Editorial

HIV patients in Intensive Care Units

The Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) is a global public health problem, with about 36.7 million infected people in 160 different countries by the end of 2015[1]. In Brazil, 842,710 cases — according to the Ministry of Health — from 1980 to June 2016[2].

Since its adoption in 1996, the concept of the Combined Antiretroviral Therapy (cART), also known as Highly Active Antiretroviral Therapy (HAART), changed the natural history of the infection: it improved prognosis and decreased mortality, leading therefore to the chronicity of the disease[3].

In this new HIV/AIDS setting, observing the changes in the mortality profile and the causes of hospitalization and admission to Intensive Care Units (ICUs) allowed better clinical management. A reduction in deaths related to opportunistic infections, associated with an increase in deaths due to other causes not traditionally related to HIV, were also observed[4,5].

That tendency is demonstrated by a cohort study of critically ill HIV patients. It showed concomitant decrease of respiratory failure and *Pneumocystis jiroveci* pneumonia[6], while others studies registered the increased prevalence of bacterial infections in HIV infected patients, regardless the use of cART[7-9]. Therefore, as expected, sepsis is a diagnosis that has become an increasingly common cause of intensive care[6,10], as well as an important determinant of short- and medium-term mortality[11].

HIV patients now have life similar expectancy to that of the non-HIV population[12]. Other authors state that, although mortality has improved, people living with HIV have a shorter period of healthy life when compared to the non-HIV population[13]. However, the growing improvement in the management of this infection can help reduce stigma, facilitating both early diagnosis and the immediate and universal cART[14].

In this context, the systematic review presented in this issue, authored by Dr. Hugo Boechat Andrade et al., corroborates those findings. This paper demonstrates that short-term prognostic factors, for HIV patients admitted to the ICU, are not directly related to HIV.

Studies of this nature are crucial, once that the awareness that HIV infection is assuming characteristics of a chronic disease, amenable to clinical and laboratory control, is important. The concept that HIV patients tend to behave like the general population must reach all medical specialties, in particular those who work in ICUs. Traditionally, HIV infected patients have lower chances of being accepted in ICUs when compared to patients with other diseases — such as cancer and severe liver disease, despite the greater mortality of these conditions[15].

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