

POSITIVE VOICES-November 2011

Your Newsletter by Positive People for Positive People

15-Year Increase in Life Expectancy for People With HIV in UK- ScienceDaily

People with HIV have a 15 years longer life expectancy thanks to improved treatments over the past 13 years, according to a new study published on the *British Medical Journal* website.

UK researchers found that the life expectancy of these patients improved significantly between 1996 and 2008, and that earlier diagnosis and timely treatment can increase life expectancy.

HIV infection has become a chronic disease with a good prognosis if treatment begins sufficiently early in the course of the disease and the patient sticks to antiretroviral treatment. However life expectancy for people with the disease is lower than that of the general population.

Researchers led by Dr Margaret May of the University of Bristol's School of Social and Community Medicine set out to estimate life expectancy of people treated for HIV infection and compare it with that of the UK general population.

They used data from the UK Collaborative HIV Cohort (UK CHIC) study, which in 2001 began collating routine data on HIV positive people attending some of the UK's largest clinical centers since January 1996.

Patients included in the analysis were aged 20 years and over and started treatment with antiretroviral therapy with at least three drugs between 1996 and 2008.

The researchers studied data on 17,661 patients, of whom 1,248 (7%) died between 1996 and 2008.

Their analysis shows that life expectancy for an average 20-year-old infected with HIV increased from 30 years to almost 46 between the periods 1996-9 and 2006-8.

The findings also show that life expectancy for women treated for HIV is ten years' higher than for men. During the period 1996 -2008, life expectancy was 40 years for male patients and 50 years for female patients compared with 58 years for men and nearly 62 years for women in the general UK population.

The point at which a person started treatment had an impact on their life expectancy, as the researchers also found that starting antiretroviral therapy later than guidelines suggest, resulted in up to 15 years loss of life.

Doctors use a test to count the number of CD4 cells in one cubic millimetre of blood. A normal CD4 count in a healthy, HIV-negative adult is usually between 600 and 1,200 CD4 cells/mm³.

The researchers found that life expectancy was 38 years, 41 years and 53 years in those starting antiretroviral therapy with CD4 counts less than 100, 100-199 and 200-350/mm³ cells respectively.

The improvement in life expectancy since 1996 was likely to be due to several factors, they say, including a greater proportion of patients with high CD4 counts, better antiretroviral therapy, more effective drugs, and an upward trend in the UK population life expectancy.

They conclude: "Life expectancy in the HIV-positive population has significantly improved in the UK between 1996 and 2008 and we should expect further improvements for patients starting antiretroviral therapy now with improved modern drugs and new guidelines recommending earlier treatment.

"There is a need to identify HIV-positive individuals early in the course of disease in order to avoid the very large negative impact that starting antiretroviral therapy at a CD4 count below 200 cells/mm³ has on life expectancy."

Dr Mark Gompels, lead clinician and co-author, North Bristol NHS Trust, said "These results are very reassuring news for current patients and will be used to counsel those recently found to be HIV-positive."

In an accompanying editorial, researchers in Boston argue that, although these gains are encouraging, they have not been seen in everyone with HIV.

Nevertheless, this study "serves as an urgent call to increase awareness of the effectiveness of current HIV treatments in patients and providers," they say. "In turn this should increase rates of routine HIV screening, with timely linkage to care and uninterrupted treatment. As these factors improve, the full benefits of treatment for all HIV infected people can be realized."

Despite High CD4s, Unchecked Viral Load Linked to Higher AIDS Risk~ POZ.com

Even when the CD4 cell count is above 350 there is an increased risk of AIDS-related illnesses—provided that viral replication remains unchecked—according to a [new analysis](#) from the EuroSIDA study published online ahead of print by the journal *AIDS*. The authors also suggest a slightly increased rate of non-AIDS-related illnesses when the CD4 cell count is above 500, notably when the viral load is very high, though it was not possible to entirely rule out confounders—health risks not accounted for in the study.

U.S. treatment guidelines recommend antiretroviral (ARV) therapy for all people living with HIV with CD4s below 500 cells. This recommendation, along with the suggestion by some HIV experts that ARV treatment should be started even earlier, is based on preliminary research indicating that uncontrolled viral replication leads to immune activation and inflammation that can drive up the risk of certain AIDS and non-AIDS illnesses.

But is HIV replication, independent of a person's CD4 count, a risk factor for disease? This was the question raised by Joanne Reekie of the University College of London and her colleagues with EuroSIDA, a cohort study of more than 16,000 adults under care in a network of 103 hospitals in 33 European countries plus Israel and Argentina.

