



A SPECIAL REPORT FROM BODY HEALTH RESOURCES FOUNDATION

# The HIVer's Guide to Coping With Diarrhea & Other GUT SIDE EFFECTS



*prepared by TheBody.com*

as nausea &  
heartburn loss  
constipation

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**Consult your doctor!** The only purpose of this booklet is to educate and to inform. It is no substitute for professional care by a doctor or other medical professionals. Body Health Resources Foundation neither endorses nor opposes any particular treatment option discussed in this booklet. Instead, we encourage you to discuss your options with a healthcare provider who specializes in treating HIV. We would like to thank Keith Henry, M.D., for his generosity in providing a medical review of this booklet.

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# Intro

**Gastrointestinal (GI), or “gut,” problems are the most common side effects experienced by people with HIV. We’re talking about those unpleasant symptoms that affect your stomach and digestion—the kinds of things you generally don’t like to talk about over dinner: diarrhea, nausea, flatulence (farting), constipation, heartburn and so on.**

Although there may be worse side effects, it is gut side effects that are often the most disruptive. They can make it hard for you to go about your daily routine, let alone take long trips. They can be embarrassing, and

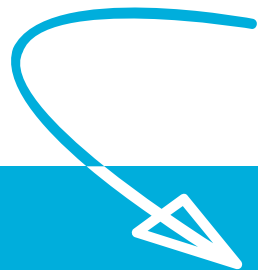
can even cause you to avoid spending time with friends.

In short, although people like to make fun of gut problems, they’re no fun at all to live with. More importantly, they may make it difficult for you to take medications as prescribed.

If you are just beginning HIV medications, read this booklet simply as a way to educate yourself about which medications may cause gut problems, and what you can do to avoid or lessen these problems if they happen. Today’s HIV medications are generally quite tolerable compared to past regimens, but most people do experience minor gut problems when they start taking meds.

It’s best to keep yourself informed, just in case!

It has been said that the gut is closely linked to the brain. So there is little surprise that a wide variety of daily stresses, as well as factors in your environment (such as diet), can cause gut complaints. There are also a wide variety of HIV-related gut problems. Often, consultations with a gut expert (gastroenterologist) or a nutritionist can be extremely helpful in finding the cause and best treatment for a given gut problem.



# What Causes Gut Problems?

**Figuring out what is causing your gut problems can be tricky. Is it an HIV medication? Is it HIV itself? Is it your diet? Is it a parasite? Is it psychological? Is it a little bit of everything – or something else entirely?**

While your doctor can help you figure all of this out, here are some possible triggers.

## **1. HIV medications.**

Today's potent HIV medications can do wonders in terms of bringing your viral load down and bringing

your CD4 count up, but they are also believed to be the cause of most gut problems in HIV-positive people.

Many HIV meds, such as Kaletra, Norvir and Viracept, are well known for causing diarrhea. Others, such as Emtriva and Retrovir, are more likely to cause nausea or vomiting. To reduce your risk of gut-related side effects, try to take your medications exactly as prescribed. For instance, if you were told to take your meds with a light snack or a high-fat meal, be sure to do so.

## **2. Other medications or supplements.**

Medications that are used to treat conditions other than HIV can also cause gut problems. For instance, if your CD4 count is low, you may have to take medications, such as antibiotics or antifungal drugs to ward off certain diseases. Those medications can upset the chemical balance in your stomach, potentially causing nausea, diarrhea or other problems. In addition, some vitamins or supplements, such as vitamin C, can make diarrhea more likely.

**Tip:** *Although gut side effects affect a majority of the people taking HIV meds, they often get better after the first few weeks or months of treatment. Since the first month on treatment is so critical, close cooperation with your HIV care team is important to minimize any discomfort you are feeling and help insure that you are missing as few doses of meds as possible.*

## Gut Side Effects That Could Signify Serious Health Problems



**There are a few rare, but serious side effects from HIV medications that often have gut-related symptoms—such as pancreatitis and lactic acidosis. The symptoms of pancreatitis, an inflammation of the pancreas, include nausea, vomiting and stomach or back pain. The symptoms of lactic acidosis, a buildup of the chemical lactic acid, include persistent nausea, vomiting and abdominal pain. Because of the potential serious side effects, inform your doctor immediately if you experience any of these symptoms.**

**3. The effects of HIV.** HIV itself has been known to cause many gut problems. Usually, HIV's role is indirect: Because HIV affects your immune system, if you're *not* taking HIV medications and have a low CD4 count, you may be at risk for infection with parasites or germs that can cause nausea, diarrhea and other symptoms. HIV can directly cause gut problems by affecting the lining of your small intestine so it is unable to properly absorb food (a condition known as malabsorption). This can result in loose stools, gas, bloating, increased sensitivity to certain foods (such as milk products and caffeine) and malnutrition.

**4. Your diet.** Some foods can trigger gut problems, as can your eating habits.

**5. Psychological triggers.** Think back to the day you found out you were infected with HIV. For some people, this news has a dramatic physical impact: It can cause a complete loss of appetite, or leave you feeling ill and nauseous. These problems usually go away as someone begins to cope with his or her diagnosis. But for some people the problems don't subside; they become a symptom of the stress of coping with HIV, or even a sign of depression. In this case, counseling or stress-reduction techniques may be the best way to solve these problems.

