

Table 2-4: Common Symptoms in Patients with AIDS and Possible Disease-Specific and Palliative Interventions

		Possible Causes	Disease-Specific Rx	Palliative Rx
Constitutional	Fatigue, weakness	AIDS Opportunistic Infections Anemia	HAART Treat specific infections Erythropoietin, transfusion	Corticosteroids (prednisone, dexamethasone) Psychostimulants (methylphenidine, pemoline, dextroamphetamine, modafinil)
	Weight loss, anorexia	HIV Malignancy	HAART Chemotherapy Nutritional support/ Enteral feedings	Corticosteroids Testosterone/ androgens Oxandrolone Megestrol acetate Dronabinol Recombinant growth hormone
	Fevers, sweats	MAC CMV HIV Lymphoma	Azithromycin, ethambutol Ganciclovir, foscarnet HAART Chemotherapy	NSAIDS (ibuprofen, indomethacin, cox-2 inhibitors) Corticosteroids Anti-cholinergics (hyoscine, thioridazine) H2-antagonists (cimetidine)
Pain	Nociceptive -Somatic -Visceral	Opportunistic infections, HIV-related malignancies, non-specific	Treat specific disease entities	NSAIDS Opioids Corticosteroids
	Neuropathic	HIV-related peripheral neuropathy CMV VZV dideoxynucleosides (didanosine, zalcitabine, stavudine) other medications (isoniazid)	HAART Ganciclovir, foscarnet Acyclovir, famciclovir Change antiretroviral or other regimen	NSAIDS Opioids (esp. methadone) and adjuvants - tricyclic anti-depressants (amitriptyline, imipramine) - benzodiazepines (clonazepam) - anti-convulsants (gabapentin, carbamazepine) Corticosteroids Acupuncture

Table 2-4: Common Symptoms in Patients with AIDS and Possible Disease-Specific and Palliative Interventions (continued)

		Possible Causes	Disease-Specific Rx	Palliative Rx
Gastrointestinal	Nausea/ Vomiting	Esophageal candidiasis CMV HAART	Fluconazole, amphotericin-B Ganciclovir, foscarnet Change antiretroviral regimen	Dopamine antagonists (haloperidol, prochlorperazine) Prokinetic agents (metaclopramide) Antihistamines (diphenhydramine, promethazine) Anticholinergics (hyoscine, scopolamine) Serotonin antagonists (granisetron, ondansetron, dolasetron) H2-antagonists (cimetidine) Proton pump inhibitors (omeprazole) Somatostatin analogues (octreotide) Benzodiazepines (lorazepam) Corticosteroids
	Diarrhea	MAC Cryptosporidiosis CMV Microsporidiosis Other intestinal parasites Bacterial gastroenteritis Malabsorption	Azithromycin, ethambutol Paromomycin Ganciclovir, foscarnet Albendazole Other anti-parasitic agents Other antibiotics	Bismuth, methylcellulose, kaolin Diphenoxylate + atropine Loperamide Octreotide Tincture of opium (paregoric)
	Constipation	Dehydration Malignancy Anticholinergics, opioids	Hydration Radiation/chemotherapy Medication adjustment	Activity/diet Prophylaxis on opioids Softening agents - surfactant laxatives (docusate) - bulk-forming agents (bran, methylcellulose) - osmotic laxatives (lactulose, sorbitol) - saline laxatives (magnesium hydroxide) Peristalsis-stimulating agents - anthracenes (senna) - polyphenolics (bisacodyl)

Table 2-4: Common Symptoms in Patients with AIDS and Possible Disease-Specific and Palliative Interventions (continued)

		Possible Causes	Disease-Specific Rx	Palliative Rx
Respiratory	Dyspnea	PCP Bacterial pneumonia Anemia Pleural effusion/mass/ obstruction Decreased respiratory muscle function	Trimethoprim/sulfamethoxazole, pentamidine, atovaquone etc. Other antibiotics Erythropoetin, transfusion Drainage/radiation/surgery	Use of fan, open windows, oxygen Opioids Bronchodilators Methylxanthines Benzodiazepines (lorazepam)
	Cough	PCP, bacterial pneumonia TB	Anti-infective therapy (as above) Antituberculous chemotherapy	Cough suppressants (dextromethorphan, codeine, other opioids) Decongestants, expectorants (various)
	Increased secretions (‘death rattle’)	Fluid shifts, ineffective cough, sepsis, pneumonia	Antibiotics as indicated	Anticholinergics (atropine, hyoscine, scopolamine, glycopyrrolate) Fluid restriction Discontinue intravenous fluids
Dermatologic	Dry skin	Dehydration End-stage renal disease End-stage liver disease Malnutrition	Hydration Dialysis Nutritional support	Emollients +/- salicylates Lubricating ointments

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		Possible Causes	Disease-Specific Rx	Palliative Rx
Dermatologic (continued)	Pruritis	Fungal infection End-stage renal disease End-stage liver disease Dehydration Eosinophilic folliculitis	Antifungals Dialysis Hydration Steroids, antifungals	Topical agents (menthol, phenol, calamine, doxepin, capsaicin) Antihistamines (diphenhydramine) Corticosteroids Serotonin antagonists (ondansetron) Opioid antagonists (naloxone, naltrexone) Anti-depressants Anxiolytics Neuroleptics Thalidomide (?)
	Decubiti/Pressure Sores	Poor nutrition Decreased mobility Prolonged bed rest	Nutrition Increase mobility	Prevention (nutrition, mobility, skin integrity) Wound protection (semi-permeable film/hydrocolloid dressing) Debridement (normal saline, enzymatic agents, alginates)
Neuropsychiatric	Delirium/Agitation	Electrolyte imbalances Dehydration Toxoplasmosis Cryptococcal meningitis Sepsis	Correct imbalances Hydration Sulfadiazine/pyrimethamine, etc. Antifungals Antibiotics	Neuroleptics (haloperidol, risperidone, chlorpromazine) Benzodiazepines (lorazepam, midazolam)
	Dementia	AIDS - related dementia	HAART	Psychostimulants (methylphenidate) Low dose neuroleptics (haloperidol)
	Depression	Chronic illness Reactive depression Major depression	Antidepressants (tricyclics, SSRIs, MAO inhibitors, other)	Psychostimulants (methylphenidate, pemoline, dextroamphetamine, modafinil) Corticosteroids (prednisone, dexamethasone)