

HIV/AIDS in the 21st century: what can we learn from each other?

The Joint United Nations Programme on HIV/AIDS estimates that in 2007, there were 33 million people living with HIV. There is a great disparity in the distribution of the disease worldwide, with the highest prevalence in developing nations. As would be expected, life expectancy follows a similar trend. In Zimbabwe, for example, life expectancy has decreased from 61 years in 1990 to 37 and 34 years for men and women, respectively, in 2007 (Meldrum, 2008). In Europe and the United States, however, life expectancy after diagnosis with HIV is approximately 42 years (Antiretroviral Therapy Cohort Collaboration, 2008). HIV/AIDS might then be considered a chronic illness in these regions while it remains an acute illness in many parts of the world. Availability of medical services seems to be one determinant of the disparity in survival rates. Variations in cultural beliefs and practices regarding prevention and treatment are likely play a significant role as well. It stands to reason, therefore, that the needs for rehabilitation would be influenced by these distinctions also.

What we have discovered in the United States over the past 20 years is that as the survival rate for people living with HIV/AIDS has increased, our physical therapy interventions have changed. We have moved from improving short-term function by decreasing discomfort and increasing mobil-

ity to an emphasis on long-term independent function. To this end, we have begun to address many more aspects of the individuals' lives, including return to work, return to avocation and quality of life — things we did not, or could not, address in the past. In regions of the world where treatment of HIV is inadequate, physical therapy services are likely to be similarly limited. Cost and/or availability, as well as decreased life expectancy, may restrict these services to addressing short-term functional issues. Sharing our experiences in changing the focus of treatment from end-of-life care to long-term rehabilitation might help expedite this evolutionary process globally.

Disparities in the availability of rehabilitation services for people with HIV/AIDS certainly still exist in the United States. There are areas where culture, race, socioeconomic status, access to health care and educational level prevent these individuals from receiving the services they need. In these circumstances, we have much to learn from our colleagues who work in underserved areas around the globe. Those who work every day to maximize the services available, those who work within cultural beliefs and those who work to overcome the barriers into accessing health care have the ability to serve as mentors to those of us who work daily in more 'privileged' circumstances.

The international diversity in the profession of physical therapy in terms of science, education, practice and policy can serve to enrich and enlighten all of us as we strive to deliver quality care for people with HIV. We have a wonderful opportunity to share our experiences with colleagues around the globe and to learn from these shared experiences. Journals such as *Physiotherapy Research International* are one way of beginning the dissemination of information on management of HIV/AIDS; coming together at world conferences is another. What we need now is to generate ideas and interest in improving world health as it relates to HIV/AIDS. Although this might seem to be a lofty goal, we only need to look at how the medical care for people with HIV has changed in the past 10 years to realize that we, in our profession, have so much to offer these people.

How can we best seize this opportunity? The technology certainly exists to facilitate information sharing, whether through informal means such as personal e-mail communications or more formal means such as the creation of networks or websites devoted to management of patients with HIV-related problems. We might also consider a 'case across nations' in which we could propose a patient scenario and have physical therapists

around the world, in places with divergent cultures and access to resources, outline a plan of care. We have much to learn from one another and the time to begin is now.

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