**6. Other health problems.** Problems in your intestine and diseases such as gastritis (an inflammation of the stomach lining), irritable bowel syndrome, inflammatory bowel disease, ulcers, diabetes and Kaposi's sarcoma can cause gut problems. And, as we noted earlier, advanced HIV disease (when your CD4 count is below 200) can also make you more likely to have parasites or other germs that may cause gut problems.

# The Problem:

## Up Close & Personal



**Name:** Jane | **Diagnosed:** 1993 | **Age:** 37

**CD4 count:** 485 | **Viral Load:** Undetectable

**Job:** Manager for an international copier company

Jane (not her real name) will never forget the day her HIV medications turned a casual outdoor stroll into a panicked sprint.

"I remember walking with my boyfriend one lovely afternoon, when I had an uncontrollable urge to use the bathroom," she says. This urge was, of course, a sudden bout of diarrhea—not an uncommon side effect of some HIV medications.

That afternoon, Melanie suddenly found herself on a desperate hunt for a bathroom. Luckily, she eventually stumbled upon a Dunkin' Donuts; not so luckily, she wasn't able to completely hold it in until she got there. After that uncomfortable, embarrassing experience, Melanie decided it was time to change her HIV treatment regimen again.

Melanie believes that the Viracept in her regimen caused her uncontrollable diarrhea. When Melanie told her doctor about her constant bouts of diarrhea, he advised her to take Imodium A-D. "My doctor had me taking all sorts of doses of liquid Imodium—trying to obtain that delicate balance between diarrhea and constipation, but that balance was never achieved," she explains. She ended up deciding it was better to lose sleep than lose bowel control and switched the Viracept to another medication.

As time passed, HIV treatment advanced and Melanie got another chance to switch meds. Today, Melanie doesn't have to lose sleep or be in the vicinity of a toilet at all times: Her current regimen is a three-drug combination pill, Trizivir, and there's no Viracept in sight. Although Trizivir can cause diarrhea in some people, Melanie is grateful that she isn't one of them.

# Diarrhea

## What Is It?

Few bodily functions can vary as much day-to-day as how often and how much we poop—or, as doctors say, “have bowel movements.” Because of this natural variation, it can be hard to tell whether you have a problem.

Generally speaking, people poop a consistent number of times each week. For most people, this means two or three times a day; for others, it might mean two or three times a week. Normal stool is usually not extremely hard, but isn't watery either. When you poop much more frequently than is usual for you and your stool is *extremely* watery, that's when you may have diarrhea.

Remember, just having watery stool once doesn't necessarily mean you have diarrhea. Diarrhea usually means watery stools several times a day for several days in a row. You might also have nausea, cramps or bloating.

Diarrhea is common in people with HIV, whether they're taking HIV meds or not. Diarrhea caused by HIV meds usually lasts only for the first few weeks after you've begun a new medication and then decreases.


## What Causes It?

Diarrhea can be caused by many different factors. Some are related to HIV, some are not:

- **Bacterial infections**, such as salmonella and shigella, which cause most cases of food poisoning
- **Viruses**, such as herpes, cytomegalovirus, and many intestinal infections like Norwalk or rotavirus
- **Parasites**, which are more common in people with a CD4 count below 200. These parasites (which may live in contaminated drinking water) include *cryptosporidia* or *Entamoeba histolytica*, giardia and microsporidia
- **Foods**, especially those that your body is allergic to, or has trouble digesting, such as milk products
- **Medications**—not just HIV meds, but other medications you may also be taking (although medication-related diarrhea usually continues only through the first four to six weeks of treatment)
- **Vitamins and supplements**
- **HIV itself**—if your CD4 count is below 200, HIV can directly cause diarrhea through its effects on the lining of your small intestine
- **Mental stress or anxiety**
- **Other diseases**, including irritable bowel syndrome, inflammatory bowel disease, diabetes, some cancers and intestinal disorders



# Are HIV Meds to Blame?



All currently available HIV meds, with the exception of Fuzeon, can potentially cause diarrhea. The following meds seem to be most commonly associated with diarrhea:

- Combivir
- Emtriva
- Epivir
- Kaletra
- Norvir
- Prezista
- Videx
- Viracept
- Zerit

The following HIV meds generally have lower rates of diarrhea, although they can cause significant diarrhea in some patients:

- Aptivus
- Atripla
- Epzicom
- Invirase
- Lexiva
- Retrovir
- Reyataz
- Trizivir
- Viramune
- Viread
- Ziagen

Diarrhea can also be caused by meds that you may be taking for non-HIV related problems. Again, almost any medication can potentially cause diarrhea, but it's more common with some than others. (For instance, if you have hepatitis C and are taking the drug Alferon, Intron or Roferon.)

**Tip:** Be sure to read the warning label on any medication to see if it may cause, or worsen, diarrhea.



# How to Treat Diarrhea

If your meds are not the cause, mild cases of diarrhea will usually go away on their own after a couple of days. If your diarrhea continues, however, here are a few ideas for how you can ease your symptoms. Keep in mind that no single idea works for everyone. It's often a trial-and-error process, so be patient! Give each possible solution plenty of time—ideally two to four weeks—so you can figure out whether it's really working.