To look for associations between viral load and AIDS-defining illnesses, Reekie's group conducted an analysis involving nearly 11,500 people living with HIV who were receiving care from 1997 onward. The potential for associations between viral load and non-AIDS-defining illnesses—such as cardiovascular disease, various cancers and liver-related problems—was explored in nearly 11,000 people living with HIV who were active in the cohort from 2001 onward.

To be included in the analysis, patients had to have a recent CD4 count above 350—a cell count below this level, in the past, didn't disqualify patients. If they qualified, patients were divided into

three groups: those with low viral loads (below 500 copies), which accounted for 82 percent of the study volunteers; those with intermediate viral loads (between 500 and 10,000 copies), consisting of 11 percent of the study volunteers; and those with high viral loads (above 100,000 copies), which included 7 percent of the study volunteers.

Of note, 61 percent of those in the intermediate viral load group and 36 percent of those in the high viral load group were receiving ARV treatment.

Overall, 354 AIDS-related illnesses were reported during the follow-up period, with tuberculosis, esophageal candidiasis, cervical cancer and non-Hodgkin's lymphoma being the most common. Even in the researchers' crude analysis—a look at the data without adjustments for potential risk factors like HIV transmission category, geographic region, hepatitis coinfection, smoking and diabetes—there was a clear association between intermediate and high viral loads and a new onset of an AIDS-related illness.

After adjusting the data, those with intermediate viral loads were 44 percent more likely to experience an AIDS-related disease, compared with those with low viral loads. Those with high viral loads faced a greater than 200 percent increase in the risk of an AIDS-related illness, despite having a CD4 count above 350.

Five hundred seventy-two non-AIDS-related illnesses were reported, with cardiovascular disease and various cancers being the most common. In the researchers' crude analysis, however, there did not appear to be an association between viral load and a new onset of a non-AIDS-related illness.

Only after adjusting the data did researchers document associations with viral load, and only among those with CD4s greater than 500. The risk was increased by 61 percent among those with intermediate viral loads, compared with those with low viral loads, and 66 percent among those with high viral loads.

Looking at the specific non-AIDS illnesses and potential associations with viral load, the researchers found inconsistent results. For example, a higher incidence of cardiovascular disease was observed in individuals with intermediate viral loads, but not with high viral loads. And for non-AIDS-defining cancers, liver-related diseases and pancreatitis, no significant differences in the incidences were seen when comparing those in the low, intermediate and high viral load groups. And because there were only limited numbers of other non-AIDS illnesses, conclusions regarding the association between unchecked viral load and these diseases could not be reached.

“In conclusion,” the authors write, “in HIV-positive individuals with a CD4 count [greater than 350], an increased incidence of AIDS and a slightly increased incidence of non-AIDS was found in those with uncontrolled viral replication. The association with AIDS was clear and consistent. However, the association with non-AIDS was only apparent after adjustment, and no differences were observed between intermediate and high viremia.”

Additional studies, the authors suggest, are needed to better understand potential links between untreated HIV among people with high CD4s and the risk of non-AIDS illnesses.

Common Antibiotic Can Have Serious Adverse Reactions~ ScienceDaily

A commonly prescribed antimicrobial -- trimethoprim-sulfamethoxazole -- that has been used since 1968 can cause serious adverse reactions and physicians need to be aware of these in prescribing, states a review in *CMAJ (Canadian Medical Association Journal)*.

Trimethoprim-sulfamethoxazole is the most commonly prescribed antibiotic for urinary tract infections in Canada, and is used to treat community-acquired methicillin-resistant *Staphylococcus aureus* (MRSA) and other bacterial infections. The drug, which is low-cost and effective, is used by hundreds of thousands of Canadians each year, with about 4000 prescriptions each week in Ontario alone.

However, it can cause adverse reactions, some that can be life-threatening, as well as kidney effects (hyperkalemia) and hypoglycemia, which are common results of drug interactions.

"Although trimethoprim-sulfamethoxazole has numerous benefits, particularly in the care of patients with HIV and methicillin-resistant *S. aureus*, it is associated with multiple toxicities," write the authors. "However, all drugs carry adverse effects. When considering other antimicrobials, clinicians should remember that areas of uncertainty remain, particularly with newer agents."

To help physicians to remember the various possible toxic reactions, the authors propose the NOT RISKY acronym as an aid. They also suggest ways to reduce the risk of trimethoprim-sulfamethoxazole, such as using an alternative antibiotic, especially in pregnant women, and monitoring for kidney issues and hypoglycemia in patients on the drug.

"Clinicians should be cognizant of the potential consequences of prescribing trimethoprim-sulfamethoxazole, monitor patients for adverse events during therapy or use an alternate antibiotic when appropriate," the authors conclude.

