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## **Assessment of the oral health status of healthcare-seeking adults living with HIV in Kathmandu Valley, Nepal.**

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### **Abstract**

#### **AIMS:**

This study looks to assess the oral health status in the study subjects and to quantify the prevalence of WHO defined HIV-related oral stage 3 and 4 lesions (HIV-OL) as those conditions are indicating need for treatment independently of CD4 count.

#### **METHODS:**

This quantitative screening study used both structured questionnaire and clinical examination to determine the prevalence of HIV-OL in 83 adults living with HIV randomly selected from a list of service users at a community based HIV organization.

#### **RESULTS:**

The screening revealed a 40 % (95%-CI: 30-51%) prevalence of HIV-OL in this population where 71 are under Antiretroviral Therapy (ART). Most frequent HIV-OL found were persistent oral candidiasis (19% prevalence), and acute necrotizing gingivitis/stomatitis (18% prevalence) Prevalence of HIV-OL was correlating with CD4 count. Patients with multiple HIV-OL have a mean of 133 CD4 cells/ $\mu$ l, patients with a single HIV-OL have 327 CD4 cells/ $\mu$ l and patients without HIV-OL do have a mean of 457CD4 cells/ $\mu$ l (ANOVA- $p=0.002$ ). 6 of 12 patients not taking ART yet were found to have stage 3 or 4 HIV-OL. 46 (55%) of the study population had poor or very poor oral hygiene and 29 (35%) had never had an oral examination, 36 (43%) had attended only for extraction. Only 4 of 54 patients who had previously accessed oral health care have revealed their HIV status to the dentist at that time.

#### **CONCLUSIONS:**

Wider access to oral healthcare is required for people living with HIV in Kathmandu Valley/Nepal. In this setting HIV-OL are still an important consideration in assessing patients living with HIV, which can have decisive therapeutic implications. Stage 3 and 4 conditions are, independently of CD4 count, indication to start ART without delay in people living with HIV.