- **Over-the-counter meds.**

The most popular are Pepto-Bismol, Kaopectate and Imodium A-D.

- **Dietary change.**

See next page.

- **Supplements.**


Fiber supplements, such as Metamucil, Citrucel or oat bran tablets, can help. So can a wide range of other chemicals and herbs, such as L-glutamine, calcium carbonate (when taken with meals), acidophilus capsules (especially with psyllium added), ginger (in capsules, in teas or even raw), nutmeg and peppermint.

- **Prescription meds.**

Lomotil, camphorated tincture of opium and subcutaneous Sandostatin can be helpful for more severe diarrhea. If your doctor finds that a problem with your pancreas is making your diarrhea worse, he or she may prescribe an “enzyme formulation” such as Ultrase or Pancrease.

If none of these solutions seem to work, or if you also have other gut problems, be sure to talk to your doctor.

# The Diarrhea-Friendly Diet



Your diet usually isn't the reason you get diarrhea, but it *can* make diarrhea worse. What can you eat (or not eat) to help make your poop a little more like a rock and less like a river? Dieticians recommend something called the BRAT diet: Bananas, Rice, Apples (fruit, sauce or juice) and decaffeinated Tea (or other fluids). Here are some other tips:

## **Avoid the rough stuff.**

Your stomach has a hard time digesting these:

- **Spicy food**
- **Sweet food**, including candy and chocolate
- **Oily food**, including fried food and nuts
- **Dairy**, including milk, cheese and butter. Yogurt is OK, since it contains enzymes that can make it easier to digest
- **Raw fruits and vegetables**
- **Anything with seeds**, including many types of whole wheat or rye bread
- **Caffeine** in cola, teas and chocolate

## **Eat the boring stuff.**

These are stomach-friendly foods:

- **Fruits and veggies** that are soft, preferably well-cooked and have no skins or seeds (like bananas or applesauce)
- **Rice**
- **Oatmeal or cream of wheat**
- **Plain starches**, like mashed potatoes, white toast, white rice, soup crackers (e.g., Saltines), well-cooked beans and macaroni (but not with cheese)
- **Boiled eggs**
- **Baked chicken** (with no skin or gravy)

## **The way that you eat can also be important:**

Don't rush meals or scarf down food. Chew your food well before swallowing it, and don't be too physically active (no running, swimming, sex, etc.) for an hour or so after you've eaten. This will help you digest more easily.



### **Tip: Make a Rice Drink**

The "Ask the Experts" forums at [THEBODY.COM](http://THEBODY.COM) are filled with useful advice from experts as well as those with HIV. In one post, a man who says he had tried every anti-diarrheal medication on the market gave his recipe for keeping his diarrhea at bay. He boils a big pot of water and adds about half a cup of uncooked white rice. He cooks it for 45 minutes and a soupy, tasteless, white rice water develops. He drains the liquid into a container and drinks this rice water two or three times during the day, and sometimes eats the overcooked rice as well. He says it is the only thing that has worked for him. Some people add a drop of honey to this to make it taste better.

## *You Need Water!*

**One of the most dangerous things about diarrhea is that it can make your body lose a lot of water in a very short amount of time—as much as a gallon a day!**

**To avoid this, if you have diarrhea, be sure to drink as many clear, non-sweet liquids (like water, non-caffeinated tea, Gatorade and other sports drinks, club soda and chicken broth) as you can. This can be awfully hard if you're also feeling nauseous, but it's extremely important! Avoid non-clear liquids like milk, and sweet liquids like fruit juice or cola; these can actually make your diarrhea worse.**

**If you don't drink enough water when you have diarrhea, you can quickly become weak and dehydrated. When you become too dehydrated, your body can go into shock, which is a life-threatening condition.**

**When you have diarrhea and lose fluids, you also lose electrolytes, which help keep your body functioning normally. To replenish them, you can drink Gatorade or even Pedialyte—although it is meant for babies, anyone can drink it, it has a lot less sugar than Gatorade.**

## When to Call Your Doctor About Your Diarrhea

A bout of diarrhea that goes away after a few days, or that doesn't interfere with your life, isn't necessarily something to be worried about. But if you're even a little concerned, it doesn't hurt to check in with your healthcare provider or clinic.

If you have any of the following symptoms, however, you should call your doctor as soon as possible, since they may be signs of a more dangerous health problem:

- Your diarrhea hasn't gone away after more than a couple of days
- Your diarrhea has blood in it
- You develop a fever
- You're also vomiting (and can't even keep liquids down or take your meds)

- You have a lot of trouble urinating (peeing)
- You can urinate, but it's much darker than usual
- Your mental state changes (you're feeling unusually light-headed, confused or unexplainably angry)
- You start getting headaches
- You're rapidly losing weight

## Help Your Doc Help You

If you have diarrhea, your doctor needs to know everything you've eaten, drank, swallowed, injected and done over the past few days, because any of them may be causing your diarrhea. So before your doctor's visit, write a list of all the things she or he might need to know about, such as:

- Exactly what your poop has been like (don't be afraid to provide graphic details)

