

# The Hep C Review

Summer Edition January 1997

Issue 16

## DISABILITY SUPPORT PENSION OUTRAGE AVERTED FOR NOW

**A Federal Parliamentary Bill debated in early December attempts big changes to our Social Security system.**

Proposed in the Bill are new impairment tables that unfairly tighten Disability Support Pension eligibility, saving the Government \$18 million but leaving people with hepatitis C out in the cold.

Impairment tables list various illnesses and help determine who is eligible and who is not. It's therefore important that these tables are effective and fair - more than half of all people with hepatitis C will develop signs of liver disease and symptoms such as chronic fatigue.

With many HCV+ Australians potentially seeking Social Security support, it's not hard to see why bureaucrats want to tighten up access to benefits and pensions. But eligibility for social support should always be on the grounds of valid need and not based on economic arguments.

Although most of the Bill was passed through the Senate, the Minister for Social Security Senator Newman had to withdraw that part dealing with impairment tables after rejection by a Senate majority.

The issue of impairment tables now goes back for more discussion, giving us more chance to have a say. Although the Hepatitis C Council and the Welfare Rights Centre previously lodged submissions calling for the new tables to be reworked, more action is needed from us all.

**We implore all readers to write to key politicians and bureaucrats and help ensure a fair deal for all people with HCV. See page 8 for more information. ☉**

## 12 months Interferon treatment shown to work best

**At the recent St Vincent's Hospital HCV Symposium in Melbourne, speakers agreed that 12 months Interferon treatment leads to better long term results.**

The PBS (Pharmaceutical Benefits Scheme) currently allows for six months access to the drug. If someone's ALTs don't improve by three months, they are taken off the free PBS treatment.

Six months' treatment results in long-term response for 15-25% of patients. Twelve months' treatment improves the response rate to approximately 30-40%.

"We will be recommending to the Commonwealth that 12 months' treatment be provided," said Professor Robert Batey, speaking on behalf of the National Health & Medical Research Council.

We all await the Commonwealth's authorisation of 12 months' treatment. Australians will then be able to access the same level of treatment that people in many other developed countries take for granted.

*For more information about the Symposium, see page 10. ☉*

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The Council is an independent, community-based, non-profit membership organisation. We provide information and support to people affected by hepatitis C and assist in preventing further spread of the hepatitis C virus (HCV).

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**Contributions from Council members and the public are welcomed. Views expressed in this newsletter are therefore not necessarily those of the Hepatitis C Council of NSW.**

## Reflecting on the past, considering the present, and planning a better future.

A guest editorial by Damon Brogan.

### Prejudice & Discrimination

People with hepatitis C may wish to avoid the stigma attached to HCV's main transmission route - injecting drug use - but they should be dissuaded from themselves adding to the burden of this discrimination.

Learning from the HIV experience, we must refuse to be divided into innocent victims and guilty. We are all innocent and it is not helpful to any of us to act like or be treated as victims.

People with medically acquired hepatitis do not wish to be treated like IDUs. Let me assure you that IDUs do not wish to be treated like IDUs either. When it comes to institutionalised discrimination, to third class medical treatment, to presumption of dishonesty and immorality, we could well do without this treatment too.

All groups hoping to convince others to stop discriminating against themselves should first settle this question in their own minds: *is discrimination wrong because it is unjust, or only wrong when it affects me?*

Let us all answer to the former and resist the urge to advance ourselves at the expense of others.

### Prevention

IDU organisations have been including hep C prevention and support issues within their community development and holistic health promotion approaches for some time. Clearly, the continuing high prevalence among injectors suggests that these organisations are the logical ones to take up the large part of the job of hepatitis C prevention.

Utilising the existing structures of IDU agencies and partnerships, their access to

hidden populations, and their expertise in peer-based approaches to health promotion and in needle exchange, all make good economic sense.

Existing safer injecting programs have not so far prevented this epidemic, however successful they have been against HIV. There are many reasons why the HCV epidemic has continued into the late '90s. What is clear, is that new approaches are warranted. By the time injectors self-identify as members of an IDU culture and access community development initiatives, the chances are they will already have contracted hepatitis C.

Better targeted prevention campaigns and initiatives are needed to effect safer behaviours among those most at risk, that is, new or occasional injectors. The window of opportunity tends to be very small. Effective means of empowering those at risk to avoid contracting the virus must aim to be effective within their first few injecting episodes. Any later is usually too late.

### Support and treatment advocacy

With approximately 200,000 Australians said to have HCV, prevention can't be the entire response. Many people with HCV are IDUs, but many others may have injected in the past and do not want to identify as IDUs. Others again have acquired the disease through other means. Treatment and support, therefore, cannot be equitably provided through IDU community based organisations alone.

There is a strong case for continued development of hepatitis councils and foundations to deliver mutual support, information, skills development and advocacy. I believe though, it is crucially important that these groups resist the urge to disassociate themselves entirely from IDUs, although this impulse is understandable.

### A partnership?

User groups and hepatitis C councils can and must work together. In general, the greatest role for user groups is in prevention, whereas for hepatitis C councils, the main role is in the provision of peer-based information and support services.

Although there will be misunderstandings, I believe the important thing is to agree that this is the sort of arrangement and partnership we must be aiming for.

Damon Brogan is manager of SAVIVE - the SA Voice for IV Education. ©



## Blood bank blues

I am writing as a person who contracted hepatitis C through blood transfusion.

Following diagnosis, I lodged a damages claim against the Hunter Blood Transfusion Service. This claim was dismissed in court and I am now pursuing the matter through my local member of parliament.

