

PALLIATIVE CARE IN PEDIATRIC HIV/AIDS- SHARING AN EXPERIENCE.

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INTRODUCTION

Pediatric Palliative care in Sub Saharan Africa is a much needed and an extremely new field. In 2003, 400,000 children died of AIDS. In the light of this increasing number of children affected, the need for Pediatric Palliative care cannot be overemphasized.

Nigeria is a country in West Africa covering an area of 923,768 square kilometer.

- Most populous country in Africa, estimated population 140 million(2006).

- Total number of children; male 34million,female 32 million.
- Life expectancy; M:F 48:49.6
- GNI per capita(US\$) 640
- Infant Mortality Rate 99/1000 live birth(2006)
- Prevalence of HIV/AIDS 4.4%(2005)
- 3.5 million Nigerians living with HIV/AIDS
- 270,000 Nigerian children orphaned by the disease

- 33% of untreated HIV infants in the developing world would die during their first year and 50% by the age of 2 years.

The Federal Medical Centre ,Abeokuta is one of the designated antiretroviral therapy center in the country and there has been an increase in the number of children infected with HIV between October 2007 and June 2008. There is also inadequate knowledge and skill of Palliative care among the health care providers.

PALLIATIVE CARE IN NIGERIA

- New and evolving.

Started in 1993-Olusola Fatunmbi

- She attended various courses at the St Christopher's Hospice in the UK.
- Visit by Anne Merriman.

2007-Inauguration of National body ,Hospice & Palliative Care Association.

Palliative care in Abeokuta started-2001 when MS Carol Stack, a head nurse came to Nigeria from the United States and a palliative care committee was set up. Palliative Medicine and Pain unit was established in November 2006 and this was eventually upgraded to a department in June , 2008.Palliative care team comprises of the Palliative care physicians, nurses, pediatricians, pharmacist, home based care team, support groups, laboratory scientist and adherence counselor

LEARNING OBJECTIVES

- To determine the Demographic pattern of pediatric HIV/AIDS in Federal Medical Center Abeokuta. Nigeria
- To determine the common pattern of pediatric HIV/AIDS presentations.
- The need for Palliative Care as an integral part of Pediatric HIV/AIDS care in FMCA.

METHODS AND SOURCES OF DATA

- A retrospective study was carried out from October 2007 to July 2008 whereby HIV positive patients summaries were obtained from the Medical Records department of the hospital.

RESULTS

Before the inception of the palliative care/ multidisciplinary team approach, there were only 6 registered patients with HIV/AIDS. The table below shows the total number of patients attending the clinic.ie (Nov 2006) to Aug 2008

TABLE 1(Total Attendance to Clinic)

	ADULT	PEDIATRIC	TOTAL	
MALE	228	44	272	
FEMALE	585	56	641	
TOTAL	813	100	913	

- Total number of clients/patients-913
- Total number of children—100.

SEX AND AGE DISTRIBUTION

- TABLE 2 SEX AND AGE DISTRIBUTION.(OCT 07- JULY 08)