- Exactly when your diarrhea started and how often you've had to use the bathroom
- Any other unusual things you've been feeling physically
- Changes in your diet, especially anything new you ate or drank just before your diarrhea started
- New prescription medications, vitamins, supplements or over-the-counter pills/liquids you've started taking
- Any other drugs you've started taking—even if they're illegal (your doctor won't turn you in)
- Places you've recently traveled to, especially if they're outside the United States
- Anything that's changed in your life lately, like family problems or stress at work

# What Will Your Doctor Do?

**After asking you a few questions, your doctor might do any of the following to identify what's causing your diarrhea:**

- Order blood tests to find out if there are any problems with your liver, gallbladder, pancreas, nutritional status (e.g., if your protein or cholesterol levels are OK) or blood.
- Take a stool sample to check your stool for signs of blood, bacteria, parasites, viruses or malabsorption.
- Order a colonoscopy or sigmoidoscopy. These are procedures for examining what might be happening inside you: they use a very thin, long, flexible tube inserted into your anus. The procedures can be uncomfortable, but you can usually ask for pain medication or a mild sedative to help you relax.

Based on the results of these tests, your doctor might find a problem that needs to be treated right away. If he or she finds no specific cause for your diarrhea, he or she may recommend the dietary changes or over-the-counter drugs we mentioned earlier. Your doctor may also recommend that you see a dietician for advice.

If your diarrhea is being caused by your HIV meds, the answer may or may not be to switch medications. Depending on how well your HIV treatment is working, how many other HIV treatment options you have and how big an impact you feel diarrhea is having on your life, you and your doctor can decide together whether an HIV medication switch is a good idea. HIV doctors are used to working with patients to minimize diarrhea; just like you, they want to make sure that your HIV meds cause as few problems as possible.

**Tip:** Whatever you do, NEVER stop taking your HIV meds without running it past your doctor first. If you stop your meds without medical guidance, you could make your HIV resistant to one or more of them, which may hurt your ability to fight off HIV in the future!



# The Problem:

## Up Close & Personal

**Name:** Jay Williams | **Diagnosed:** 1994 | **Age:** 45

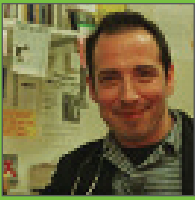
**CD4 count:** 441 | **Viral Load:** Undetectable

**Job:** Executive assistant for a group health cooperative

When Jay Williams first met his partner's family, he made a dramatic first impression. "Within minutes of welcoming them into my home, I had to run to the bathroom and throw up violently," he confesses.

It was the fault, Jay says, of the Combivir in his first HIV treatment regimen—particularly Retrovir, one of the two medications in Combivir. "The Retrovir-related nausea and vomiting was much more difficult to face mentally, because I was in new territory [having just started HIV treatment] and I could only imagine it getting worse as I got older," Jay remembers. His doctor prescribed Compazine, an anti-nausea medication, to help him settle his stomach.

Since those early days on HIV treatment, Jay has switched regimens; he's now thriving on a regimen of Kaletra + Sustiva + Viread. To his relief, this new regimen has not produced any nausea or vomiting episodes. He does occasionally have diarrhea, he says, but he counters it with a generic form of Imodium A-D, an over-the-counter medicine.



**Dr. David Wohl**

University of North  
Carolina-Chapel Hill

## DOCTOR'S NOTES:

- **Favorite Anti-Nausea Meds:** Phenergan, Compazine, Marinol and Zofran.
- **Alternative Therapy:** Ginger root.
- **HIV Meds Likely to Cause Nausea:** Kaletra is a combination of two HIV meds, lopinavir and Norvir. The Norvir component often causes nausea.
- **HIV Meds Less Likely to Cause Nausea:** Reyataz or Lexiva may be attractive; although both are taken with Norvir. Sustiva or Viramune may also be an option.

# Nausea & Vomiting

## Are HIV Meds to Blame?

All HIV meds, except for Fuzeon (since it is injected), can cause nausea—which is the sensation of wanting to throw up or vomit. The following medications seem to be more commonly associated with nausea:

- Combivir
- Emtriva
- Kaletra
- Norvir
- Prezista
- Retrovir
- Trizivir
- Ziagen
- Zerit

Many people feel queasy while trying to adjust to a new HIV treatment

regimen. When it happens, nausea usually kicks in during the first days after you start new meds, and tends to subside after anywhere between several days and a couple of weeks. Sometimes, however, nausea can linger or pop up at seemingly random times.

## Vomiting

When nausea is really bad, it can cause you to vomit. Since almost all HIV meds are swallowed, vomiting can prevent your body from fully absorbing the meds into your bloodstream, which can eventually lead to drug resistance. Vomiting

can also cause you to become dehydrated or lose important nutrients, since anything you recently ate or drank is coming right back out again—and if you're constantly nauseous, you may not eat or drink much. Be aware that severe vomiting can cause tears or ruptures in your esophagus. This can result in bleeding. If you notice blood in your vomit, seek medical attention promptly.

Although the same HIV meds that cause nausea can also cause vomiting, vomiting seems to happen most often for people who take Trizivir or Zerit.