Generally, blood banks are not liable for transfusion-related hepatitis, so you're probably wondering why I am going to so much trouble?

The bottom line is that in 1990, HCV contaminated blood got through the blood bank's screening process and was given to me during an operation.

I feel that the blood bank 'sold' me a faulty product and I want some level of redress. I'm paying off a mortgage and what happens in five years time if I can't work?

If any other readers have a similar story, I would be interested to hear from them.

Regards

Jeff Paterson



## In response to edition 15

I received and read edition 15 avidly. I would like to make some comments.

In regard to 'Tummy Info Please,' I have not been diagnosed with irritable bowel syndrome but certainly have episodes of diarrhoea and bloating for inexplicable reasons.

In retrospect, it would seem that the onset is concurrent with low energy levels, high stress levels and generally not looking after myself. The

episodes occur cyclically over a 5-6 week period. I usually dismiss them as having eaten the wrong food or whatever.

I have attempted to obtain nutritional information but to date I've received none and am looking forward to edition 16 and its focus on nutrition etc.

I would also like to comment on 'My Name Is Brendan', a letter in the last Review.

Until late October 1996, I have not had any severe symptoms that I was prepared to label as such. But last week, everything that Brendan described happened to me.

When the week began, I felt nauseous and tired. OK, I thought, I've been working hard and not sleeping well. By the end of the week, though, it was such an effort to get out of bed that I even considered calling an agency to care for my four-year-old child. This lasted for three days until I was basically unable to stand.

Denial of my hepatitis C has been a coping mechanism. I can see, though, that I'm going to have to take a more positive approach and control my reaction to the virus instead of it controlling me.

I would also like to mention that in regard to mosquitoes, the Encyclopedia Britannica says that HCV is unknown in any other species except humans.

One last thing. The First Australasian Conference on Hepatitis C is being held early in 1997. Why is there no fee reduction for people who are HCV positive?

I work full-time, study by distance education and care for two children, which doesn't leave a lot of money at the end of the week. As such, I don't receive any benefits as holders of Health Care Cards do.

Is there a way of addressing this issue? If not, will papers from the conference be available at a later date?

Yours faithfully

LJ

**In regard to the conference, see 'Conference - Tell Me More' on the next page - Ed**



## The answer to irritable bowel syndrome?

In the last newsletter, HK sought information on irritable bowel syndrome. I often read a journal called the *International Clinical Nutrition Review*. In the April 1996 edition (Vol 16, No 2) there is a possible answer.

On page 68, there is an outline of research done on alleviating irritable bowel syndrome (IBS).

It reads "IBS is described as a common gastrointestinal condition with no detectable evidence of disease - characterised by abdominal bloating and pain, excessive flatulence and variable bowels."

"Food intolerance has been shown to be a cause of IBS in some patients. In an earlier investigation Parker and co-workers showed that a diet of lamb, rice and pears eliminated problems in most of their IBS patients (67%).

"They subsequently developed a diet with more variety for each patient by adding in foods one day at a time and only continuing those that caused no problems. They found that most of the patients seemed to react poorly to cereals, dairy products, and coffee."

The research project in Clinical Nutrition Review used the same process described above to determine non-reactive foods.

"A less restrictive initial diet was created from the earlier work that only avoided foods that had caused problems for 20% or more of the patients."

This diet was given to 253 patients to follow for 2 weeks with all medication being stopped. Two hundred patients managed to follow the diet for the

required two weeks and 100 (50%) found they had no IBS symptoms.

Foods were reintroduced at two-day intervals and only the no-problem food retained in the diet.

I don't know if this will answer HK's problems, but maybe it will help.

Regards PS



## Conferences - tell me more?

Thanks for the help you've provided over the three years I've known I've got hep C.

In one of your recent mailouts, you sent a brochure about a conference coming up soon.

I don't know how it will relate to a person like me, but I'd be very interested in coming along. I may not have a great knowledge of medicine but I do have an above average interest in hepatitis C.

Please let me know how I may attend. I don't have much money as I can't work and survive (I don't use the word lightly) mainly on the Disability Support Pension.

With thanks Sally F.

*The Council is not the conference organiser. We have made enquires about discounted or free places for people with HCV, but this will depend on available funding. If anyone else is interested, call the office. Nb: we can't guarantee anything at this stage. Ed*



## Thanks for the info

Thanks for sending all the information on HCV.

I am unable to tell anyone I have this condition. So when your envelope arrives, every couple of months, I feel a bit less isolated for a while.

Yours sincerely ML

## Thanks again Jenny

I was recently waiting at the liver clinic to see my specialist. I'd had a biopsy the week before and was back again to check the results.

Waiting there for the results, I wasn't feeling the best. I only found out I've got hepatitis C about 6 months ago and the thought still troubles me a bit - and I don't find liver clinic waiting rooms to be the most comfortable places.

Eventually I went in for my consultation and met my specialist. He is really good and tries to make sure I understand everything but this didn't help with the news he had.

Apparently I've got something called fibrosis which may turn into cirrhosis of the liver. And I thought I was going to be fine because it doesn't feel as if there's anything wrong with me physically.

I just didn't know what to do. I couldn't stop sobbing and I don't think my specialist knew what to do too.

He tried to explain everything again, but I wasn't really listening. I just wanted him to say there'd been some kind of mistake and that everything was really okay.

After I calmed down, I went and sat in the waiting room again and a girl called Jenny came up and sat with me. I guess because I was still visibly shaken, she suggested we go for a coffee at the cafe next door.

