



STEP Electronic Treatment Ezine

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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. STEP's contact information is: Seattle Treatment Education Project, PMB 998 1122 East Pike Street, Seattle, WA 98122-3934, (206) 329-4857 or 1-877-597-STEP (WA, OR, AK, HA, ID, MT)

This issue we have a personal view on Lipoatrophy, a spotlight on a critical HIV/AIDS resource in our community and an answer to a question that seems to come up consistently on our TalkLine and in e-mails until next month.

Lipoatrophy, the ongoing problem...

By Roberto Gonzalez

“For all its discomfort and esteem damaging disfigurement, it was pointed out that Lipodystrophy, as we see it, is a spectacular achievement against the odds by the body’s metabolic processes, benignly in most cases storing excessive fats to where they will do least harm – at the body’s extremities and away from the vital organs such as the heart and the liver where the effects could end life faster than HIV progression.” (Ashley Fletcher, Dec. 2001, reporting from the 3rd Int’l Workshop on Drug Resistance & Lipodystrophy Athens)
<http://www.ght.org.uk/agenda/html/agenda2511.htm>

Well, I don’t care about the spectacular achievement of the body to survive, if it’s going to mean a well-rounded belly, a buffalo hump, or a face that belongs six feet under.

That is my first, negative impulse when I look at myself in the mirror and see my face caving in. The next impulse is to look at my savings account, looking for ways to get the toxic silicone implants or worse, throw my money out of the window with NewFill injections every year for the rest of my life. It doesn’t take long for me to realize that my options are few when it comes to Lipoatrophy or facial fat loss, a severe side effect of HIV treatment and perhaps a direct effect of co-habiting with a deadly virus in the same body.

The first signs of this Lipoatrophy appeared in the late 1990’s after a few years of successful antiviral response from treatments. Today, we even have a conference devoted to this problem, the next one to be held September 2002 in San Diego, California. Research is ongoing into how the body metabolizes all the antivirals that we put into our systems to combat HIV.

Some of us have dropped all Protease Inhibitors from our medication regimen hoping to see this horrible problem subside. The studies' conclusions on Lipoatrophy out of the Barcelona International AIDS Conference are not encouraging: no change or reverse of this problem after sparing PI's. Serostim is emerging as an option and is currently being used by HIV specialists to fight metabolic changes associated with HAART. It is a human growth hormone and doctors are specifically using it to fight fat accumulation rather than Lipoatrophy or fat loss.

Another concern in the health care community is that patients are delaying treatment or worse, missing doses in their antiviral regimens because of their concern of body changes. It is a concern for some individuals that when they start losing fat in their face or legs other people will know they have HIV and begin to discriminate against them because of their status. Clearly this is a huge problem. How all of these metabolic changes happen, no one is quite sure. But for the majority of us that cannot afford NewFill treatment trips to Mexico or abroad, living a healthy life-style could be our only weapon.

My personal idea of a healthy life-style is NOT checking into a vegan convent, but to observe some simple standards to increase some healthy outcomes. For example:

- Cut or reduce alcohol consumption to a glass or two a day.
- Try to avoid refined sugar (honey is always a good option).
- Increase fiber intake. Some supplements like Metamucil or Citrucel could help.
- Eat properly. Chew food and take time eating. Avoid fried foods and sweets.
- Take daily vitamin supplements.
- Exercise! It doesn't have to mean paying a membership in a swanky club, but walking, lifting light weights at home & yoga are some of the things I recommend.
- Relax, relax, and relax! Call a friend and take walks, read a good book. Sex is also relaxing. (Don't forget to protect yourself and others!)

On a personal note, I've opted for a "drug holiday". Fortunately my CD-4 count allows me the luxury of interrupting treatment and taking a break from the toxicity of the medications, the very medications that have empowered me to still be living, breathing and writing these words.

To finish, let me remind the community that one of the most important things to remember in the fight against this disease is to take care of ourselves and be kind to our bodies and minds. Don't forget that our bodies and the way they metabolize food & medicine work better when relaxed and in optimal condition.

