Anemia & HIV-AIDS

Anemia is a level of hemoglobin or hematocrit which is lower than normal. Hemoglobin is the substance in red blood cells that carries oxygen to all parts of your body. Hematocrit is a reading which is the percentage of your blood which is made up of red blood cells. Anemia can be temporary or it can be caused by long term disease or illness. People with mild anemia may not have symptoms or may have only mild symptoms. People with severe anemia can feel tired, get short of breath with activity, and have problems with daily activities.

The chance of developing anemia becomes greater with AIDS. Anemia occurs in about 30% of people with HIV, but the rate is 75% to 80% of people with AIDS.

CAUSES

There are many causes of anemia. As a result of the inflammation associated with HIV/AIDS, you may not be able to produce enough red blood cells. Less common causes for HIV-associated anemia include vitamin B12 deficiency and the autoimmune destruction of red blood cells. Some of the early drugs used to treat HIV/AIDS, such as AZT were shown to be a possible cause of anemia. However, the newer HAART drugs are much less likely to cause anemia.

SYMPTOMS

Most people do not realize they are anemic until a blood test shows a low hemoglobin or hematocrit. Symptoms and signs usually develop when anemia is moderate to severe, and can include:

- Fatigue.
- Chest pain.
- Trouble breathing.
- Numbness or coldness in your hands and feet.
- Weakness.
- Dizziness.
- A fast heartbeat.
- Pale skin.
- Irritability.
- Headaches.

If untreated, fatigue and other symptoms associated with anemia can interfere with daily activities. Anemia also increases the chance that HIV infection will progress to AIDS. Studies show people with HIV and those with AIDS who are anemic have a shorter life expectancy than people without anemia.

DIAGNOSIS

Your caregiver will provide the treatment that is best for you based on what is causing the anemia. Close communication with your caregiver will help you to receive the best anemia treatment available.

TREATMENT

If you have anemia-associated vitamin deficiencies, correction of these deficiencies is recommended by getting enough vitamins. Certain people with severe anemia may need blood transfusion. Transfusions are avoided whenever possible in HIV/AIDS people because transfusions have been shown to increase the risk of infections and death. Drugs that stimulate the production of red blood cells have been approved for treating anemia in HIV/AIDS. These drugs reduce the need for blood transfusions in people with HIV/AIDS. These drugs also improve energy levels, and improve overall quality of life.

Normal Lab Values:

Normal hemoglobin is greater than 12 g/dL for women, with a normal hematocrit which is greater than 36%.
Normal hemoglobin is greater than 14 g/dL for men, with a normal hematocrit which is greater than 42%.

GLOSSARY OF TERMS

Hemoglobin: Substance carried by red blood cells; delivers oxygen throughout your body.
Hematocrit: Percentage of red blood cells in a blood sample.
Inflammation: Your body's response to injury or irritation; often associated with pain, redness, heat, and/or swelling.
Autoimmune destruction: Body destroys its own cells.
AZT: zidovudine
HAART: Highly Active Anti-Retroviral Therapy
Blood transfusion: Transfer of blood or any of its parts to a person.
Opportunistic infections: An infection suffered by a person whose immune system is not working normally.

This information is courtesy of the National Anemia Action Council. For more information see www.anemia.org.

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