I think Jenny deserves an Order of Australia. We sat and talked for over an hour. She was so understanding. I thought she was some sort of counsellor or social worker at first but she said she wasn't. She had been through the same sort of thing recently.

That was a few months ago. Happily, I do feel better now - even knowing about this fibrosis. I'm working towards getting better. Thanks Jenny & thanks Hep C Council.

Diane

©

## Does a healthy diet work? I think it does.

In 1988 I had a hip replacement. In August 1992 I found out I had hepatitis C. It was quite a shock. I told my family and friends straight away, I had contracted it via a blood transfusion. I said if they ever needed an operation, they should use their own blood if possible. I wanted to use my own blood at the time but was talked out of it. Of course, we only thought of AIDS in 1988. Now, if I ever need another operation involving a blood transfusion, I'll insist on using my own blood.

In March 1993 I started seeing a GP/Homoeopath. I feel great, but we can never prove if his treatment has kept my blood test levels staying more or less the same over the years.

My tastes have changed. Meat does not appeal to me, although I do eat it in moderation. Fruit I always loved eating and raw carrots. I've included lots of celery - is it because of that I have less aches and pains (arthritis)?

In May 1996 I went to a health centre, Hopewood, not for treatment but for a 10 day holiday and rest. Only vegetarian food is served, no dairy products, no sugar except for that found in fruit, dates and figs. No salt, coffee or tea. All herbal teas and fruit juices. It all depended on which package you were on.

My holiday was no punishment. Plenty of exercise if one wanted to join in. I thought it was great; I was given a diet sheet to take home. I kept it up for 6 weeks, but because I kept on losing weight (not necessary in my case,) I decided to include more fat, meat and chicken in my diet.

I was told I could have fish, low fat cheese and some yoghurt in my diet sheet, but not every day. I use butter sparingly if at all, a peanut butter sandwich does not need butter. Sometimes I use avocado, but mostly I eat sandwiches without butter. I make my own vegetable juice or drink soy milk and water. I always have a salad with lunch.

In September 1996 I had another blood test. The result was fantastic. Only the ALT level was a few points above the normal range (46.) Everything else was normal.

On this result I really feel that diet makes a difference. Maybe it boosts the immune system. I don't know if it will work with every one. By the way, I don't drink much alcohol. When I go out or have visitors I eat "normal" including fatty desserts with fresh cream. I am not fanatic about it, but I am always glad to go back to my healthy diet because I feel much better for it. In June I'm due for another blood test. I'll keep you posted!

With kind regards, Margaret

©

## NEW CES GUIDELINES ADOPTED

**Amanda Vanstone, the Minister for Employment, Education, Training & Youth Affairs, has agreed to abolish discriminatory CES guidelines.**

For some time the Australian Federation of AIDS Organisations, AIDS Council of NSW, Hepatitis C Council of NSW and Welfare Rights Centre have been applying pressure on the Commonwealth.

The Hepatitis C Council recently made a submission to the Commonwealth on post-budget reforms to Employment Assistance. In turn we received a very positive response from the Department of Employment, Education, Training & Youth Affairs.

"The Minister has agreed to change the procedures for servicing jobseekers with communicable diseases such as hepatitis and HIV/AIDS," a ministerial spokesperson stated.

"The CES will not ask jobseekers about the existence of a communicable disease and, where the CES becomes aware of a communicable disease, they will not record this or disclose it to an employer."

These new guidelines will apply to all CES staff as well as contracted case managers such as those working in the Employment Assistance Australia program.

The Minister's endorsement of the new guidelines is clearly great news for all people with hepatitis C. Jobseekers can now deal with the CES confident that they have an equal chance of getting a job. Just as important, sensitive details such as hep C status simply won't be recorded in their files.

**Congratulations go to the various community sector organisations involved in the lobbying, and to Amanda Vanstone who has shown sound judgement and leadership.** ☉

## WARNING ON PAIN KILLERS

Using too much of a good thing can have its drawbacks. This is certainly the case for particular types of painkillers.

Professor Terry Bolin, president of the Gut Foundation, said there was a need to be careful with pain relief drugs from the non-steroidal anti-inflammatory group of drugs (NSAIDs) such as aspirin.

"You need to be careful how you use them. Using too many NSAIDs for different types of pain can be potentially dangerous. Possible complications include abdominal bleeding or ulcers", he said.

The warning is part of a new education booklet, recently launched by the foundation on common, often addictive, over the counter pain relief drugs.

For information on the booklet, contact the Gut Foundation on 02 9382 2222.

☉

## National peak body for hepatitis C

**The move to establish a national peak body for hepatitis organisations has gained momentum following the recent symposium held in Melbourne.**

At the symposium, Dr Cathy Mead, head of the National Centre for Disease Control, speaking on the Commonwealth's response to HCV, to date, stated that she hoped the centre would soon be able to deal with one body representing all organisations concerned with hepatitis C.

This makes good sense. Such a body would ensure that all hepatitis organisations are kept up-to-date on what each is working on. This would enable better development and sharing of information, educational and support resources.

The challenge now is for hepatitis organisations to put together an effective proposal. With Commonwealth support, a national body will hopefully soon become a reality. ☉



## DSP CHANGES MAY DISADVANTAGE YOU

A special report by John MacKenzie

The Federal Government will toughen eligibility criteria for the Disability Support Pension (DSP) if its new impairment assessment tables are introduced. The new tables could exclude many chronically ill people, such as those with hepatitis C, from appropriate income support.

Impairment tables are used by the Department of Social Security to assess DSP eligibility.

