

STEP Electronic Treatment E-zine

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The Seattle Treatment Education Project's (STEP) EZINE is an electronic treatment resource newsletter distributed monthly to case Managers, front-line workers, people affected by HIV/AIDS, physicians, other public health and allied health professionals and people living with HIV/AIDS.

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Treatment Alert

Erratum: In the **STEP Perspective (Volume 02, Number 2, Fall 2002)**, in an article titled "**Viread-Videx EC Drug Interactions: What's a Person to Do?**" it was incorrectly stated that the 250 mg dose of Videx (ddI) is not available in the enteric coated preparation. The 250 mg dose of Videx is available as Videx EC. What is not available is the pharmacokinetic (pK) data when this dose is administered with tenofovir to determine if it is the correct dose of Videx EC that should be used with tenofovir.

A Novel Strategy Study Opens at the ACTU

A5073: A Randomized, Phase II, Open Label Study to Compare Twice-Daily and Once-Daily Potent Antiretroviral Therapy and to Compare Self-Administered Therapy and Therapy Administered Under Direct Observation

The UW AIDS Clinical Trials Unit is enrolling volunteers for a major new treatment strategy trial. The study will look at two different treatment strategies in people who have not taken HIV medications previously. The study will compare once-a-day versus twice-a-day administration of the same drugs, and also compare directly observed therapy (DOT) to self-administration in the group receiving once-daily therapy. The drugs used in this study will be Kaletra, the new, extended-release formulation of Zerit (d4T), and FTC, a new once-a-day NRTI. A total of 375 people will be enrolled nationally on this study.

All participants will be randomized into one of three groups to take anti-HIV medications once or twice a day, and the once-a-day group will be randomized into DOT versus self-administration. Those randomized into the DOT group will be required to visit the clinic every day (Monday through Friday) to receive their medications for the first 24 weeks (or possibly to meet a study nurse at a convenient location). The other participants will self-administer medications and will visit the clinic every 2 weeks for the first 16 weeks of the study, and every 8 weeks thereafter, for a total of 48 weeks. There is a 20 percent probability (a 1 out of 5 chance) of being randomized into the DOT group.

Medications, viral load counts, and CD4 counts are provided by the study. All participants are reimbursed \$20 per visit when lab work is done. Participants randomized into the DOT group also get \$5 for each day of DOT.

Potential participants need to meet the following criteria: they should be HIV-positive; have no prior use of HIV medications; be at least 13 year of age; have a viral load greater than 2000; have no severe medical conditions or infections; and, if female, not be pregnant or breastfeeding.

For more information, call Alyssa Spingola or Lori Cray at 206-731-3184 or email the ACTU at actu@u.washington.edu.

**Resources Update for positive men.
This Month Spotlighting the agencies
POZSeattle and FOB* *Friends of Brittany*
Seattle, Wa.**

POZSeattle

POZSeattle is a 501(c)(3) social organization committed to building a strong, cohesive, and healthy community for HIV+ gay men through the planning and promotion of fun, social activities. We welcome gay men without regard to race, color, age, religion, national origin, or disability who are living with HIV/AIDS in Seattle and neighboring communities. There are no membership dues.

Currently, POZSeattle has around 280 members. In 2001, attendance at POZSeattle events was over 2,200. While most of our members are from the Seattle/Puget Sound area, we also have members and visitors from other cities such as Vancouver, BC; Eugene, OR; and San Francisco.

POZSeattle is governed by the Board of Directors. The Event Committee is open to all HIV+ gay men and meets monthly to plan events in order to meet, enjoy and interact with other gay men who share a common bond.

Regularly scheduled activities include:

- Squat & Gobble, our monthly dining out, on the 1st Thursday of the month
- "Happy Hour - Cocktail Party" at The Cuff Complex on the 2nd Wednesday of the month
- Bowling and Lunch on the 2nd Sunday of the month
- Caffeine Chaos on the 3rd Tuesday of the month
- Nite Bowling on the 4th Wednesday of the month

Some of the other fun events include hiking, biking, pot-lucks, picnics, bridge, game days, and many more. They're all fun and low stress. Best of all they're attended by really great guys who want to meet you.

Financial support for POZSeattle comes largely from members and friends.

For more information or feedback, please contact us at info@pozseattle.org.

To receive e-mail updates and reminders of our events and activities, subscribe to our mailing list by sending an e-mail to poz-list@pozseattle.org with the subject "subscribe."

All e-mails will be sent out as Blind Courtesy Copies (BCC) to protect the identity and confidentiality of the recipient. The POZSeattle e-mail list will not be released to others and will be used for POZ Seattle e-mailing only.

