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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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"TB" the #1 killer of people with HIV

By Erica Rocker

TB is an infection caused by a bacterium called Mycobacteria Tuberculosis. It usually affects the lungs but can affect other organs also. TB is a very serious disease, it is estimated that one-third of the people in the world are infected with TB. 10 to 15 million Americans are infected carriers of TB. Tuberculosis "TB" is spread from person-to-person through the air. If someone with active TB coughs or sneezes on anyone who is close can breathe in the bacteria from the air and possibly become infected.

There are two stages of Tuberculosis. The first is "**Inactive TB infection:**" Meaning a person has been infected with the TB germ, but their body was able to fight the germ and keep them from getting sick. *People with inactive TB infection cannot spread the germ to others. *They will however test positive to a TB skin test. *They can take medications to kill the inactive germs in their body so the germs can't become active in the future. If you don't treat the inactive TB germ it can become active making you very sick and infectious later.

Then there is "**Active TB Disease:**" If a persons' immune system is weak or if they are a young child the TB germs can become active soon after infection. People with strong immune systems often won't get sick at all or not for many years. Symptoms of active TB disease are: *Cough that lasts longer than two weeks. *Cough that produces green or yellow sputum. *A fever that last more than three days. *Night sweats. *Unexplained weight loss of eight pounds or more. People with active TB must be isolated so they don't infect others. They need to take several medications but usually respond very quickly and feel better. They must take the medication for six months or more though; to make sure they don't relapse into sickness and become infectious again. They can also build resistance to the TB medications, if they don't take them correctly or for a long enough time.

The risk of developing active Tuberculosis is much higher in people that are infected with the HIV virus. Because HIV weakens the immune system, people that have both HIV and TB are **40 times** more likely to develop active, infectious TB than people who are not HIV positive. One of the most important aspects of having HIV and TB is that they both make each other worse. TB makes the HIV virus multiply faster and HIV helps TB become active. It is very important for people that are HIV positive to be tested for TB. If infected you need to complete preventive

therapy as soon as possible to prevent the TB germ from causing the active disease of Tuberculosis, causing your viral load to skyrocket, make you sick and possibly even kill you.

It is not easy to treat both TB and HIV at the same time. The drugs used to treat TB and HIV can both cause damage to the liver and kidneys. Also there can be negative drug interactions between the medications used to fight these two individual problems. It is not easy to handle the side effects of treating TB and it may take a long time but it can be cured. The treatment of TB in HIV positive people must be very carefully planned and monitored by a knowledgeable provider to insure that any problems that arise are picked-up and addressed quickly. Communication with your provider is important.

Erica Rocker is a Treatment Advocate for the BABES Network and volunteer for the STEP talk line.

Community Resource Update

This Month Spotlighting the agency

Entre Hermanos

Seattle, Wa.

Entre Hermanos originally was formed 12 years ago by a group of friends from the Latino community who shared common ideas and goals and wanted to create an environment of support and leadership to strengthen the community. After many years of community support and working with the current Board of Directors Entre Hermanos Organization obtained its 501(c3) status in October of 2001,

The Entre Hermanos Organization mission statement is to provide support, develop leadership, and strengthen the Latino (a) Gay/Lesbian/Bisexual/Transgender community. Provide a cultural, social, and emotional environment of safe health, creating a model appropriate to the needs of our Latino (a) GLBT community.

Entre Hermanos is currently working on these programs and events:

- **Atrevete.**- this program provides Education and Prevention of HIV/AIDS and STD's for men who have sex with men,(MSM). **Program Manager, Hugo Ovejero.** hugo@entrehermanos.org
- **Las Sinverguenzas.**-This program was created by women for women to provide support and social activities. **Program Coordinator, Emma Moreno.** emma@entrehermanos.org
- **Noche Latina.** - A Social Program that is held at Neighbors Club in Capitol Hill every Sunday. This program/event was created to bring together our Latino community in general. Coordinator, **Sergio Miranda.** sergio@entrehermanos.org
- **Creando Familia.**- A Scholarship Fund created to support Latino(a) students in conjunction with the Pride Foundation. entrehermanos@entrehermanos.org