Current tables are not perfect, having been developed prior to knowledge of hepatitis C. However, those of us with hepatitis C whose symptoms prevent us working over 30 hours per week have been able to use a 'miscellaneous' table. This means that when warranted we should qualify for DSP, subject to an income and assets test.

Unfortunately the proposed tables list hepatitis C symptoms in a manner that's expected to limit eligibility. Only people with complications usually associated with end-stage liver disease (or having other unrelated impairment) are likely to be eligible.

The department claims the new tables will only affect people whose impairments have a relatively small impact on their ability to work. But considering the inadequacies of the proposed impairment tables, the department appears to have opted for cost cutting. They show little understanding of how disruptive hepatitis C symptoms can be.

Those left ineligible for DSP may be eligible for Newstart Allowance. But this is not an appropriate payment for people experiencing years of continuous illness. Also, it is a more restrictive payment for those who desire or need to continue part-time work.

Those of us with hepatitis C, if denied access to DSP, would be forced to make difficult decisions - trading off our health against our need to work in order to support ourselves and our dependents.

Currently the proposed changes to DSP have stalled in the Senate thanks to the combined effort of Labor, Democrat and Green Senators, as well as independent Senators Brian Harradine and Mal Colston. The government has said that it will further consult affected communities before again proceeding with changes to DSP. However, these are the very communities whose advice the Coalition Government chose to ignore, when formulating its original proposal.

As an individual it's easy to feel you can't change a thing. Yet together, many of us have fought for and achieved change, helping to get a better response to HCV moving. Our recent work helping change the discriminatory CES guidelines provides a good example (see p7.)

The true purpose of the current disability support reform should be to focus on ability rather than disability and enhance the prospects of those who wish to remain in the workforce or re-enter it.

**Changes to DSP must be fair, supporting not hindering those of us with valid eligibility to appropriate income support.**

**Time is short. If you are unhappy with the current developments, it's critical that you write today, to as many as possible, of the politicians listed below.**

Senator John Faulkner  
Leader of the Opposition in the Senate  
Suite 1, 1 Park Ave, DRUMMOYNE NSW 2047

Senator John Woodley  
Australian Democrats  
PO Box 224, ASPLEY QLD 4034

Senator Bob Brown (Australian Greens)  
GPO Box 404, HOBART TAS 7001

Senator Brian Harradine (Ind)  
GPO Box 896J, HOBART TAS 7001

Senator Mal Colston (Ind)  
PO Box 2953, SOUTHPORT QLD 4215

Senator Jocelyn Newman  
Minister for Social Security  
11 Elphin Rd, LAUNCESTON TAS 7250

and your local federal Member of Parliament.

John MacKenzie is a board member at the Welfare Rights Centre, and a previous committee member with the Hepatitis C Council of NSW.

⊙



## hepatitis C & diet

### - what are the issues?

Everyday, workers on the NSW Hepatitis C Information and Support Phone Line are faced with the same question:

### What diet should I be on to best help me deal with my hepatitis C?

The question appears straightforward but it's a difficult one to answer.

It actually raises a number of related questions:

- does diet affect the activity of the hepatitis C virus and its effect on our body?
- will diet affect our liver's ability to cope with any possible damage caused by the virus?
- does diet affect our body's immune response and its ability to deal with the virus?
- can diet minimise or exaggerate symptoms of hepatitis C?

Because there hasn't been a lot of specific scientific research, these questions are difficult to answer.

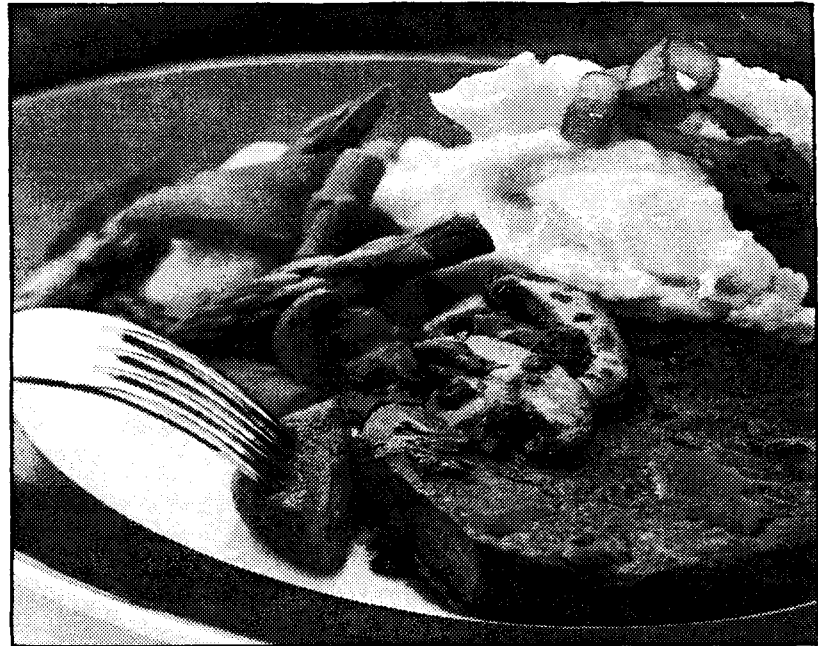
Many dietitians and medical experts working with hepatitis C feel that except for alcohol, diet has little direct affect on the activity of the virus and the outcome of long-term infection.

They feel that a person's age when the virus was contracted, their virus genotype or other such factors have a more direct affect on disease outcome.

Gastroenterologists and hepatologists worldwide marvel at the liver's ability to

heal itself. They acknowledge, though, that not enough is known about how the liver actually does this. Whether diet has any direct major impact is not known at this stage.

