

QUESTIONS FOR PROFESSOR LEEN

Effects of HIV/AIDS and side effects of treatment

1. *What are the side effects of the drugs currently used to treat HIV infection, other than those detailed in page 16 of your report?* : There are many other side effects reported by patients using HIV medication but they are too many and diverse to describe. I only described the significant ones.
2. *Does treatment of the clinical conditions associated with HIV infection differ for patients who are HIV positive compared with patients who are HIV negative?* : If the clinical condition is caused by HIV , then the HIV infection will be treated with anti-HIV drugs and depending on the clinical condition, in many cases the treatment of the condition will otherwise not be different compared with patients without HIV infection. Diabetes, Hypertension, ischaemic heart disease will be treated in the same way as in HIV uninfected patients. If the condition is caused by HIV medication, the HIV medication will be changed to another regimen but the treatment will be the same.
3. *What were the side effects experienced by patients involved in early Zidovudine trials, and did they differ between adults and children?:* I do not have much experience of treating children but presume that the side effects might be the same
4. *Prior to the mid-1990's what guidance was available regarding the advice to be given to patients about the importance of adherence to HIV treatment and the consequences of failing to adhere to or stopping such treatment?:* Very little as we had not realized the importance of adherence

Levels of treatment and care

5. *To what extent did the available treatment options and levels of care provided to haemophilia and other patients with HIV/AIDS vary across Scotland during the 1980s?:* I have limited experience of the treatment of HIV in Scotland other than Edinburgh. It would be fair to say that it would be different but I cannot be anymore specific than that

6. *What were the reasons for any such differences?* Knowledge of HIV, access to HIV drugs in clinical use and HIV drugs in clinical trials and in expanded access would have been different. The size of the HIV infected patient population is a significant factor; larger centres like Edinburgh would have better access to HIV drugs and clinical expertise
7. *To what extent do the available treatment options and levels of care currently provided to haemophilia and other patients with HIV/AIDS vary across Scotland?* Currently, there is very little difference across Scotland as haemophilia patients are cared for in major centres. Clinical guidelines and wider availability of HIV medication has reduced the variability.
8. *What are the reasons for any such differences?* See above;' very little difference
9. *Are there any measures in place to ensure parity of care and if not, why not?* Clinical Guidelines are followed rather closely. In 2011, HIV standards of care have now been set in Scotland
10. *What support and counseling is currently offered to patients with HIV/AIDS and their families, and to what extent does this vary across Scotland?* Support and counseling for patients and their families is widely available across of Scotland. Standards for psychological care for HIV are currently being developed.