 60% (n = 6), too expensive 20% (n = 2) and disagreeing taste 20% (n = 2).

A total of eight clients attended the nutrition presentation and discussion group. In general, we found that there was a low level of health literacy among the clients. While some clients were open to nutritional reassessment and change, many were unwilling to consider changing their diet and lifestyle.



Results cont.



Many of PT's clients also stated that they have other comorbidities. The two most common included hypertension and hypercholesterolemia. We used this information to make sure we included appropriate material about salt, sugar and fat restriction.

Conclusion

The survey and discussion provided conflicting results. In the survey, clients indicated that maintaining a healthy diet was a top priority for them; however, we found in the discussion that their motivation to change was low.

Our findings match the "Transtheoretical Model" (TTM) of behavior change. Although clients felt eating healthy was important, they were not ready to implement changes to their diet. Taking this in stride, we used motivational interviewing techniques to validate clients, reduce resistance, and facilitate small progress towards change.

Additional Recommendations

- We created a nutritional pamphlet tailored to the HIV/AIDS population.
- We also created a booklet of recipes using vegetables commonly available in the pantry. Many clients identified this as a barrier for not knowing how to cook these vegetables.
- Clients may benefit from additional nutrition presentations and discussion groups in the future. We strongly believe that repetition of counseling points from an interprofessional team such as ours will help our clients realize their true potential for change.

References

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2. Fitzgerald & Spaccarotella (2009). Barriers to healthy lifestyle: from individuals to public policy- an ecological perspective. *Journal of Extension*. 47(1).