(Roberto Gonzalez is currently the Treatment Outreach Specialist at the Seattle Treatment Education Project)

Community Resource Update

This Month Spotlighting Pierce County AIDS Foundation, Tacoma, Wa.

The Pierce County AIDS Foundation is a non-profit organization established in 1987 to respond to the needs of persons living with HIV/AIDS in Pierce County. A Board of Directors oversees the work of Foundation staff and volunteers.

The agency has a \$1.6 million annual budget, and receives funding from local, state and federal governments, the United Way, private foundations and individuals, churches, organizations and corporations

The mission of the Pierce County AIDS Foundation is to affirm the dignity of all persons, promote the prevention of HIV infection through education and service, assist persons living with HIV/AIDS and their families, and oppose discrimination based on sexism, racism and homophobia associated with this disease

Client Services

At PCAF there is never a charge for Services

Case Management

Link between persons with HIV or AIDS and resources. Specialized case management available for persons dually diagnosed with mental health issues and/or chemical dependency



Housing Options Program

Seeks safe and affordable housing for clients. Manages housing subsidy programs. Serves as liaison to other housing programs.

Mental Health Services

Facilitated support groups. Limited psychiatric treatment available (provided by Community Health Care staff). Mental health referrals in the community

Language Services Healthy Behaviors Services

Bilingual staff members provide interpretive services in Spanish

Education and training to reduce risky behaviors and improve medication adherence

Chemical Dependency Services

Recovery support group. Chemical dependency counseling (provided by Stonewall Recovery Services)

Community Programs

Bilingual: outreach and prevention education to the Latino community holds monthly gatherings with speakers and information and does special events such as Grande Noche de Latino.

Unity Now, an outreach and prevention campaign for young women of color that regularly does community meetings, festivals, health fairs, distributes information and condoms and works with



Youth/Peer Education: outreach and education to all high school aged youth. This program works with the State Health Department to maintain current peer prevention education sites at local high schools. Past events have included a youth summit on HIV/AIDS in October and various workshops.

MSM: a department that has several different programs for men who have sex with men.

Healthy 2002 is outreach and education for older men in bars and social settings, which tries to build community pride and distributes condoms and information. This includes the Friend-to-Friend programs, which holds workshops, does community surveys and has a book club called Wilde Thoughts.

The Young and Strong program focuses on men 14-24 by handing out safe sex packets, holding educational workshops and its book club Coffee Klatch.

The Young and Strong programs work closely with Oasis, which provides services for gay, lesbian, bisexual, transgender and questioning youth. The MSM program coordinator is Seth Kirby, who can be reached at 253-383-2565, ext. 212.

Client Assistant Programs
Emergency Grants
Basic Needs Program

Eligible clients may receive support for emergencies such as utility shut-offs notices, medications, basic phone services, and rental/mortgage assistance.

Eligible clients may receive home-delivered food bags and Essential Needs Bags (containing toiletries and household supplies).

local faith groups, and also includes many special events such as Soul Food Extravaganza and the Positively Beautiful Style Show. Coordinated by Phyllis Runyon, this program focuses on an extremely high-risk population, and provides crucial support and information. Phyllis can be contacted at 253-383-2565, ext: 203.

PCAF volunteer corps Volunteers worked for 11,000 hours at the Pierce County AIDS Foundation last year to provide client care, peer education, and administrative support

Volunteer Opportunities: PCAF is always looking for new volunteers to help us and our clients in a variety of ways. After a brief application and training process, volunteers can help out with our buddy program, child care, chore services, the essential needs bank, food bag delivery, garden/lawn maintenance, massage therapy, moving/packing, respite, transportation, bulk mailing, monthly work parties, fundraising, special events such as the AIDS Walk, Oasis, the Speaker's Bureau, Unity Now, and other programs. To become a volunteer, contact the Volunteer Coordinator Colleen Minion-Pierce at 253-383-2565, ext: 206.



