

Internal Medicine and AIDS

The proportion of AIDS cases has undeniably increased. In October 1995, the number recorded by the CDC in the United States since 1981 reached the half a million mark. Around half of these were reported after 1993, and 62% died. On a global scale, adults and children infected by HIV and AIDS currently total several million cases.

AIDS has established multiple interfaces with Internal Medicine. It has the clinical attributes and characteristics of paradigmatically multisystemic and multifaceted immunosuppressive diseases. It is shared by Internal Medicine, Infectology and practically all the Specialties. It has opened the field for the enormous variety of infections caused by bacteria, viruses, parasites and fungi, which are almost always difficult to eradicate. Co-morbidity is another of its characteristics.

Commonly, the AIDS patient contacts the internist and other specialists, due to an emergency situation. At the request of the centers of reference, the specialists will often request a systematized, balanced evaluation of the patient's pathological situation, or the start of therapy.

The Portuguese scientific journals have echoed what AIDS represents for us.

The journal Internal Medicine, within its short lifespan, has already published a significant number of clinical cases, review articles and case studies of Internal Medicine Services that include the nosological group AIDS. Of these experiences of the Medical Services, we highlight the results and excellent discussions presented by Rui Victorino and colleagues (Medicine 2 of the Hospital of Santa Maria) and Poole da Costa and colleagues (Medicine 3 of the Hospital of Capuchos).

This edition of the journal includes a study of the hospitalizations in Medicine by Barros Veloso and colleagues (Medicine 1 of the Hospital of Capuchos, comparing the different nosological groups of 1984 (AIDS – inexistent) with those of 1994, a decade later (with a very significant increase in hospitalizations due to AIDS – 49 men and 3 women).

But despite the difficulties of prediction, the incre-



ase in the number of patients with HIV immunodeficiency may go beyond the borders of the Services of Infectious Diseases or Medicine with an Infectology component, which in the large centers of the Country have the main share of responsibility for admission of AIDS cases.

What valid alternatives will there be for other Medical Services that work differently from ours.

There are difficult routes to be taken. Besides the social aspects, there are agonizing delays in obtaining additional tests, for example, and collaboration between services and laboratories is essential.

I leave until last an interface of activity that seems to me to be of great importance. I refer to the role that the Study Centers, focused on immunodeficiency by HIV, can play, regularly publishing protocols and codifications that can help combat the disease in its various phases.

A handwritten signature in dark ink, appearing to read 'C. Silva Nunes'.

Silva Nunes