# How to Treat Nausea

- **The little things.**

Some of the following dietary and lifestyle tips may help you avoid, or at least soothe, an upset stomach:

- Drink certain types of teas (especially ginger, peppermint or chamomile).
- Take ginger, whether it is ginger ale, ginger tea or chopped-up ginger root.
- Eat foods high in fiber.
- Leave dry crackers by your bed and eat one or two when you get up in the morning.
- Eat smaller meals and snack more frequently. Try soups.
- Avoid spicy, greasy or strong-smelling foods.
- Remove strong food odors from the house: open windows while you're cooking, or microwave your meals.

- Eat meals sitting up.
- Don't lie down immediately after eating.
- If you're thirsty after eating a meal, be sure to sip your drink slowly.
- Avoid substances that irritate the stomach, such as alcohol, aspirin, caffeine and tobacco.
- Use meditation and relaxation techniques.
- If you find you can't eat regular meals, be sure to take liquid meal supplements, such as Ensure or other nutritional shakes.
- **Antiemetics.**

These meds are designed to prevent or relieve nausea and vomiting. Many are available without a prescription, such as Benadryl, Dramamine, Pepcid AC, Tagamet and Maalox. Other antiemetics require a prescription,

such as Compazine, Reglan, Marinol, or Zofran. Some of these meds may interact with your HIV medications, however, so check with your doctor before taking them.

- **Antibiotics.**

Your doctor may prescribe an antibiotic if a bacterial infection is to blame for your nausea or vomiting. Antibiotics are primarily used in patients diagnosed with *H. pylori* infection.



# When to Call Your Doctor

**Nausea can happen to anyone, but that doesn't mean you have to put up with it forever. Talk to your doctor if you experience nausea for more than a few days.**

Also, some symptoms may signal an urgent medical problem. Talk to your healthcare provider as soon as possible if you:

- vomit multiple times over a 24-hour or longer period, without any signs of relief;
- see blood in your vomit;
- have other symptoms such as dizziness, thirst, fever, muscle pain, diarrhea, headache or jaundice;
- can't take your HIV medications, or vomit them;
- can't urinate, even if you feel like you have to, over an 8 to 12-hour period; or
- have a T-cell count that falls below 200.

Make sure your doctor evaluates you for *H. pylori* disease, acid reflux, pancreatitis, lactic acidosis and other illnesses.



**Dr. Keith Henry**

University of  
Minnesota  
School of Medicine

## DOCTOR'S NOTES:

- **It Usually Won't Last:** Nausea and vomiting will likely decrease over the first month(s) of therapy.
- **Favorite Anti-Nausea Meds:** Reglan, Compazine and Marinol (also stimulates appetite).
- **Follow Directions:** Make sure that you're taking all of your medications properly. Remember that many meds must be taken with food.
- **Don't Suffer in Silence:** If your nausea or vomiting persists, your HIV treatment regimen should be reviewed by a medical professional to see if any particular drug is the main cause of the symptoms. If so, switching that drug—or the entire regimen—is warranted.
- **Beware of Retrovir:** This HIV med, in particular, is known to cause persistent nausea.

# The Problem:

## What Is It?

Heartburn is a burning, sour feeling in your chest area, usually down around your ribs. It may come and go, and the pain or burning sensation can last anywhere from a few minutes to a few hours.

Although it's got the word "heart" in it, heartburn has almost nothing to do with your heart. So if you're feeling it for the first time and you don't have any history of heart problems, don't be scared—in fact, heartburn is pretty common in adults. About 10% of all adults get it at least once a week. It's only when heartburn becomes severe that it can hurt your health.

## How Does It Happen?

When you swallow food, it travels down a tube (the esophagus) that leads from your mouth to your stomach. Where this tube

meets your stomach, there's a valve that opens up to let the food through, and then closes again so your stomach can digest that food. Your stomach mixes a bunch of chemicals—including some pretty strong acids—into your food to help your body break it down.

Sometimes, the valve at the spot where your esophagus and your stomach meet doesn't shut properly. When this happens, the acids that your stomach makes can "back up" into your esophagus. This is what causes the burning feeling in your chest.

## What Causes It?

A huge number of factors can cause heartburn. Some of the most common reasons to get heartburn are if you:

- eat certain foods (see side box)
- tend to eat large meals
- are overweight

- are feeling stressed
- take certain medications (including many HIV meds)
- smoke cigarettes
- drink alcohol
- exercise a lot (especially if you eat right before you exercise)
- wear tight clothes
- are pregnant
- push too hard when you go to the bathroom
- infection with the *H. pylori* bacterium

## Are HIV Meds to Blame?

They might be, but because so many different things can cause heartburn, it's not always easy to figure out whether your HIV meds are behind it. HIV regimens containing Norvir are among the most common at causing heartburn. Besides HIV meds, a lot of other medications (including

# Heartburn

(aka Indigestion or Reflux)

aspirin and many other pain medications, some antibiotics, allergy pills, anxiety pills, calcium blockers, cancer treatments and steroids) and even some supplements (including iron, potassium and vitamin C) are known to cause heartburn in some people. Other diseases besides HIV may cause it as well, including pancreatitis and esophageal reflux.

If you begin feeling symptoms of heartburn not long after you start taking a new type of medication, or after any change in your diet or lifestyle, keep a journal of your symptoms and then bring it up with your doctor. The two of you can work together to figure out the cause of your heartburn, and decide on the best steps to take in order to make it go away.

