SUMMARY

BACKGROUND AND OBJECTIVES:

Although neurological complications of HIV infection have been reported since the beginning of the AIDS epidemic, it has received relatively little attention in Africa and their prevalence probably underestimated.

Distal symmetrical polyneuropathy (DSP) is one of the commonest neurological disorders affecting people living with HIV/AIDS, and also a major cause of morbidity affecting quality of life and indirectly on adherence to their drugs, which is now becoming a global issue. Despite increasing availability and use of antiretroviral therapy in Nigeria most of the work done in DSP in HIV/AIDS has been in the western world.

With HIV/AIDS becoming a leading preventable cause of disease and death globally, the consequences of the infection can no longer be ignored. It was therefore, important to undertake a study on the frequency and associated risk factors of clinically diagnosed DSP among HIV/AIDS patients in Jos, Nigeria.

STUDY DESIGN AND METHODS:

For convenience, the non probability purposive sampling method was used to include 200 HIV/AIDS patients and 100 appropriate controls that satisfied the inclusion criteria. A standard proforma based on Standardized clinical screening tool for sensory neuropathy instrument was used to screen for DSP.

RESULTS:
The frequency of clinically diagnosed DSP among HIV patients was 47%. Those not on highly active antiretroviral therapy (HAART) was 38%, compared to those on HAART which was 56%. Multivariate analysis indicated clearly that risk factors for developing DSP included HIV/AIDS, low CD4 count and use of highly active antiretroviral drugs.

**CONCLUSION**

The frequency of clinically diagnosed DSP in our environment is similar to that obtained in western world, and this frequency is likely to increase with increasing availability of HAART. Majority of our patients had low CD4 count, therefore making them more susceptible to DSP. The use of HAART was found to be an independent risk factor for the development of DSP.