FOB* Friends of Brittany*

When the idea emerged among the three of us to start a group that Seattle hadn't seen before, it couldn't have been a more perfect time. HIV infection among young gay males was on the rise and there were no organizations to help with the social needs of this population. We put our heads together and came up with Friends of Britney, a purely social organization for young, POZ, gay guys (roughly) between the ages of 18 and 30. The name coming from the time in our history when if you wanted to know if another person was gay, you simply asked, "Are you a friend of Dorothy?" We just updated the phrase with a newer icon and the newest thing stuck in our closet.

We wanted to have a group where disclosure was not an issue and building friendship and community among each other existed in a less formal event or venue. We wanted to be self-supporting so we would never have to answer to anyone or promise to instill messages from a parent community-based organization. So many of the young POZ guys in the community were constantly berated with messages of sexual responsibility and health at every turn. Our goal was not to belittle this message, but provide the opportunity for a lecture free space with no finger pointing. We just wanted to get together and be our beautiful selves. This is the only way we could get the population we wanted to respond, and respond they did. When the group was finally announced, it was an instant success. We wrote about it in one of the founder's local newspaper columns, we chatted it up among friends and the snowball effect took over. Within a couple of months, over 50 emails poured in from guys wanting to be part of our email list. Now we actually have a web site and are getting community involvement and support from local bars and theatres donating space and free tickets for performances.

A bit of controversy exists since starting this group because many see this as another reason for gay POZ men to get together and possibly meet for unsafe sex. They are so wrong! It is that social stigma against HIV positive gay men that makes it so hard for some of us to be comfortable about our status. That controversy will probably never go away but it is minor compared to the amount of support we get. Some members of the group travel all the way from Vancouver to attend the functions (over 300 miles round trip) and we are always getting messages from people in places like Portland wishing there was something for them there.

We operate on a sort of "guerilla" model. We only advertise the date, time, location and type of events over our email list. To become a member you simply send an email to FOBseattle@hotmail.com and express your interest in joining us for events. The next time we have an event, you will receive an email with all the necessary details. Then it's up to you to show up and grace us with your presence. You can also check out our website, www.friendsofbritney.org for more info and some examples of past events. We promise complete confidentiality and loads of fun.

The Central Nervous System (CNS) and HIV

Trevor Hawkins, MD

The role of the Central Nervous System (brain and spinal cord) in HIV disease can be divided into 2 areas; diseases of the CNS caused by invading bugs or tumors and psychological/psychiatric disease.

Infectious diseases of the CNS such as Toxoplasmosis, Cryptococcal Meningitis, PML, CMV and Herpes have greatly diminished since the era of HAART (highly active antiretroviral therapy) began in 1996; so too has the incidence of tumors such as Lymphoma.

These opportunistic diseases (OI's) were the result of uncontrolled HIV virus causing severe immune suppression and low T cell counts. Effective treatment with HAART leads to an undetectable viral load and the immune system can and does recover.

Even when the viral load is not completely suppressed, taking HAART prevents these diseases most of the time by making the HIV virus less fit. Only by selecting a number of mutations can the virus survive in the presence of HAART and these mutant forms are not as robust as the original 'wild' type. Poor fitness equals less immune suppression and fewer OI's.

HIV itself infects the CNS causing a brain infection ('AIDS Dementia'), which is directly related to the amount of virus in the CNS. Most kinds of HAART will reduce these CNS viral levels; however, only a few of the drugs actually get into the CNS; these are AZT, Zeret, Ziagen, Viramune and Crixivan and they are the best choices to actually treat AIDS dementia. More subtle impairment of brain function may also result from infection with HIV and is often overlooked.

Psychological disease is very common in people with HIV. The HSCUS (HIV service and cost utilization study) enrolled 2864 people with HIV in 1966 at 50 sites in the US. An analysis in 1999 showed that 50% had a psychiatric disorder, 40% used an illicit drug other than Marijuana and 12% were drug dependent. Compared to the general population studied with the same methods, Depression in people with HIV was 5x more common, Anxiety 8x, Panic 4x and Substance abuse much higher. In a study published by Bing et al in the Archives of Psychiatry in 2001, the incidence of Depression was 36% in the HIV population compared to 14% in the general population.

Depression is a major predictor of disease progression and death in HIV, as it is in other disease states. This may be because depression directly affects the immune system but more probable is that it has this effect because people who are depressed are more likely to stop taking their drugs or to be less adherent to their regimen.

We also know that Substance Abuse and Drug Dependence can also reduce adherence to HAART. All of these common problems present a challenge when provider and patient sit down to tackle the issue of how to control HIV.

Some of the drugs we commonly use to treat HIV have a direct toxic effect on the Central and the Peripheral nervous systems.

The “D” drugs, D4T, DDI and DDC, may cause a numbness and burning pain in the feet, legs or hands which is often difficult to treat.

