

# HANDOUT 10.2. CASE SCENARIOS FOR MANAGING DRUG-FOOD INTERACTIONS AND SIDE EFFECTS

## Case scenario 1

Jimmy is 38 years old and a casual labourer on farms in his village. He eats poorly because of the TB medication he is taking and depression over his HIV-positive diagnosis. You learn that he drinks alcohol and smokes and has little money left over for food. He is experiencing general weakness, nausea, vomiting and poor appetite. When he started taking ARVs 2 years ago, he weighed only 45 kg. Jimmy tells you that since he started taking ARVs, he gets very hungry and sometimes feels dizzy after taking them on an empty stomach.

## Case scenario 2

Helen is 41 years old and divorced. She learned of her HIV-positive status 6 years ago. She went through a difficult time, during which she used all her savings to treat various opportunistic infections, including oral thrush and sexually transmitted infections. Because of the oral thrush and stomach aches, Helen had great difficulty eating the local food, *githeri* (a mixture of maize, vegetables and beans), which was the only food her poor mother could afford. Her weight dropped from 65 kg to 38 kg. For the past 2 months she has been getting ARV treatment from a local church organization. Helen tells you that for the first 3 weeks of taking the ARVs, she had various side effects, including vomiting and diarrhoea. She has gained 2 kg and now weighs 40 kg, but she still feels weak. She says she hopes to start her own small business as soon as she feels stronger.

## Case scenario 3

Maria is a school teacher. She has not worked for 6 weeks. She has two children, and her husband died 4 years ago. She started ARVs 2 weeks ago. She complains of dizziness and tiredness.