Anti-HIV Topical Gel Also Protects Against Herpes Virus~ Medical News Today

[HIV](#) infection is commonly associated with other sexual infections, such as [herpes](#) simplex virus (HSV). Infection with HSV facilitates the risk of HIV infection and negatively impacts the clinical course of HIV disease. Therefore, it would be highly beneficial to identify multi-faceted microbicide compounds that are efficient against HIV-1 and other sexually transmitted infections.

Now, a new study published by Cell Press in the October 20th issue of the journal *Cell Host and Microbe* explains why a change in the delivery method of an established anti-HIV drug results in dual protection against both HIV and HSV. The research is the result of an international collaboration between Belgian, Italian and American laboratories; senior authors Prof. Jan Balzarini from the Rega Institute for Medical Research in Belgium, Prof. Carlo-Federico Perno from the University of Rome "Tor Vergata" in Italy and Dr. Leonid Margolis from the National Institute of Child Health and Human Development, Bethesda, MD, USA.

There has not been much success in generating new clinically useful microbicide compounds, so, recently, a substance called "tenofovir", which has been widely used in HIV therapy as an oral tablet, was formulated as a topical vaginal gel and tested in a large study of nearly 900 South African women. Tenofovir works by inhibiting an enzyme that HIV needs to make copies of itself. Surprisingly, not only did the microbicide significantly reduce HIV-1 transmission, it also caused a dramatic reduction in the risk for infection with HSV.

The effect of tenofovir gel on HSV was unanticipated because the drug had previously shown very minimal activity against HSV. "We hypothesized that the discrepancy between the earlier reported lack of significant anti-HSV activity and the new data might be explained by the striking differences in drug concentrations between the oral tenofovir delivery system and topical application of the gel," explains Prof. Balzarini.

Prof. Balzarini and colleagues demonstrated in a variety of experimental models that when tenofovir was applied at concentrations similar to those obtained in the gel, the drug had a potent and direct anti-HSV activity. The researchers went on to unravel the molecular mechanism of the anti-HSV activity and found that, like the effect on HIV, tenofovir efficiently inhibits an enzyme needed for herpes viral replication.

Taken together, the results demonstrate that topical administration of tenofovir achieves drug concentrations that exert both anti-HIV and anti-HSV activity. "Our data and the therapeutic principles emerging from our study are important for the design of new drug formulations and administration protocols to develop and/or optimize future microbicide trials," concludes Dr. Margolis.

Free Lunch/Dinner

There will NOT be an educational lunch hosted by Gilead Pharmaceuticals in November...instead please join STAP staff for the Annual Client Holiday Dinner on November 8th at Trinity Memorial Church located at 44 Main Street in Binghamton, NY. Dinner starts at 5PM and will be homemade by our talented staff and volunteers accompanied by entertainment and giveaways. ~ Please use the GYM door located on Oak Street Only...STAP staff, volunteers and clients and their families are welcome to attend. Please call Candace at 1-800-798-1706 Ext. 225 by November 3rd so we know you are coming and to reserve a seat!

Coming December 15, 2011: STAP and Gilead will be hosting a free educational lunch at NOON at Grande's located on Upper Front Street in Binghamton. The topic of this presentation will be "NBLCKA: Many Women, One Voice." Please call Martha at 238-8350 to reserve your seat.

New support groups in Ithaca and Elmira

The IVY Clinic is pleased to let all HIV+ men in the Ithaca and surrounding area know there is a support group that is held the third Tuesday of every month at the Ithaca STAP office. Time for the group is 6-7:30 pm and topics vary from month to month. If you are interested in attending please e-mail Shannon Sprague at ssprague@aomc.org for further information.

Men Living with HIV Support Group; 2nd Monday of each month; 6-7:30pm; Ivy Clinic, 600 Ivy St., Suite 206, Elmira. For more information people can contact me via phone or email. **Lynn Bassler, LMSW** Treatment Adherence Counselor, Ivy Clinic, 737-8188.

ON GOING MEETINGS AND COMMUNITY SERVICES

Join Consumer Advisory Committee [CAC] Meetings

The STAP Consumer Advisory Committee is a committee facilitated by and made up of consumers (STAP clients) who welcome other consumers and their significant others, caretakers and family members to join them on the second Tuesday of each month. This collaborative effort provides a confidential space for clients to make recommendations regarding STAP client services and other programs in a non-judgmental environment. The meetings are held following the Friends Dinner at 6:15 at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Call 1-800-333-0892 for directions or more details. If you cannot attend these meetings, mail your opinions or suggestions to STAP, 122 Baldwin Street, Johnson City, 13790, Attention CAC. CAC is encouraging consumers in other counties to organize monthly meetings in their area.

Dragon Slayers

Hepatitis C and Co-Infection Support Group. Meetings at 6:00 - 7:00PM on alternate Tuesdays at Trinity M, 44 Main Street, Oak Street Entrance in Binghamton. For information, call (607) 798-1706.