## **Which Foods Can Cause (or Worsen) Heartburn?**

- **fried foods**
- **fatty foods**
- **spicy foods and mustard**
- **sugary foods and drinks**
- **acidic foods**
- **citrus fruits and juices**
- **chocolate**
- **mint**
- **coffee**
- **cola and other carbonated drinks**
- **garlic and onions**
- **foods containing tomatoes (including spaghetti sauce and ketchup)**
- **vinegar**
- **alcohol**

# How to Treat Heartb

**Here are a few tips you can try on your own to reduce the symptoms of heartburn:**

- Eat smaller meals (but eat them more often).
- Don't lie down for two to three hours after eating.
- When you do lie down, elevate your head at least a few inches above your stomach.
- Avoid the foods we listed as likely to cause heartburn.

*If you are currently taking HIV medications, don't take over-the-counter acid-reducing medications, such as Alka-Seltzer, Maalox, Mylanta, Roloids, Tagamet, Tums or Zantac, without talking to your doctor or pharmacist first. Because these medications reduce acid in your stomach, they can weaken the ability of some HIV meds to fight the virus. Studies have shown that you should generally not take antacids with Agenerase, Aptivus, Hivid, Rescriptor, Reyataz or buffered Videx.*

## **When to Call the Doctor About Your Heartburn**

Usually, heartburn is minor and doesn't last long. But if it becomes a burden or affects your quality of life, don't be afraid to talk to your doctor about it. Heartburn is often easy to treat, but if you avoid getting help for it, it does have the potential to cause more severe health problems over time.

Talk to your doctor or call an ambulance immediately if your heartburn is especially severe or comes with any of the following symptoms:

- unusual pain in your stomach or chest area, especially if any acid-reducing medications already recommended by your doctor or pharmacist don't get rid of it;
- severe tightness or squeezing in your chest;
- difficulty swallowing or breathing; or
- vomiting, especially if it has blood in it.

## **What Will Your Doctor Do?**

If the above tips don't work, your doctor may prescribe stronger antacid medications, such as Nexium, Prevacid, Protonix, Prilosec or Aciphex, or may recommend some tests to see whether another type of health problem—such as *H. pylori* infection, an ulcer, a hernia, heart disease or a treatable illness known as GERD (short for gastroesophageal reflux disease)—might be behind your symptoms.



**Dr. Keith Henry**

*University of  
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School of Medicine*

## DOCTOR'S NOTES:

- **Treatment Tips:** I often try a trial of ranitidine, cimetidine or Pepcid (over-the-counter or by prescription), especially at night. Raising the head of the bed can help. If symptoms persist, I refer patients to a gastrointestinal doc for an endoscopy to see if there is some other specific problem that needs to be diagnosed and treated.
- **The Kaletra Connection:** For heartburn, I often sense that the alcohol content of Kaletra causes some localized irritation to the stomach, which can increase reflux. The new formulation of Kaletra seems to have a lower rate of heartburn and diarrhea complaints.
- **Other HIV Med Culprits:** A significant fraction of persons starting Combivir will experience a number of side effects initially. Gastrointestinal complaints, including heartburn, are also not uncommon when starting Retrovir.



# The Problem:

## Up Close & Personal

**Name:** *Kali Lindsey* | **Diagnosed:** 2003 | **Age:** 25

**CD4 count:** 497 | **Viral Load:** *Undetectable*

**Job:** *a Prevention specialist with the AIDS Partnership in Michigan*

Kali Lindsey had to deal with two gut side effects when he began his regimen of Combivir + Kaletra: diarrhea and severe problems with gas. “What gave me the most fits was the amount of gas that I experienced initially. It was mostly internal, but it was very uncomfortable and quite painful at times,” he explains.

Unfortunately, nothing he took seemed to help. Finally, after three months of discomfort, Kali and his doctor agreed to switch Kali’s regimen to Epivir + Viramune + Viread. His only side effect now is a little nausea.

# Gas

(Stomach Pain, Bloating, Cramps and Flatulence)

## What Causes It?

Many different factors can cause gas to build up inside your stomach, which leads to any number of uncomfortable feelings: stomach pain, cramps and—most embarrassingly—flatulence (farting).

Stomach discomfort can be caused by lots of things including constipation, hepatitis, hormonal changes, indigestion, inflammation of the stomach lining, irritable bowel syndrome, lactose intolerance and ulcers.

Many foods, such as beans, broccoli, soy products, milk products and eggs can also cause cramps and gas. In many cases, especially if you feel crampy, simply passing gas or having a bowel movement can fix the problem, at least temporarily. However, when the pain or discomfort caused by excessive gas becomes frequent, it can make everyday life difficult.

## Are HIV Meds to Blame?

Basically every HIV medication can cause gas, but these in particular may be more likely to do so than others, although it's common in less than 7% of people:

- Atripla
- Invirase
- Kaletra
- Norvir
- Prezista
- Truvada
- Viracept
- Viread

# How to Treat Gas

There are different steps you can take to alleviate gas symptoms:

## **Supplements.**

Many are manufactured specifically to curb gas problems, and can be bought at any local drugstore. Beano, for instance, claims to prevent gas from foods such as beans, broccoli, onions, whole grains and pasta. Lactaid can help if lactose intolerance (an inability to digest lactose, a sugar in most dairy products) is part of your problem.

