

DIARRHOEA IN HIV-SEROPOSITIVE HOMOSEXUAL MEN - PREVALENCE AND EFFECT OF DISEASE PROGRESSION

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Diarrhoea is one of the most frequent gastrointestinal complaints in patients with Human Immunodeficiency Virus (HIV) infection, affecting more than 55% of people with Acquired Immunodeficiency Syndrome (AIDS) (Dworkin et al. 1985). Diarrhoea in HIV-seropositive homosexual men may be due to the intestinal infections that are more common in the homosexual population, the opportunistic and reactivated latent infections characteristic of the immunocompromised host or to HIV-related enteropathy (Riecken et al. 1990). Iatrogenic effects of medical treatment, inappropriate diet and physiological imbalances including hypochlorhydia, bile/fat malabsorption and lactose intolerance, are all possible non-infective causes of diarrhoea in HIV disease.

Nutritional status is a major determinant of survival of people with AIDS, with weight loss, particularly the depletion of lean body mass, reported as a contributing cause of death (Chlebowski et al. 1989). Nutritional status in HIV-infected individuals with diarrhoea is further compromised by anorexia, self restriction of food in an attempt to reduce diarrhoea, increased metabolic requirements and decreased assimilation of nutrients due to malabsorption.

In a retrospective cross-sectional study of 3612 homosexual men we found an overall prevalence of diarrhoea of 11%. The prevalence of diarrhoea was significantly higher in HIV-seropositive (18%) than in HIV-seronegative men (6%) (OR=3.4 $p<0.001$). There was no increase in the prevalence of diarrhoea with later stage disease, measured by CD4 count ($p=0.64$).

As diarrhoea can result in malabsorption and weight loss, we conclude that appropriate assessment and aggressive nutritional therapy should be instigated at ALL stages of HIV disease.

Risk factors for diarrhoea	Unadjusted O.R.* (95 % CI)	P value	Adjusted O.R.	P value
HIV positive status	5.2 (3.7-7.4)	<.001	4.1	<.001
Bowel parasites	3.1 (1.8-5.5)	<.001	2.4	<.01
Year of presentation		<.001	1.3	<.001
Previous HIV+ diagnosis	4.5 (3.2-6.2)	<.001	1.6	<.01
Receptive anal intercourse	1.9 (1.4-2.7)	<.001	(did not reach significance)	
Medication	3.4 (1.9-6.2)	<.001	1.9	<.05

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