

Few Comments on HIV Blood Tests

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The other day, I found a patient, who had a health check up without HIV Blood test. On the questionnaire supplied to the patient for check up, it was mentioned that if you want HIV blood Test to be carried out, Rs. 250/- extra is to be paid. This is sheer nonsense. Any health checkup in these days must include HIV blood test, whether the patient is a male or female, or old or young. The cost of other tests can be cut down, or

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some other less important tests can be excluded.

Very often, I see patients who positively ask for a health check up and have no complaint whatsoever. In such patients, HIV test done by Western Blot method may miss the diagnosis, if the patient has been to a 'woman' during the last 24 to 48 hours. In such patients, it is safer to make the patient pay more money, and ask for HIV P4 or HIV PCR test. These tests are positive in so-called window period, when the HIV done by usual Elisa or even Western Blot may be negative.

STATINS AND N-3 FATTY ACID SUPPLEMENTATION IN HEART FAILURE

The first large-scale randomised trial with a clinical outcome for statin use in patients with symptomatic heart failure was reported last year.

There were statistically significant, but modest, reductions in the number of admissions to hospital for cardiovascular events, and, in a post-hoc analysis, in non-fatal ischaemic events.

Together, these two well-conducted clinical trials establish that, although statin therapy lowers concentrations of LDL cholesterol, is well tolerated, and seems reasonably safe, it does not produce meaningful improvements in survival in patients with chronic heart failure.

Gregg C Fonarow, *The Lancet*, 2008; 372 : 1195-96.