

What's Your Problem?

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Doctor Louise answers readers' questions.

What's in my blood?

Sandra from Tasmania writes: I often wonder why they take so many vials of blood whenever I go to get my counts done. Why do they need so much blood? What do they do with it apart from T-cell and [viral load](#) [1]A measurement of the quantity of HIV RNA in the blood. Viral load blood test results are expressed as the number of copies (of HIV) per milliliter of blood plasma. counts?

When my results are in, my doctor generally looks at them and just says 'everything looks fine'. I guess he'd tell me if something was wrong but I feel like I should ask him more questions. Or should I just stop worrying?

Dr Louise replies: That's a good question, Sandra. Those of us in health circles often do things out of routine without always explaining what we are doing.

As you say, the two main things we look at are viral load and CD4 count – and each test requires a separate vial of blood. We usually do a Full Blood Count (FBC) to check your platelets and levels of haemoglobin and other white cells (WBC). HIV and some medications can affect these parameters, so it is important we monitor them regularly.

We often request a [Liver](#) [2]A large organ, located in the upper right abdomen, which assists in digestion by metabolising carbohydrates, fats and proteins, stores vitamins and minerals, produces amino acids, bile and cholesterol, and removes toxins from the blood. Function Test (LFT) because the liver can be affected by medications, infections (such as hepatitis), alcohol and other drugs, and it's important we detect any changes early so we can look into the reasons why.

Syphilis serology is a very simple test which can be done from the same vial as the LFTs. Not everyone with HIV is at risk of syphilis, so we order this test as required. But detecting it early is important because syphilis is often asymptomatic and is easily transmitted. It can also have a window period so even after a negative result we may need to retest for it.

Kidney function is another routine test. And once a year we often add a few extra ones, including fasting bloods for

All these things are part of a set routine and we generally only let you know if there is something wrong. But don't ever be afraid to ask questions – that's what we're here for.

Repeating on myself

Joe from Sydney writes: Is reflux something to worry about or is it just a discomfort that you put up with? Can it lead to anything else?

I'm a guy in my fifties and get reflux quite badly, particularly after eating and at night. The doctor put me on Pariet which does help but I still suffer from it occasionally.

Dr Louise replies: What you are describing is quite a common condition, Joe.

It can be called reflux, indigestion or heartburn but the common medical term is Gastrooesophageal Reflux Disease (GORD). It is a condition where acid from the stomach enters the oesophagus and causes a burning sensation in the chest. Sometimes you also get the feeling of acid regurgitating up into the throat.

We always ask people to describe their exact symptoms, take a thorough history and do an examination.

Smoking, obesity and some medications such as Non-steroidal Anti-Inflammatory Drugs (NSAIDS) and Aspirin are risk factors for this condition.

Some people find they have symptoms when they have a lot of worry or stress.

In severe cases of immune suppression, Candida (thrush) can cause oesophagitis and present with these type of symptoms.

Sometimes, general measures help. We suggest people reduce their intake of acidic food, pastries, coffee and alcohol (particularly late at night).

We look at people's stress levels and if they smoke, we seriously suggest they consider quitting. Some people find that even a small reduction in weight (particularly around the abdomen) can improve matters.

The initial treatment is usually antacid agents such as 'proton pump inhibitors' for four weeks (Pariet is one example). If the symptoms don't improve or if there are other signs such as pain that wakes you at night, loss of appetite, loss of weight or vomiting, we may recommend a gastroscopy. This is an investigation done under light anaesthesia to look inside the oesophagus and stomach for inflammation, ulcers or more serious pathology. Often we look for the [bacterium](#) [4]A microscopic organism composed of a single cell. Many bacteria can cause disease in humans. Helicobacter pylori at this time too. If this is positive, then a short course of antibiotics along with antacids is prescribed.

It is important to talk to your HIV doctor or pharmacist before taking any antacid preparations as they can interfere with some HIV treatments. Atazanavir is one in particular that can be rendered less effective by some antacid medication.

DOCTOR LOUISE

Keep your questions under 100 words and email them to: pl@napwa.org.au [5]

Dr Louise Owen is [Clinical](#) [6]Pertaining to or founded on observation and treatment of participants, as distinguished from theoretical or basic science. Director of the Centre Clinic in St Kilda. Her advice is not meant to replace or refute any advice given by your own doctor as your individual medical circumstances are best dealt with by your own practitioner.

- [HIV treatments](#)
- [Tests](#)

Links:

[1] <http://www.napwa.org.au/glossary/term/416>

[2] <http://www.napwa.org.au/glossary/term/102>

[3] <http://www.napwa.org.au/glossary/term/88>

[4] <http://www.napwa.org.au/glossary/term/410>

[5] <mailto:pl@napwa.org.au>

[6] <http://www.napwa.org.au/glossary/term/475>