It would seem common sense that strengthening our immune system helps fight off various bacterial and viral infections. But how much actual difference to our immune system can we make? Would a well-balanced healthy diet do the trick? Should people take additional dietary supplements or tonics? Are the costs of such supplements warranted?



One area that does not require scientific proof is our personal reaction to different foods. People sometimes report indigestion, nausea and feeling bloated after eating particular foods. Because different foods affect people differently, there are few dietary facts or rules and people's diets will generally be guided by personal choice only.

Authors of articles contained in this edition come from different fields and may have differing points of view. In looking for answers, you may come across contradiction.

This introduction attempts to outline just some of the issues involved. Perhaps it shows how difficult it is to expect absolute answers in regard to diet, nutrition and hepatitis C.

When making personal decisions about diet - as with treatments - it is always advisable to seek out qualified, knowledgeable and experienced practitioners who belong to accredited organisations (see pages 13 & 29.) ©

## 4TH NATIONAL HEPATITIS SYMPOSIUM

In ancient Greek times, symposiums were full-on drinking parties involving spirited conversation on chosen topics. The recent Melbourne symposium involved lots of spirited discussion but any drinks served were of the non-alcoholic variety.

It was generally accepted that the symposium raised no ground-breaking developments.

**Interferon treatment.** It was shown that 12 months' treatment with Interferon leads to better results than the current 6 months' treatment. This proposal had been trialled internationally for some time and was generally accepted by the symposium delegates.

**Predicting hepatitis C outcome.** Visiting guest speaker Prof Thierry Poynard spoke about a French study involving 2,235 patients with hepatitis C. He suggested that outcome of hepatitis C related to alcohol usage, gender and age when HCV was contracted.

**Liver transplantation for HCV.** Dr Peter Angus stated that HCV has become the most common cause for transplant. He warned that the need for transplants will rise but Australia's rate of organ donation is very low and there will be major problems ahead.

**HCV vaccine.** Dr Eric Gowans reported that there may be possibilities for development of vaccines based on interrupting the viral replication cycle. Such development would be a long way off, if possible at all.

**More information?** Although new information quickly makes its way into booklets and magazines, in regard to treatment and illness management, your doctor or specialist should always be your best information source. ©

## DIET AND LIVER DISEASE

Comments on diet and hep C by Professor Bob Batey.

There is increasing interest among patients in the possibility that adhering to a particular diet may improve the outcome of their liver problem.

Diet and liver disease have been discussed at length over many years and the reality remains that there is no specific dietary approach that one can recommend which is guaranteed to alter the outcome of any particular liver disease.

Even diseases which are related to excessive amounts of particular dietary materials such as iron and copper cannot be radically influenced by changing the diet to minimise the intake of either of these heavy metals.

Recently, people have become much more interested in modifying the diet to "cleanse" the liver or to reduce its burden of having to metabolise excessive fats, caffeine or other materials which, at various times, have been felt to be harmful to our livers.

Scientific studies have failed to validate any of these diets in that there have been no long term studies identifying that by cutting out caffeine or cutting out specific fats one can improve the outcome of a particular liver disorder.

It is important to highlight the fact that people who minimise their saturated fat intake actually increase their risk of developing cirrhosis from alcohol ingestion and it is important therefore to highlight the fact that what is most important is the need to eat reasonably.

Until reasonably controlled studies have been done indicating the benefit of a particular dietary modification, it is inappropriate to recommend that patients with hepatitis C or any other liver disease change their diet in a radical manner.

Professor Batey is Director of the Gastroenterology Unit, John Hunter Hospital, and a member of the NHMRC Working Party on Hepatitis C. ©

# THE LIVER IN YOUR DIET

## From the American Liver Foundation.

Because this article is abridged from the internet, we do not know whether it has been scientifically evaluated and/or validated.

### What does nutrition have to do with your liver?

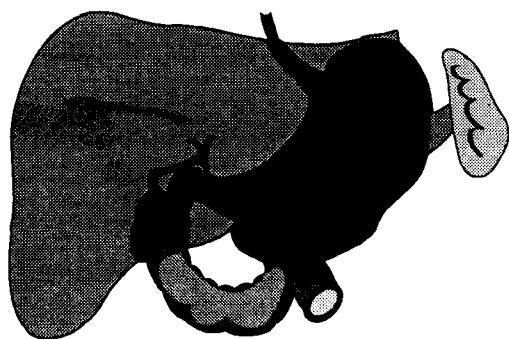
Nutrition and the liver are interrelated in many ways. Some functions are well understood - others are not.

Everything we eat, breathe and absorb through our skin must be refined and detoxified by the liver. Attention to nutrition and diet can help keep the liver healthy.

In a number of different kinds of liver disease, nutrition takes on considerably more importance.

### Why is the liver important?

The liver is one of the largest organs in the body and it plays a vital role, performing many complex functions which are essential for life. Our liver serves as our body's internal chemical power plant.



### Some important functions of the liver are:

- To convert the food we eat into stored energy and chemicals necessary for life and growth.
- To act as a filter to remove alcohol and other toxic substances from the body.
- To process drugs and medications absorbed from the digestive system enabling the body to use them effectively and ultimately dispose of them.
- To manufacture and export important body chemicals used by the body, one of which is bile - a greenish yellow substance essential for the digestion of fats in the small intestine.

### Can poor nutrition cause liver disease?

There are many kinds of liver disease. The causes of most of them are not known. Poor nutrition is not generally a cause, with the exception of alcoholic liver disease and liver disease found among starving populations.

