

Management terapeutico del paziente adolescente

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Older children and adolescents now make up the largest percentage of HIV-infected children cared for at US and Europe sites.

Adult guidelines for antiretroviral therapy are usually appropriate for postpubertal adolescent. However dosage of medications for HIV infection and opportunistic infection should be prescribed according to Tanner Staging of puberty and not solely on the basis of age. Because puberty may be delayed in perinatally HIV-infected children, continued use of pediatric doses in puberty-delayed adolescents can result in medication doses that are higher than the usual adult doses.

At each clinical visit, issues such as growth, toxicity, pill or liquid volume burden, adherence and virological and immunological parameters should be evaluated.

cART options for children and adolescent will continue to change, and the best way to use new drug classes should become apparent in the next few years.

Continued follow-up of these young people into adult life is essential in order to determine their long-term outcome, with particular regard to growth, neurocognitive function, fertility, malignancy and long term drug toxicity,

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