Housing Subsidies
Transportation Vouchers

Tenant-based rental assistance available on a limited basis. Assistance with local transportation or for emergency long-distance travel.

Mental Health Vouchers

Free mental health counseling support through local therapists for people living with HIV/AIDS and their families.

Medication Adherence and Support Services
Extended Support Services

Provides medication adherence support and education.

Monthly telephone contacts with clients whose service needs are minimal. Provides linkage to services as needed. A friendly ear who cares.

Voice Mail

Free Voice Mail

Available to all PCAF clients (service through MDC) Helps you stay in touch even if you don't have a phone. See your case manager for details

Email: clientservices@piercecounyaids.org for more information

(The following article was originally printed in the Spring 2002 issue of the STEP Perspective.)

Ask Dr. Jeff:

Question: Is there a morning after pill for HIV exposure? What can be done if someone is exposed to HIV infection?

Answer:

This question is arising more often in clinical practice. First, it is important to differentiate exposure in an *occupational setting* (i.e. a health care worker stuck with a needle) from a *non-occupational setting* (i.e. a broken condom, or shared needle while injecting). This is because the available data and guidelines are different in the two setting. While the US Public Health Service (PHS) Guidelines recommend consideration of **post-exposure prophylaxis (PEP)** treatment of exposed health care workers, the effectiveness of treatment after HIV exposure in the "non-occupational" setting is less clear. In the occupational setting, the recommended treatment for an exposed health care worker is a 2 or 3 antiretroviral-drug regimen for one month if the exposure is determined to be high risk.

In 1995, data from health-care workers treated with AZT after HIV exposure showed an 81% decrease in the risk for HIV infection after needle-stick exposure to HIV-infected blood. However, AZT failed to prevent HIV infection in healthcare workers in 13 reported instances. The risk for HIV transmission per episode of unprotected receptive anal sex is estimated at 0.1%–3%; and the risk per episode of unprotected receptive vaginal sex is estimated to be even lower, at 0.1%–0.2%. No published estimates of the risk for transmission from receptive oral sex exist, but instances of HIV transmission from oral sex have been reported.

Although animal studies indicate that antiretroviral agents are most effective within 1–2 hours of exposure and probably not effective when started later than 24–36 hours after exposure, the interval during which therapy can be beneficial for humans is unknown. Researchers in San Francisco have reported on over 100 people who received PEP for nonoccupational HIV exposure and there were no cases of HIV infection in that group. However, given the

relatively low rate of HIV transmission per unprotected sexual contact, it is not know how many infections there would have been had PEP not been used.

The above data and recommendations were published in September 1998, by the Centers for Disease Control (CDC) in a report titled, *Management of Possible Sexual, Injecting-Drug-Use, or Other Nonoccupational Exposure to HIV, Including Considerations Related to Antiretroviral Therapy*. The conclusion of that report was that because of the lack of efficacy data for the use of antiretroviral agents to reduce HIV transmission after a possible nonoccupational exposure, PHS is unable to recommend for or against this therapeutic approach. Additionally, the report recommended that if such therapy is attempted, health-care providers must inform patients of the lack of data, address their patients' underlying risk-reduction needs (when applicable), and restrict the use of this therapy to high-risk exposures (e.g., unprotected receptive anal or vaginal intercourse with a known HIV-positive person). Also, the report recommended that more research is needed in this area. Following this report, the CDC initiated a surveillance system to collect information about persons who seek medical care after possible sexual, injecting-drug use, or other nonoccupational HIV exposures.

In clinical practice, the factors considered in deciding whether to recommend PEP include the nature of the exposure, the HIV status and treatment history of the contact, including viral load, if known, and the time of the exposure. The animal data shows that, after more than 24 hours after exposure, the effectiveness of PEP decreases significantly, and there is probably no benefit if PEP is begun more than 72 after exposure. Even if PEP is recommended, there is no "morning after" pill. The treatment is for one month, with 2-3 drugs that often have significant side effects.

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- 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 robertog@stepproject.org or ezine@stepproject.org.

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