On the other hand a balanced diet with adequate calories, proteins, fats and carbohydrates can actually help the damaged liver to regenerate new liver cells. In fact, in some liver diseases, nutrition becomes an essential form of treatment.

NB: People are strongly advised not to take megavitamin therapy or to use nutritional products bought in special stores or by catalogue without consulting a doctor.

### What nutritional problems are caused by cirrhosis?

When the scarring of cirrhosis interferes with the flow of blood from the the stomach and intestines to the liver, a condition called portal hypertension may develop. This simply means that there is back pressure in the veins entering the liver.

A surgical procedure rerouting blood away from the liver and into the general circulation can relieve this pressure, but it often causes a new set of problems.

Because the rerouted blood has bypassed the liver, it contains high levels of amino acids, ammonia and possible toxins. When these compounds reach the brain, they cause a condition called hepatic encephalopathy (liver caused mental impairment.) Patients become confused and some temporary memory loss occurs.

### Foods to avoid:

Vibrio vulnificus, a bacteria can be contracted by eating raw oysters, etc. Shell fish if uncooked can be very dangerous for patients with cirrhosis. Either avoid or be careful to eat well cooked.

## Can diet help in treating other complications of cirrhosis?

Some complications of cirrhosis can be helped through a modified diet. Persons with cirrhosis often experience an uncomfortable build-up of fluid in the abdomen (ascites) or a swelling of the feet, legs, or back (oedema).

Both conditions are a result of increased pressure in the veins entering the liver (portal hypertension).

Salt encourages the body to retain water. Patients with fluid retention can cut their sodium intake by avoiding such foods as canned soups and vegetables, cold cuts, dairy products, mayonnaise and sauces. In fact, most prepared foods contain liberal amounts of sodium while fresh foods contain almost no sodium at all. The best tasting salt substitute is lemon juice.

## Are there other liver diseases where specific changes in diet can help?

Nutrition and a modified diet have been found to have a significant effect on a number of other liver diseases.

[In Taiwan, a diet high in vegetables was associated with a lowered risk of liver cancer in people with hepatitis C.]

Some types of liver disease, for example, cause a backup of bile in the liver (cholestasis). This means that bile cannot flow into the small intestine to aid in the digestion of fats.

When this happens, fat is not absorbed but instead is excreted in large amounts in the faeces, which become noticeably paler colored and foul smelling. This condition is known as steatorrhoea. This loss of fat calories may also cause weight loss.

Certain types of fats, such as medium chain triglycerides (MCT oil) can help alleviate this condition because they are less dependent on bile for intestinal absorption. They can be used like other oils in cooking, baking and salad dressings.

Patients with steatorrhoea may also have difficulty absorbing fat soluble vitamins A, D, E and K. However, water soluble vitamins are absorbed normally. Supplementing the diet

with fat soluble vitamins is possible, though it should only be carried out under the guidance of a physician. Vitamin A in excess over what is needed is toxic to the liver.

Hemochromatosis is a disease in which large amounts of iron are transported from the intestine and accumulate in the liver. Persons with this condition must avoid iron injections and supplements. Aside from these precautions, those with hemochromatosis may follow a normal diet.

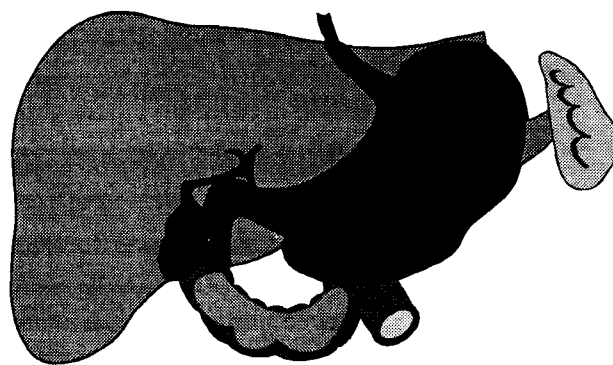
## What is fatty liver and is it caused by eating too much fat?

Fatty liver is not a disease but a medical term. A more appropriate description is fatty infiltration of the liver. It is not caused by excessive eating of fats.

Nutritional causes of fat in the liver include: starvation, obesity, protein malnutrition and intestinal bypass operation for obesity. Fat enters the liver directly through diet and from fat being stored in the body's fatty tissue. Under normal conditions, fat from the diet is usually metabolised by the liver and other tissues. If the amount exceeds what is required by the body, it is stored in the fatty tissue.

If fatty tissue is caused by diabetes, insulin will treat the problem. Fatty liver resulting from poor nutrition should be treated with a well balanced diet of carbohydrates, proteins and fats as specified by a nutritionist or doctor.

Fatty liver can also be caused by certain chemicals, drug compounds and glandular disorders. In these cases, the treatment would be directly related to the cause.



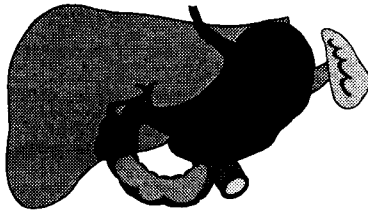
## Two ways to avoid fatty liver:

- limit alcohol intake (alcohol can decrease the rate of metabolism and secretion of fat, leading to fatty liver).
- watch the diet (starvation and protein malnutrition can result in fat build-up in the liver).

Gradual weight reduction over time will reduce enlargement of the liver due to fat and will lower associated liver test abnormalities.

## What lies ahead?

The relationship between nutrition and the liver is under constant investigation. To what extent good nutrition and dietary practices can control or perhaps even prevent liver disease can only be guessed at this time. Further research in this area could prove very beneficial and is being supported by the American Liver Foundation.



