
Energy Needs for HIV-infected Persons

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When I work hard in my garden, I am very much aware that I have been expending energy because the muscle movement is so obvious. But when I have an infection, I have no sense of the energy my body is exerting to fight the infection. I was surprised to learn that when a person has been infected with HIV but still has no symptoms of AIDS, the basic metabolic rate (energy requirement) increases and requires 10% more calories each day just to maintain the hidden fight that keeps the virus under control.

There is more. It is important to know this if you work with people living with HIV/AIDS (the acronym being used now is PLWHA). Let me quote exactly from p. 350 of the book *AIDS, Poverty and Hunger: Challenges and Responses*. (Edited by Stuart Gillespie. Highlights of the International Conference on HIV/AIDS and Food and Nutrition Security, Durban, South Africa, April 14-16, 2005.) This is in chapter 18, called *HIV/AIDS, Nutrition, and Food Security: looking to future challenges* by Tony Barnett.

“HIV-infected adults and children have greater energy needs than uninfected adults and children. Energy needs increase by 10% in asymptomatic HIV-infected adults and children, and, in adults with more advanced disease, by 20-30%. For HIV-infected children experiencing weight loss, energy needs are increased by 50-100%.

So what does this mean for your work with PLWHA? It means that nutrition is every bit as important as medicine. It means that in order to keep from losing weight the infected individual must actually consume a lot more calories each day than if s/he were not infected. That means they must eat more, at a time when they may be losing their appetite and may be less able to afford quality food. I quote once more from the book, “Loss of appetite and poor dietary intake are important causes of weight loss associated with HIV infection. Effective ways of improving dietary intakes need to be developed and documented.”

I came across this information while preparing for ECHO's workshop last December on agricultural and nutrition options for people living with HIV/AIDS. Both medical and agricultural workers attended. We assumed that delegates had basic knowledge about HIV/AIDS. Our teaching, which alternated from classroom to farm, focused on practical, hands-on things they could do to be more effective in working with PLWHA. The evaluations were so positive that we have scheduled a second “HIV/AIDS, Agriculture and Nutrition Workshop” this year. It will take place here at ECHO December 3-7, 2007.

