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nausea & vomiting

Nausea is a word for the feeling of wanting to vomit or be sick. It is a common symptom, which most people with HIV experience at some time.

Nausea and vomiting can have many different causes, commonly stomach problems such as diarrhoea (see *NAM Factsheet 4: Diarrhoea*), acute infections, pregnancy, travel sickness or emotional problems such as anxiety. They are also common side-effects of drugs used to treat HIV and AIDS.

Drug side-effects

Treatments which are particularly associated with a risk of nausea and/or vomiting include the antiretrovirals AZT (*Retrovir*), d4T (*Zerit*), 3TC (*Epivir*), ritonavir (*Norvir*), indinavir (*Crixivan*), and a number of drugs used in the treatment of opportunistic infections – particularly cidofovir (*Vistide*), foscarnet (*Foscavir*), ganciclovir (*Cytovene*), intravenous pentamidine (*Pentam*), co-trimoxazole (*Septrin*) and clarithromycin (*Klaricid*).

If nausea is accompanied by other symptoms, the underlying cause needs to be investigated and treated. If it is due to drug side-effects then the dose and frequency may need to be altered or the drug discontinued. For example, the nausea and vomiting which can accompany use of the protease inhibitor ritonavir may be eased by splitting the usual daily dose, i.e. changing from 600mg or 7.5ml twice daily to 300mg or 3.75ml four times daily. This would result in less extreme variations in the concentration of ritonavir in the blood stream and body tissues. Don't alter the dosing of your treatments without discussing it with your doctor first.

Some drugs, e.g. AZT, can be taken with food in order to limit nausea. Talk to your HIV pharmacist or doctor about this to clarify which foods can be eaten with your medication, and which to avoid, or see *Nutrition* in NAM's information series for people with HIV.

Anti-nausea medication

Anti-nausea medication (sometimes called anti-emetics), taken either as tablets or injections, can be prescribed by your doctor to help manage symptoms. This can be particularly important when starting a new treatment, such as anti-HIV combination therapy, which is associated with a high risk of nausea and vomiting during the first few weeks. Adequate anti-nausea medication can help you to adjust to your new regimen and make this initial period easier.

Many different drugs are used to treat nausea and/or vomiting. These include metoclopramide, prochlorperazine, perphenazine, trifluoperazine, chlorpromazine, domperidone, granisetron, ondansetron, tropisetron and nabilone.

Practical advice

For some people, having to swallow large tablets or large numbers of tablets can itself bring on bouts of nausea. If you think this might be a problem for you, consider how it might influence your choice of anti-HIV therapy, for example by asking to see the different drugs available and being clear about the number of doses required.

Whatever the cause, do not feel obliged to "grin and bear it" – nausea and vomiting can prevent you from getting enough food and nutrients and from sticking with your chosen treatment regimen. As well as asking your doctor about anti-emetic medication, the following practical tips may be helpful and can be discussed with an HIV dietitian:

- Eat small, frequent meals throughout the day rather than two or three large meals.
- Don't eat liquid and solid food at the same meal.
- Space them at least one hour apart.
- Avoid eating greasy, fatty, fried or spicy food. Instead choose bland tasting food.
- Try dry food such as toast, crackers, cereal, and fruit and vegetables that are bland or soft.
- Salty food such as crackers, pretzels and popcorn can help reduce nausea. Carry a packet with you when you leave the house.
- Don't lie flat for at least an hour after you eat.
- Eat food cold or at room temperature – hot food can worsen nausea.
- Herbal tea (e.g. peppermint or chamomile) or root ginger can help settle upset stomachs.

PLEASE PHOTOCOPY AND PASS ON

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