Friends Dinner

Friends meet every Tuesday evening for a time of fellowship and good food. Join us at Trinity Memorial Church (on the corner of Main & Oak Streets) in downtown Binghamton. Doors open at 5PM and dinner is served between 5:30 & 5:45. No charge, just come with a smile and a friendly attitude - ready to meet and greet friends and have a hearty meal. Parking is available on Oak Street behind the Church Annex. Use the Oak Street entrance for the cafeteria. Free bus passes are available for STAP clients! Call your case manager for details. Bus passes available for transportation to/from the Friends Dinner only. For more information call Bill at 607-798-1706.

Free Anonymous Rapid HIV Testing

Walk-in *Anonymous* testing is available in our STAP Johnson City office every Monday from 1:00-4:30PM and Thursdays from 1:00-3:00PM. *Confidential* testing is available in our STAP Johnson City office Thursdays from 9:00AM - 12:00PM. STAP's office is located at 122 Baldwin Street Johnson City, NY 13790. Walk-in *Anonymous* Testing is also available at STAP's Ithaca office located at 501 S. Meadow Street, Ithaca, NY 14850 on Tuesdays from 9:00AM-11:30AM, and *Confidential* testing can be scheduled Thursdays, 9:00AM-11:30AM. For more information and other testing opportunities available throughout the month, please call (607)798-1706.

Blogging Anyone???

Anyone interested in blogging messages is welcome to join in at thecubebinghamton.tumblr.com or contact Noah@thecubebinghamton.org for more information.

Ask The Medical Advocates

Do YOU know what C.H.O.I.C.E.S is?

CHOICES is a self-paced educational series designed specifically for YOU to learn and understand HIV and your body. Whether you take one quick course or decide to go through the entire program and take charge of YOUR HIV, ask a Medical Advocate about CHOICES today...

This program can help you by:

- Answering general questions or concerns regarding HIV
- Help you better manage side effects of your HIV medications
- Alleviate concerns about interactions between your HIV meds and other meds that you take
- Help you better understand the results of your blood work or other lab tests
- Learn how to reduce HIV exposure risks for your negative partners

But the information is only good if you use it....Call today!

Medical Advocates... Wixie 607-206-0331 or Autumn 280-8322.

LGBT Information Site

www.asaging.org/larc

The American Society on Aging has created a Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging Resources Clearinghouse that holds information related to and resources for people aged 50 and older. The site's searchable resources span several categories: education and training; health and mental health; housing and support services; populations and communities; and public policy, advocacy, and legal issues. Also available are annotated listings for service providers, community and professional organizations, information sites, reports and articles, and links for ordering DVDs, books, and other useful products.

Hope Dispensary Of The Southern Tier

The Hope Dispensary of the Southern Tier, a service provided by Lourdes Hospital, is a new program designed to provide medications to those that are uninsured or underinsured and have a limited income. Here is how you qualify:

- You must have no prescription coverage
- Have a photo ID or Social Security Card
- Bring one of any of the following as proof of income: Pay Stubs or Bank Statement, SSI/SSD paperwork or Unemployment or Pink Slip form from employer.
- Bring proof of residency - one piece of mail with your name and address, such as a phone bill, NYSEG bill or cable bill.
- Bring the prescription with you

If you need assistance with providing this information to determine eligibility, they have an onsite Social Worker who can help you with the process. There is a monthly income level that you cannot exceed. The information is listed on the next page.

Family Size and Monthly Income

1 = \$1,805	2 = \$2,428
3 = \$3,052	4 = \$3,675
5 = \$4,298	6 = \$4,922
7 = \$5,545	8 = \$6,168

The Hope Dispensary will verify your information onsite and the Social Worker that is present each day they are open will also provide screenings for financial assistance to access 50% discounted up to possibly free healthcare in the Lourdes network. This is great information!!!

Hope Dispensary does not carry all medications. They do cover HIV medication as well as antidepressants. They do not carry any controlled substances or birth control. If they do not have the medication that you need, they have programs developed so that you might qualify for free medication directly from the pharmaceutical corporations. They use medication samples and generic medications. They are located at 477 State Street in Binghamton and their number is 607-584-9376. They are open Monday through Friday from 10AM - 6PM.

Free Cell Phones

There is a government sponsored program available that can provide you with a free cell phone and 68 free minutes per month. Eligibility is based on your participation in one of several State or government programs like PUBLIC HOUSING, FOOD STAMPS, MEDICAID and more. There is also a limit to the amount of income you receive each month. This program is called LifeLine Assistance and you can find out about it through safelink.com or calling 1-800-378-1684. If you need help with the application process, please call your STAP case manager for assistance.