

Dipstick urinalysis should be documented prior to initiating antiretroviral therapy

Sir,

I read the excellent article by Agbaji *et al.*¹ showing the predictors of renal dysfunction in HIV-positive patients initiating therapy with interest. The study highlighted the need of awareness of HIV-associated nephropathy (HIVAN) more common among blacks as a causal factor. Of importance is coinfection with either or both of hepatitis B and C,² increasingly recognized as causal of nephropathy and should therefore be screened at baseline among sub-Saharan African cohort.

A cheap but often neglected baseline investigation before initiating antiretroviral therapy is dipstick urinalysis for evaluation of proteinuria, recommended by most guidelines.³ In a recent audit of case-notes in my former department in the United Kingdom⁴ against the British HIV Association (BHIVA) guidelines, this was an area of concern, as less than 33% of our patients had documented dipstick urinalysis in the case-notes before commencement of therapy.

The article by Agbaji *et al.*¹ should now focus attention to this problem particularly with the availability of generic Tenofovir; known to be associated with reversible renal dysfunction as shown by Agbaji and others^{5,6} in sub-Saharan African cohorts. We will advocate documentation of routine urinalysis among other investigations prior to commencement of antiretroviral therapy and when Tenofovir is used 3-monthly serum creatinine with estimation of GFR. Dipstick urinalysis is cheap and

universally available and should always be documented before initiating antiretroviral therapy.

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