## **Over-the-counter meds.**

No prescription medication helps consistently for increased gas. One possible med that could

help is simethicone, at doses of 80-120 mg up to four times a day. Gas-X is formulated with simethicone and can relieve symptoms of gas, pressure, bloating and discomfort. Antacids such as Maalox, Mylanta and Roloids can also relieve gas symptoms, but beware: Antacids can also interact with some HIV meds, so be sure to talk with your doctor *before* you take them.

## **Acupuncture.**

Some studies suggest that people with gas issues can find relief using acupuncture. Visit [www.thebody.com](http://www.thebody.com) for more information on this.

## **Switch HIV medications.**

If your HIV meds are to blame for your gas problems and anti-gas treatments or alternative methods don't help, then it may be time to talk with your doctor about a change in HIV treatment. For example, with people who have gas problems while on Kaletra, Dr. Keith Henry, of the University of Minnesota, School of Medicine, proposes switching to an alternative medication (such as boosted Reyataz or Lexiva) or to an NNRTI-based regimen such as Sustiva or Viramune, if there's no resistance to these drugs.



## Up Close & Personal



<b>Name:</b> Nick Brinkley	<b>Diagnosed:</b> 1993	<b>Age:</b> 38
<b>CD4 count:</b> 2	<b>Viral Load:</b> 550,000	
<b>Job:</b> Hair stylist		

For Nick Brinkley, gas, stomach pain and bloating are a part of everyday life. "This can be quite uncomfortable," he admits. "When I have severe stomach pain associated with gas and bloating, I sometimes try laying on my left side, which seems to let gas move into the colon and out the rear. The only solutions I really employ are massage, body positioning and patience."

Nick had a severe episode of gas pain once while doing house chores. The pain built up to a point where he could no longer do the housework. Lying down didn't seem to help, nor did sitting on the toilet. He felt clammy and flushed and thought he might faint. "Suddenly I felt the gas move in my intestine and it released," he explains. "In a matter of a few minutes I was ten times better."

Because Nick's CD4 count is so low and he's running low on treatment options, switching meds isn't something he can easily do. In fact, in addition to his Kaletra + Truvada regimen, he's also taking maraviroc, an experimental entry inhibitor that he hopes will provide him with a new way to fight off the virus and strengthen his immune system. As for the gas pains, Nick has decided that, for now at least, patience is the best medicine.

# The Prob

## What Causes It?

A lack of appetite can have many causes. Sometimes it's psychological—due to depression or the stress of living with HIV. Sometimes it's physical—another illness (maybe something as simple as a cold) may take away your desire to eat. And, of course, many of the medications used to combat HIV can also cause a loss of appetite.

A loss of appetite may not seem like a big deal, especially if you're thinking you'd like to lose a few pounds anyway. But when someone eats very little or stops eating entirely, a host of problems can occur. One of the biggest problems is known as "wasting," or extreme weight loss. Severe wasting can affect the way in which your organs function.

## Are HIV Meds to Blame?

Not necessarily. These meds, however, appear more likely to decrease appetite than others:

- Combivir
- Epivir
- Norvir
- Retrovir
- Trizivir
- Ziagen

# lem: Loss of Appetite

## How to Treat Loss of Appetite

There are two treatments that doctors tend to prescribe most:

### Megace

**The good:** Bolsters appetite and helps with weight gain.

**The bad:** Almost all the weight gained from using Megace may be water or fat.

**Toss-up:** Megace is a hormone and thus will

change the balance of hormones in your body. Additionally, Megace is known to decrease testosterone production. If you decide to take this drug, ask your doctor about testosterone measurement and replacement.

### Marinol

This is a synthetic form of THC, the main active ingredient in marijuana.

**The good:** Stimulates appetite, relieves nausea

and vomiting, and can help you sleep.

**The bad:** Certain medications can cause Marinol levels to rise in your blood. Marinol can also be psychologically addictive.

**Toss-up:** Contains THC, which can leave you feeling stoned (great for some people, but not so good if you have to drive, go to work or concentrate).

## What About Marijuana?

*Maybe you're wondering, if you're going to take Marinol, could you use marijuana itself? Actually, a lot of HIV-positive people do—and not just for fun. Many doctors and researchers believe that smoking a little marijuana may help increase your appetite.*

*But marijuana is illegal in the United States. Although eleven states passed "medical marijuana" laws that permit limited use of marijuana for health reasons, the Supreme Court ruled that even medical use of marijuana is forbidden by Federal law. Nonetheless, "buyers' clubs" operate in some cities, and some even provide medical marijuana for free or at reduced cost to those with limited incomes.*

# The Problem:

## What Is It?

Constipation is the opposite of diarrhea: It's when you're unable, or have an unusually hard time, having a proper bowel movement. Normally, adults have between three and 21 bowel movements per week. Over the short term, constipation is bad enough: It can also be uncomfortable and painful. But the longer you have it, the more dangerous it can become.