### American Liver Foundation

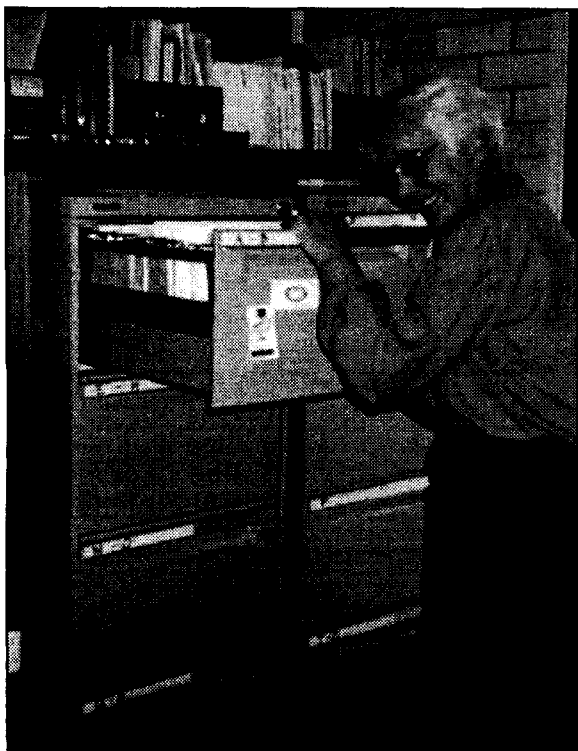
1425 Pompton Avenue  
Cedar Grove, NJ 07009 USA

Ph: 00111 201 857 2626

Email: 104047.140@compuserve.com

Internet:

<http://sadio.ucsf.edu/alf/alfinal/homepagealf.html>



Margaret, a dedicated office volunteer who journeys fortnightly from Gosford, has a warm sense of humour - especially useful when filing.

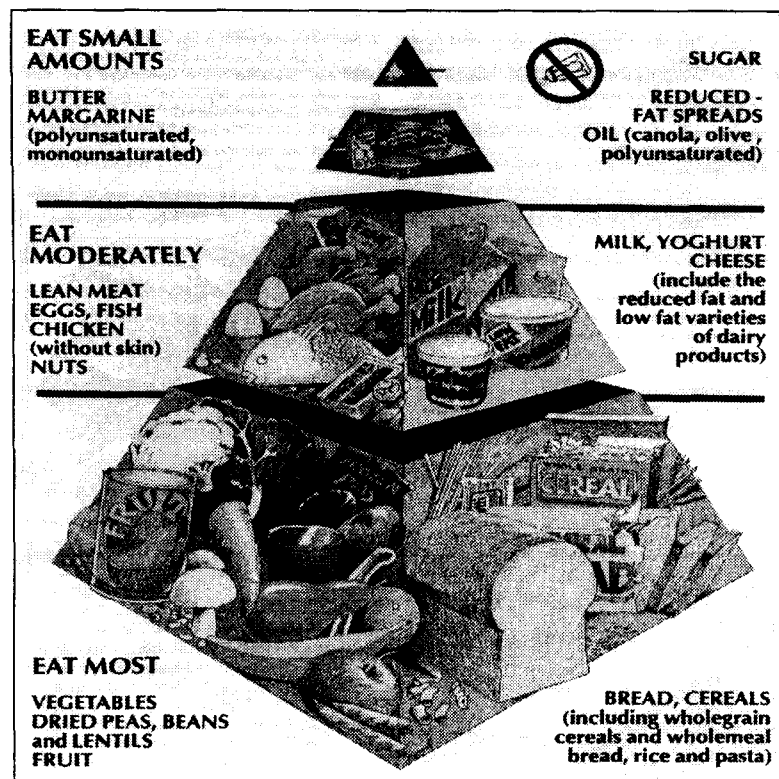
## A MODERN DIET?

An extract from the Australian Nutrition Foundation booklet: *Eating the Pyramid Way.*

Learning about choosing and preparing food is a basic living skill. Women and schools used to share the job of teaching children about food and cooking but changes in education policies mean that most schools no longer teach children how to cook while in many homes, there is less time for this teaching to be done.

The result is a community losing the skills to make healthy food choices and prepare a simple meal. We are losing control over our own food and becoming increasingly reliant on food prepared outside the home.

People who know about the importance of good food as a foundation for health and well-being need to help reverse this trend by encouraging everyone to share in the responsibility for preparing enjoyable nourishing meals.



The Australian Nutrition Foundation has divisions in all States and the ACT. For more information NSW readers can contact:

The Australian Nutrition Foundation  
1-3 Derwent St Glebe NSW 2037  
Ph: 02 9552 3081



## DISPOSING OF FITS

**One part of harm minimisation involves ensuring that people who inject drugs do so safely.**

Leaving used equipment around the house or anywhere in public can cause needlestick injuries and projects the wrong message about users.

This relates to everyone who injects: heroin & speed injectors, body builders who use steroids, or people who inject methadone.

If you are going to inject, make sure you:

- Wash your hands before and after a hit.
- Wipe down the surface or put down a piece of clean paper where you are fixing.
- Use new equipment.
- Don't share any equipment with anyone else - eg. water, filters, tourniquet, etc.
- Don't let your blood come into contact with anyone else's.
- Don't let anyone else's blood come into contact with yours.
- Don't help others, or let them help you, unless hands have been washed.
- Dispose of used equipment safely.

Remember, hepatitis C virus can be found in minute amounts of blood. Just because you can't see the blood doesn't mean you're safe.