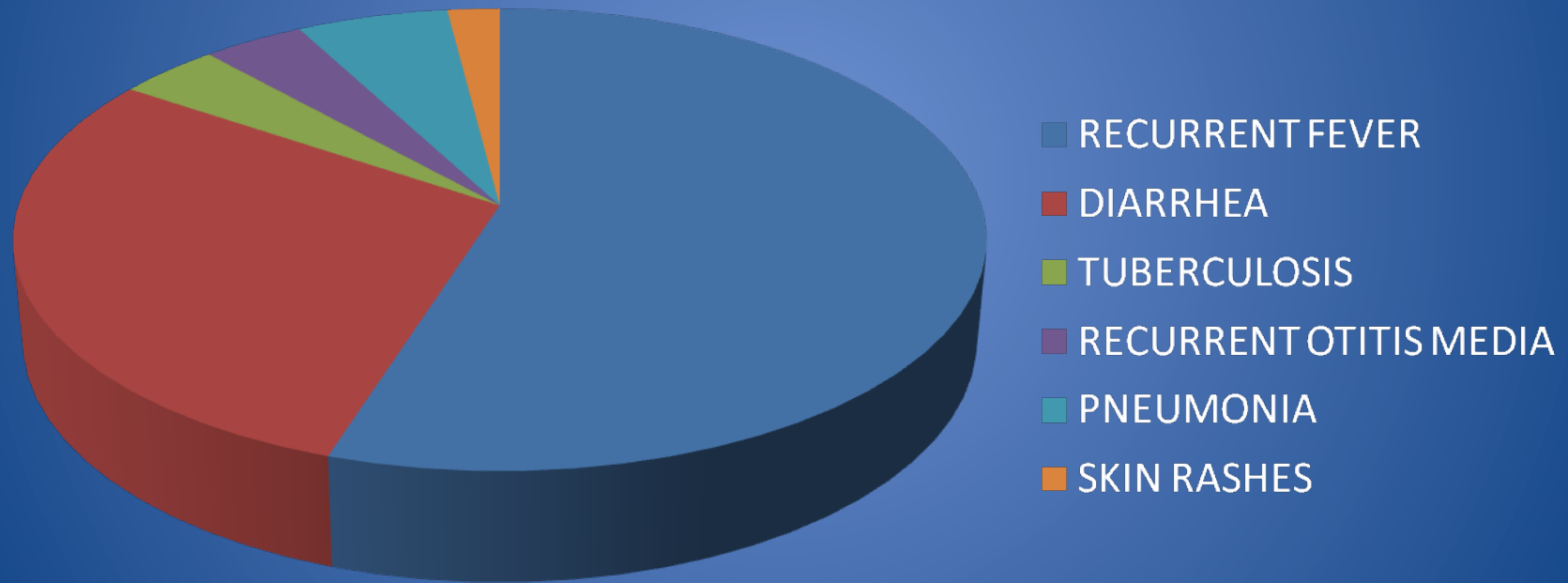
AGE (yr) Group	MALE	FEMALE	TOTAL
LESS THAN 1	33	39	72
1---4	4	6	10
4---9	2	4	6
9---15	1	3	4
TOTAL	40	52	92

CLINICAL PATTERN OF PRESENTATION

Morbidities frequently seen in these children are recurrent febrile illness, diarrhea, respiratory tract infection, tuberculosis , otitis media, septicemia, skin rash.

But some of these children seen in the clinic were asymptomatic, followed up in the clinic because they are from HIV positive mothers and absence of equipments for early/infant diagnosis of HIV.

PERCENTAGES



- Malaria is endemic in this part of Africa, affecting all ages, children more affected than adults. HIV patients are also not excluded. most children with recurrent febrile illness have been treated with antimalaria and they responded favorably.
- 29% had diarrhea. This could be as a result of poor sanitary conditions and hygiene experienced in this part of the country as well as mixed feeding experienced by some mothers.
- 4% had features of tuberculosis,
- 4% recurrent otitis media.
- 6% with pneumonia.
- 2% with skin rashes.

- The most important thing is the multidisciplinary team care approach in the management of these patients, every stakeholder playing a major part. Prescribing antiretroviral therapy, treating opportunistic infections especially pneumocystis jirovecii infection, Provision of mosquito net, infant formula feeds, nutritional support for the malnourished, water guard for the treatment of water, bereavement care, follow up adherence counseling, child and family support.

CHALLENGES

- Lack of trained personnel
- Grossly inadequate funding.
- Lack of equipments for early diagnosis of HIV in the infancy stage.
- Resistance to some Palliative care concepts like the use of opioids like morphine in pain management.
- Interdisciplinary conflict among stake holders.
- Children and infant cannot express their specific discomfort and so it's a major task for the palliative care physician to identify their needs and offer adequate care.

CONCLUSION

- Pediatric HIV/AIDS remains a major contribution to childhood morbidity and therefore the importance of palliative care is to treat, control opportunistic infections and give supportive care to both children and their families.

RECOMMENDATIONS

Palliative care should be an integral part of pediatric HIV/AIDS services.

Education and training of Health care providers on Palliative care to increase the man power and scale up Palliative care in Africa.

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