Efavirenz (Sustiva) is a commonly used antiviral drug which affects the CNS and often causes dizziness, abnormal dreams, poor concentration, anxiety and even hallucinations. These are worse in the first 4 weeks of therapy and then usually improve. We have shown that psychological symptoms from Efavirenz often persist for 6 months or more (ICAAC 2001). A recent study presented in Barcelona showed that people with a prior psychological illness tend to have greater and more sustained CNS side effects to Efavirenz.

Unless there is an urgent and critical need to start HIV therapy right away, evaluation and treatment of both mental illness and substance abuse should happen before starting HAART. This should be done both initially and at periodic intervals to make sure old illness is managed and no new issues are occurring. Continued use of injectable drugs is not necessarily a bar to effective HAART.

Case 1 is a 35yr old Native American who was seen here with a stroke that had left his L side paralyzed. A CAT Scan of his brain showed a lesion that was diagnosed as being due to Toxoplasmosis. He was a long time alcoholic and had a CD4 count of 10 and a viral load of >100,000.

To cut a long story short, we treated his Toxo with antibiotics, did physical therapy for his paralysis, rehab for alcoholism with great input from his family, antidepressants for an underlying and untreated depression and HAART (2 nucleosides and a Protease Inhibitor) for HIV.

He has completely recovered from the stroke, has been sober for 4 years, has an undetectable viral load and a CD4 count of >500.

Case 2 is a 42-yr. old white gay male scientist who began therapy for his HIV disease with 2 nucleosides and Sustiva. He had a history of alcohol abuse and depression, both in remission. His viral load became undetectable and his CD4 count rose. However, he became severely depressed, began to drink and went out and bought a gun with the idea of shooting himself. We changed the Sustiva to Viramune and he quickly recovered from his depression with continued good control of his viral load.

Care should be taken in choosing HAART that is not only effective but is tolerable for each individual patient; one person's nectar may be another's poison!

Trevor Hawkins, MD is the Medical Director of Southwest CARE center and the Associate Clinical Professor at the University of New Mexico.

Lipodystrophy* Community Meeting October 17th 2002

STEP, Lifelong AIDS Alliance and POZ Seattle invite you to a community meeting for positive men with featured speaker Nelson Vergel, Executive Director of the Program for Wellness Restoration, **PoWeR**. Nelson is a long-term survivor and co-author of the book " Built to Survive". Nelson will give a presentation on strategies on how to meet the challenges of Lipodystrophy, facial wasting and disclosure. For more information about **PoWeR**, visit www.medibolics.com **When:** October 17th 2002, **Time:** Food at 6:30 p.m., presentation begins at 7:00 p.m. **Where:** Miller Community Center, Seattle, WA 330 19th Avenue East

For more information or directions to this event please e-mail us at Step100@stepproject.org, mensprev@ltaa.org or call us at 206-329-0064 x 105 or 206-957-1702.

Therapeutic Drug Monitoring Community Meeting November 14th 2002

What is TDM? How can it benefit individuals taking HAART? Is it available? We invite you to a community discussion on the benefits and challenges of Therapeutic Drug Monitoring. Presenters will be Jeff Schouten MD and Rolf Christensen, DDS. **When:** November 14th 2002, **Time:** presentation begins at 7:00 p.m. **Where:** Miller Community Center, Seattle, WA 330 19th Avenue East

For more information or directions to this event please e-mail us at Step100@stepproject.org or 206-329-0064 x 105.

HIV/AIDS Cultural Competency Trainings

BUILDING BRIDGES COALITION presents the first in a series of trainings for individuals, service providers, volunteers and anyone interested in learning information and receiving skills to provide more culturally competent services. This training is free of charge and refreshments will be provided.

HIV and Immigration. **When:** Tuesday, October 29, 2002, **Time:** 3:00pm to 6:00pm, **Where:** Seattle Central Community College, Room 4135, Seattle, WA

HIV and Women of Color. **When:** Tuesday, November 12, 2002, **Time:** 3:00pm to 6:00pm, **Where:** Seattle Central Community College, Room 4135, Seattle, WA

To register or for more information, please e-mail Building Bridges Coalition at the_bbc@mail.com or Jed Lin at 206-467-0884, extension 3403

ACKNOWLEDGEMENTS

- Please note that this is not a complete list of all HIV-related treatment information. STEP strives to provide the very latest in
- HIV treatment information, research and drug development information. The most current research directions and antiretroviral drug data are provided throughout the Ezine publications. You will find highlight reports as well as extensive follow-up reports from many of the AIDS research and science conferences on the Ezine. In addition, all STEP quarterly treatment journals are available on our Web site at <http://www.thebody.com/step/steppage.html> or by calling our Talkline at 1-877-597-STEP. STEP works hard to give unbiased treatment information to all interested parties. If you have comments, questions, suggestions or grievances, please contact betsyd@stepproject.org or ezine@stepproject.org.

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