ABSTRACT

Introduction

The syndrom of acquired immune deficiency (AIDS) is a disease caused by the HIVvirus with the particularity of attacking the immune system and also all the body organs, together with the kidney. The death rate due to this pandemic desease is decreasing in many countries of the world, including Cameroon due to the therapeutic in charge associating with HAART. HAART has as principal mission to prevent the AIDS progression. However, eventhough we have observe a success in the taking of the therapeutic HAART, negative effects are more considerable including electrolytes disturbances.

General objective

The general objective of this work was to assure a good therapeutic incharge of patients under HAART living with the HIV/AIDS by maintaining the equilibrum hydride.

Methodology

For this reason, an analytic study, that is the case of tommorrow and the retrospective was being studied from the 07 april to 07 july 2014 (03 months) in the day hospital department at the regional hospital of Ngaoundéré. During this period, adult patients of the two sex living with AIDS, taking or not taking HAART And having the CD4 test in a routine were recruted. In 40 persons under treatment, consisting the experimental group and the 40 others not on treatment, consisting the sample group. The dosage of electrolytes was done by turbidimetry and colorimetry, that of creatine by colorimetry and the counting of CD4 in the center pasteur of Garoua. The demographic figures and other clinic figures (HAART protocol) were obtained from a standard questionnaire. The results obtained and other data were analysed by using a statgraphic software 5.1 and Excel 2010. The khi-square test was used to compare the prevailing level of 0,05.

Results

According to our work, we had in total 80 patients living the HIV/AIDS, where 40 were under HAART and 40 not under HAART were recruted. The sex ratio was in favour of women, the age range of patients was 35,75 years and the age limit between 30 and 40 years were the most represented, with an effective of 30 (37,5%). Our results revealed 70% of hyponatrémie,

61,25% of hypokaliémie ; 10% of hyperkaliemie and 2,5% of hypernatrémie. The incharge or not of HAART did not reveal an effect on the amount of sodium, we did not observe a difference in the significant statistic (p=0,0065) between the group of patients under HAART and those not taking HAART. Concerning the nephropathy, 83,75% of patients were presenting à normal range of créatine and 16,25% of them were presenting a high rate of créatine ; with 5% of person under antiretroviral treatment, with p=0,1297 when (p>0,05) where the inchargein the HAART name has no effect on the renal function.

Conclusion

Our results prove that the hyponatremie and hypokaliémie are seriously observed in the majority of patients, but we can deduce that the HIV/AIDS leads to the lost of electrolytes in the person living with HIV virus, followed in the regional hospital of Ngaoundéré. We observe an important hyperkaliemie in patients under HAART, the take of HAART can increase the level of potassium and HAART have not effect in the level of sodium. There is a normal créatine in the majority of patients (83,75%), in the group of patients with high level of créatine, patients not under treatment are many in number with 11,25% . Where the in take of HAART has no effect on the renal's function of persons living with HIV followed in the Regional hospital of Ngaoundéré. We their conclude that the electrolytes disorder has an origin other than renal disorder. It will then be important to complete this work with a deep study on the nutritional habits of person lving with HIV followed in the regional hospital in the town of Ngaoundéré.

Key words

HIV/AIDS, electrolytes, HAART