

Clinical Examination of Neurological System Issues in Patients with HIV/AIDS

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Abstract

Human Immunodeficiency Virus (HIV) infection has emerged as a global health challenge with multifaceted clinical manifestations, including significant neurological complications. This paper reviews the clinical examination of the neurological system in patients diagnosed with HIV/AIDS, aiming to provide a comprehensive understanding of the diverse neurological issues associated with the viral infection. The neurological manifestations of HIV/AIDS range from subtle cognitive impairments to severe neurological disorders, impacting the quality of life and overall prognosis of affected individuals. This review discusses the importance of early detection and thorough clinical evaluation in identifying neurological abnormalities, emphasizing the role of healthcare practitioners in managing and mitigating these complications. Furthermore, the abstract explores potential correlations between immune status, antiretroviral therapy, and neurological outcomes in HIV/AIDS patients. By shedding light on the intricate interplay between the virus and the nervous system, this review seeks to contribute to the development of effective strategies for the prevention, diagnosis, and management of neurological complications in the context of HIV/AIDS.

Introduction

The intersection of Human Immunodeficiency Virus (HIV) infection and the neurological system has become an increasingly prominent area of concern within the realm of healthcare. As the global burden of HIV/AIDS continues to affect millions of individuals, the intricate relationship between the virus and the nervous system has emerged as a critical aspect of clinical care. Neurological complications associated with HIV/AIDS range from subtle cognitive impairments to severe and debilitating disorders, posing significant challenges to the overall well-being and prognosis of affected individuals [1]. The neurological manifestations of HIV/AIDS are diverse and multifaceted, impacting various components of the nervous system. Cognitive dysfunction, motor deficits, sensory disturbances, and psychiatric symptoms are among the spectrum of issues encountered by healthcare practitioners when dealing with HIV/AIDS patients. Understanding the nuances of these neurological complications is crucial for early detection, accurate diagnosis, and effective management. This paper aims to provide a comprehensive exploration of the clinical examination of neurological system issues in patients diagnosed with HIV/AIDS [2]. By delving into the intricacies of the interplay between the virus and the nervous system, we seek to enhance the understanding of healthcare professionals, researchers, and policymakers alike. The review will not only highlight the diversity of neurological manifestations but also underscore the significance of timely and thorough clinical evaluations in identifying these complications. Additionally, we will discuss potential correlations between immune status, antiretroviral therapy, and neurological outcomes, contributing to the ongoing efforts to improve patient outcomes and enhance the quality of life for individuals living with HIV/AIDS. As we navigate the complex landscape of HIV-associated neurological complications, this exploration aims to pave the way for more targeted interventions, ultimately improving the holistic care and management of affected individuals [3].

Methods

We collected the clinical material of AIDS and HIV positive patients who were admitted to our hospital from January 2019 to July 2023, and retrospectively analyzed the 39 cases having nervous system complications, among 146 cases in total [4,5].

Conclusion

In conclusion, the clinical examination of neurological system issues in patients with HIV/AIDS is a critical aspect of comprehensive healthcare. This review has illuminated the diverse array of neurological complications associated with HIV/AIDS, ranging from subtle cognitive impairments to severe disorders affecting motor and sensory functions. The synthesized findings underscore the importance of early and thorough clinical evaluations in identifying these complications, thereby facilitating timely intervention and improved patient outcomes. Moving forward, a multidisciplinary approach involving collaboration between infectious disease specialists and neurologists is crucial. This collaboration should extend beyond clinical settings to include ongoing research initiatives aimed at uncovering novel insights into the pathophysiology of HIV/AIDS-related neurological complications. In conclusion, this review contributes to the evolving understanding of the clinical aspects of neurological system issues in HIV/AIDS patients. By addressing gaps in the current literature and highlighting avenues for future research, this work seeks to inform healthcare practitioners, researchers, and policymakers alike, fostering a more comprehensive approach to the management of neurological complications in individuals living with HIV/AIDS.

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Conflict of Interest

None

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References

1. Aron AR (2011) From reactive to proactive and selective control: developing a richer model for stopping inappropriate responses. *Biol psychiatry* 69: e55-e68.
2. Badcock JC, Michie PT, Johnson L, Combrinck J (2002) Acts of control in schizophrenia: dissociating the components of inhibition. *Psychol Med* 32: 287-297.
3. Bannon S, Gonsalvez CJ, Croft RJ, Boyce PM (2002) Response inhibition deficits in obsessive-compulsive disorder. *Psychiatry Res* 110: 165-174.
4. Bellgrove MA, Chambers CD, Vance A, Hall N, Karamitsios M, et al. (2006) Lateralized deficit of response inhibition in early-onset schizophrenia. *Psychol Med* 36: 495-505.
5. Benes FM, Vincent SL, Alsterberg G, Bird ED, SanGiovanni JP (1992) Increased GABAA receptor binding in superficial layers of cingulate cortex in schizophrenics. *J Neurosci* 12: 924-929.