- **First GLBT Latino Cultural Week:** Entre Hermanos Agency and Las Sinvergüenzas will be organizing this important event to create a cultural space for Latin people in Seattle. sc@entrehermanos.org Some of these activities are:
 - ✓ **October 2. 2002 6:30 pm - Opening Ceremony.** LGBT Community Center, 1115 E. Pike St on Capitol Hill, Special guests. *9pm-2am Happy hour* all night at the Bar Blu, located at E. Pike St and Harvard Ave.
 - ✓ **October 3. 2002 5:30 pm – Workshops.** LGBT Community Center, 1115 E. Pike St on Capitol Hill. “Love shouldn’t hurt” and “Political Asylum” with a prestigious panel.
 - ✓ **October 4. 2002 6:00 pm – Video Night.** LGBT Community Center, 1115 E. Pike St on Capitol Hill, “En Colores”. **8:00 pm – Latina Cabaret.** LGBT Community Center, “The women your mother warned you about”.
 - ✓ **October 5. 2002 11:00 am to 5:00 pm – “Gran Pachanga” (big Party).** Volunteers Park, Amphitheatre, Mexican Bingo, High-hills race, Salsa dancing tournament. Mexican Folk Dance. Group “Bailadores de Bronce” Music prizes and much more. Food, tables of information.
 - ✓ **October 6. Brunch at Galerias - 611 Broadway E, Special guests. 10 pm Closing Ceremony** in “Noche Latina” - Neighbors Dance Club, 1509 Broadway, La Gorda and the fabulous travesty show of Entre Hermanos present: “Culture also gets transformed”.

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THE DISEASE OR THE MEDICATIONS?

By Erica Rocker

The debate continues over what body shape changes are caused by just having HIV, and what body shape changes are caused by having HIV and also taking antiretroviral medications. Although no clear answer has appeared there continues to be more new information on this puzzling dilemma. First, let's identify and clarify the word “Metabolic complications”. This word is frequently lumped together with the term Lipodystrophy, but there are specific markers for different manifestations. They are:

- Elevated lactate levels (lactic acidemia, lactic acidosis)**
- Peripheral neuropathy (tingling, numbness or pain in the extremities)**
- Lipoatrophy (fat loss in the face, legs or arms)**
- Insulin resistance (diabetes and/or high blood sugar)**
- Visceral adiposity (increased fat inside the abdomen)**
- Increased fat on the back or the breast**
- Abnormal cholesterol or triglyceride levels**
- Loss of bone density, osteopenia and avascular necrosis**

The main reason we are separating the side effects is that there are believed to be specific causes and correlations for individual symptoms. Some long-term problems appear to be associated with damage done to our mitochondria (powerhouses of our cells) by some of our meds. (NRTIs are suspected culprits). Lactic acidemia, Lipoatrophy of the face, arms and legs and drug -related neuropathy are also believed to be medication related. PIs are being studied as a contributing factor in problems that lead to high cholesterol and triglycerides and insulin resistance. Neuropathy, fat loss (wasting) and bone density problems however can be found in patients that have never taken HIV meds. This indicates that the virus itself can create these problems independently.

Then there are the secondary complications that arise from having one or several of the side effects mentioned earlier. A recent study showed that HIV positive people with body fat redistribution complications had a significantly higher risk of developing cardiovascular disease. An increase in cholesterol or triglycerides also increases the risk of artery disease that can lead to heart attacks and strokes. A troubling result from a very large study (the FRAM study) reiterated that all Lipoatrophy could be caused by the HIV virus independent of medication use. It also showed that both clinical exam and self-reported Lipoatrophy are under-estimated when compared to DEXA scans. Which means it is much more prevalent than we believe. This study also showed that there is *no* link between Lipoatrophy of the face and extremities and central (or trunk) fat accumulation. To many of us this doesn't seem right. But it may be that our trunk is the only place we can put weight on at all so here where we have plenty of food, loss of extremity fat and the gaining of trunk fat seem related but are actually different independent issues.

It comes down to the fact that for individuals who are HIV positive participating in regular exercise, eating well, getting enough sleep and reducing stress gives us a better opportunity for a longer and healthier life regardless of HIV. Erica Rocker is a Treatment Advocate for the BABES Network and volunteer for the STEP talk line.

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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