

HIV CASE STUDIES*

▶ ABOUT THIS ACTIVITY

- 🕒 **Time:** 60 minutes
- ➔ **Objectives:** By the end of this session, participants will be able to:
 - Feel empowered to provide HIV information to clients.
- ★ **Training Method:** Case Studies
- ✓ **In This Activity You Will...**
 - Divide the group into four smaller groups and assign each a case study (20 minutes).
 - Facilitate report-outs by the groups for full group discussion (40 minutes).
- ✂ **Materials:**
 - Flipchart
 - Markers
 - Handouts - HIV Case Studies (4)
- 🕒 **Preparation:** None

Instructions

1. Divide the participants into 4 groups.
2. Assign each group a case study and have them answer the questions attached to the case study. Give the groups 20 minutes to work on this. Tell them they can use their handouts or other resources if they don't know the answers.
3. Have each group pick one person who will read the case study to the larger group.
4. Have each group pick one person who will write their responses on flipchart paper.
5. Have one person read their case study out loud to the group and report back the answers to their case study questions. Invite the other groups to ask questions or comment after each report.

Summary

Wrap up session by pointing out how much shared knowledge there is in the group, and that even if each person here didn't have all the answers, someone did. In the same way, in the real world, we don't have to have all the answers, but we do need to know where to go to get them.

* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

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SESSION HANDOUT # 1 of 4

CASE STUDY: EDIE

Edie's CD4+ cells have been dropping and her viral load has been increasing. Her doctor let her know that she would have to start HIV medications. Edie was feeling apprehensive and nervous about the side effects, but she was willing to get started. Her doctor prescribed Atripla that she would take once a day at bedtime. After a week of being on medication, Edie had side effects like strange dreams, feeling dizzy, depressed, and emotional.

She shared her medication experience at support group. She was upset and was crying, saying she would not keep taking these meds with these side effects. Participants talked with her, telling her that the side effects would last possibly one to two weeks more, but to hang in there.

Her CD4+ cells are now in the 450's and her viral load is less than 95. She was elated to share her results with the support group after her visit with her doctor.

Questions

1. What medications are in Atripla?
2. Which medication in Atripla may cause some of the symptoms that Edie is experiencing?
3. What class of medications is Atripla in?
4. There is one thing that makes Atripla different from all the other HIV medications. What is that?
5. What can you say or do to encourage or affirm Edie's decision to start medications?
6. What are two suggestions that you can give to Edie to deal with the side effects?

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SESSION HANDOUT # 2 of 4

CASE STUDY: IVY

Ivy, a 39 year-old Caucasian woman who recently returned from Africa is 3 ½ months pregnant. She also has an 8-year-old son. She was diagnosed with HIV in February 2006. Ivy has no income, is living with friends, and has debt from when she left the United States. Ivy says she practiced safe sex and tested regularly; however, she had one incident where the condom broke.

Ivy's CD4+ is 1130 and she has an undetectable viral load. She feels there is no need for her to take medicine because her doctor cannot tell her if there will be any long lasting side effects to her unborn child. Ultimately, Ivy decides not to take meds during her pregnancy or AZT at the time of delivery.

Ivy's baby tested negative at birth. However, Ivy hasn't contacted you (her peer advocate) for seven months, so you don't know how or where Ivy is.

Questions

1. What steps can you (the peer advocate) take to find Ivy?
2. What can you tell Ivy about HIV medications and pregnancy?
3. Which HIV medication(s) should Ivy avoid?
4. At what age can doctors confirm a baby's HIV status?
5. What kinds of concerns may come up for you as the peer advocate? How can you deal with them?

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SESSION HANDOUT # 3 of 4

CASE STUDY: LINDA

Linda has a triple diagnosis: HIV+, paranoid schizophrenia, and alcoholism. Linda was referred to you by her social worker. Linda has given you permission to accompany her to doctor visits and visits to her payee at a mental health clinic. Linda is not taking any medications for either HIV or her mental diagnosis. She refused to take them. Her social worker, doctor, and you have all notice her psychosis as she speaks and rambles.

She lives in a group home, and has become friends with John, who lives there also. She drinks a couple of half-pints of hard liquor every day.

She has started threatening John that if he doesn't have sex with her, she will accuse him of raping her.

You go to visit Linda one day. When you get there, she shows you her lab results. Her CD4+ count is 130 and her viral load is 500,000.

Questions

1. How can you support Linda?
2. What kind of support or resources can you get for yourself?
3. What HIV meds should Linda avoid and why?

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SESSION HANDOUT # 4 of 4

CASE STUDY: MARIA

Maria is a 49-year-old Puerto Rican woman who was diagnosed HIV+ in 1999. She was later diagnosed with Hodgkin's Lymphoma, and is currently in remission. Over the past six to eight months she has been suffering from vomiting, intense and sometimes debilitating headaches, and diarrhea that keeps her home-bound from time to time. Maria's doctor has looked at everything that could be causing these symptoms, from environmental and physical to psychosocial. She is currently taking Sustiva and Combivir daily. Her T-cells continue to be between 700 and 800 and her viral load is undetectable.

Maria is concerned that her doctor cannot figure out why she is getting the headaches and diarrhea. She has recently become a part of the Consumer Group, but her headaches sometimes stop her from attending the meetings and being involved in her community as much as she wants to. Maria is very frustrated and has expressed interest in switching doctors. She is afraid that she might be dying. Maria has lost 1 brother and 2 sisters from HIV.

Questions

1. What are 3 things you can do to support Maria with her concern about her doctor? (List three options.)
2. What can you tell Maria about her fears of death?
3. What class of medications are Sustiva and Combivir?