## What Causes It?

**HIV meds.** Although it's a pretty uncommon side effect, each of the following HIV meds have been known to cause constipation, but in less than 7% of people:

- Invirase
- Norvir
- Retrovir
- Reyataz

**Other medications.** These can include heartburn meds that contain calcium or aluminum, as well as prescription meds for pain or depression.

**Diet.** Diets that are low in fiber, which often means a lack of fruit, vegetables or whole grains, can cause constipation. Fiber softens up your stool, allowing it to pass more easily out of your body.

**Lack of liquids.** Drinking liquids helps to soften up stool. Try to drink at least eight glasses of water a day.

**Other triggers.** Such as depression, pregnancy, irritable bowel syndrome, inflammatory bowel disease, some cancers and intestinal disorders. Many of these problems have other symptoms as well; this is why, if you have constipation, you should pay attention to everything you're feeling and talk to your doctor about it.

# Constipation

## How to Treat Constipation

### Add more fiber to your diet.

This means eating more fruits and vegetables, as well as whole-grain foods. Bananas, raisins, grapes and bran cereals are particularly helpful ways to increase fiber content in your diet. When a high-fiber diet isn't possible, take a fiber supplement instead, such as Metamucil—the name brand or generic version. Brand or fiber tablets with extra water are another reasonable way to increase fiber content.

**Laxatives.** Just like fiber supplements, these can be bought at any drugstore. Correctol and Ex-Lax are two examples. These should only be taken if your constipation is severe,

though; if it's relatively minor, a laxative could cause pretty bad diarrhea. You generally don't have to worry about drug interactions if you're taking laxatives along with HIV meds; however, chronic laxative use can be harmful to normal bowel function.

### Switch medications.

If medications—HIV or otherwise—are to blame for your constipation, and it goes on for months, your doctor may

recommend switching to another drug(s).

**Enemas.** This is a more drastic measure. There are different types of enemas, but they all clean out your colon and “flush out” any stool that may be stuck in there. Use of enemas should be done infrequently if at all and it's best to discuss this with your HIV specialist or primary care doctor.

### Tip: “Whole Wheat” Can Be Deceiving

*You might think that eating bread or cereal that is labeled as “whole wheat” may be enough to ensure you get all the fiber you need, but read those ingredients closely. Many bread and cereal makers use what's called “enriched” wheat flour, which adds vitamins, but strips out all of the grains that can really get those gears going in your stomach. Want a great source of fiber? Eat foods that have “whole grains” in them, not just “enriched” wheat.*

# Conclusion

## What Can You Do About

# Gut Problems?

**No matter what type of gut problem(s) you have, there are a couple of things you should be sure to do:**



### **Write It Down and Talk It Out**

Keep a journal. List the problems you encounter, their frequency, how long they last and exactly how they make you feel. Explain how these problems impact your life, so your healthcare provider can get a sense of how severe they are. For instance, if you are too nauseous to eat, sometimes vomit your medications or have so much gas you're afraid to go out in public, your doctor needs to know this.

Also, keep in mind that there's a lot more to gut problems than how they make you feel. For your doctor, getting to the bottom of your problems (no pun intended) is kind of like a crime investigation: He or she will want to know if you've traveled anywhere lately, had any other illnesses, taken any new drugs or vitamins, or had any changes in your life (a new home? a bad breakup? stress at work?). Help your doc leave no stone unturned.

## Discuss a Change in HIV Treatment

If you are considering taking a break from your HIV medications because of side effects, it's vital that you discuss this with your doctor. *Never* simply stop taking your HIV drugs. This can potentially make your HIV disease worse and cause you to develop resistance, meaning fewer HIV drugs would work against your virus in the future.

If your gut problems are caused by your meds, your doctor may recommend a switch in one or more of the meds in your regimen. While switching HIV drugs can be safe and may reduce side effects, there's *no* guarantee, so make sure you and your doctor discuss:

- Whether your gut problems can be treated *without* switching HIV meds.
- Whether your gut problems may go away on their own even if you *don't* switch meds.
- What your options for switching are. Remember that *all* medications can cause side effects.

If there are medications you've never used that you can switch to, be sure you know what the possible side effects of those meds are, and whether you're willing to risk those possible side effects in order to get rid of the ones you currently have.

Above all, think of you and your doctor as a team: Your doctor wants you to stay healthy, and wants you to be as comfortable as possible with your treatment. Be honest about your concerns, no matter how silly you may feel they are, and be open to what your doctor has to say.

**Lastly, never forget: You are *not* alone! Millions of other people are living with HIV, and if you're having gut problems, you can bet that many other people are as well. It may sound strange, but some gut problems have a mental connection, so the better you feel emotionally, the better you may feel physically. You don't have to live in silent discomfort: Talk to your doctor, and contact your nearest HIV/AIDS organization for support.**



How should you deal with gut side effects like diarrhea, gas and nausea?

Begin by talking to your healthcare professional.

Use this booklet.

**Visit [TheBody.com/Foundation](http://TheBody.com/Foundation) for more information.**

Body Health Resources Foundation was formed to improve the quality of life of people affected or infected by HIV. The

Foundation's mission is to provide education for people at risk for HIV, those living with HIV and those who provide health care to people with HIV.

The Foundation was established by TheBody.com, the complete HIV/AIDS resource.



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