### How do you safely dispose of used injecting equipment?

Phone the **Alcohol & Drug Information Service** and ask how to find your local needle exchanges and other services (ph. 1800 422 599 or 9331 2111.)

Your local needle exchange outlet can supply you with all the gear you need and staff can tell you about how to use more safely. They will also help you dispose of your fits and other equipment safely.

Usually, they'll supply you with containers especially designed to hold used fits. These are called sharps bins and are the same as those used in hospitals and clinics.



'Sharps bins' and plastic bottles - look for the letters *PET* on the bottom of the plastic bottles as these are especially strong.

Last edition, we suggested the bending over and disarming of fits but this is not considered a safe practice. After rinsing fits, it's best to drop them straight into a sharps container to dispose of them. Recapping fits or bending over picks involves a high risk of needlesticks.

If you get your fits in a fit pack, disposing of them is simple - just put them back in the non-return part of the fit pack.

By rinsing out your fit before binning it, you clean it out so it can't be used for evidence.

Containers might take some time to fill. Once they are filled, or if they are getting old, you simply return them to the needle exchange and swap them for new ones.

### This is the best method for disposal of used equipment but what happens when such containers are not available?

Plastic drink bottles or empty detergent containers work well. When your bottle is full, reseal it and put it in the rubbish - or better still, take it to your nearest needle exchange outlet.

Be careful not to dispose of your fits in aluminium cans or glass bottles. Kids collect the cans for recycling and could get needlesticks, and glass bottles can easily break.

### Is it a bust to store used fits in my house?

Legally, you are allowed to possess fits.

If you admit to using and have a used fit, this can be used as evidence (a good reason to rinse your fits after use.) We suggest that users do not carry dope on them when picking up or disposing of fits. ©

## THINKING OF PENETRATING YOUR SKIN?

Are you thinking of having permanent (tattooed) eyebrows, beauty spots or lip liner? Are you considering a body piercing or tattoo? Do you ever use an acupuncturist?

If you answer yes to any of the above, you need to consider the risk of bloodborne communicable diseases. These include the hepatitis C and B viruses, and the HIV virus.

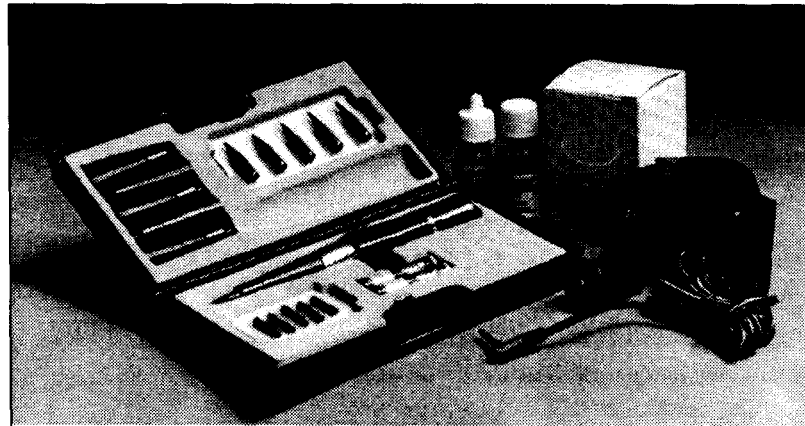
Recent seminars, hosted by the South Sydney and Sydney City Councils focused on the threat of bloodborne communicable diseases within the workplace and how skin penetration can be done most safely.

Skin penetration regulations apply to

- Acupuncture.
- Ear piercing.
- Body piercing.
- Hair removal.
- Decorative and cosmetic tattoos.
- Any other procedures, medical or not, which involve skin penetration.

They don't apply to registered medical practitioners and dentists, who work under more detailed guidelines.

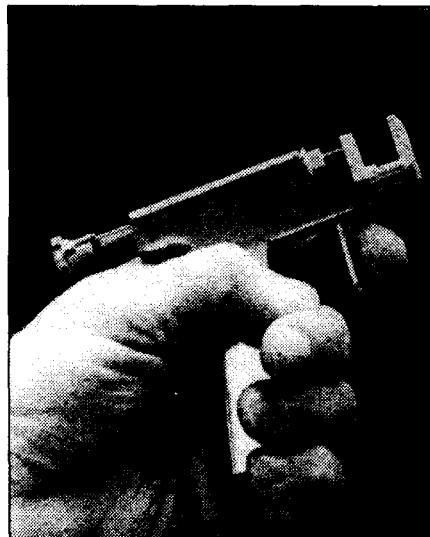
The overall risk of HCV transmission through beauty, tattooing and body piercing procedures is low. But To ensure any possible infections are avoided, the following guidelines must be observed.



State of the art beauty tattooing equipment. Exposed parts are either single use or able to be autoclaved (heat sterilised)

People must not carry out skin penetration procedures unless:

- Their business address has been notified to the local authority responsible for the area.
- The premises are clean and hygienic.
- Any article used to penetrate the skin is sterile.
- Any article which has been used on one person is disposed of appropriately after that use, or is sterilised before being used on another person.
- The person carrying out the work is clean, is dressed in clean clothing, and has no exposed skin lesions, such as cuts, abrasions, blisters etc.



A modern ear piercing gun should not be used for any other type of body piercing.

Penalties can be applied for breaches of any of the above rules (\$2,000 per breach.) More importantly, businesses are liable to be sued for damages if through negligence, they cause transmission of HCV or HIV.

How do you avoid unsafe skin penetration? Ask your clinician what precautions they take. Do their rooms look clean? Do they use single use equipment? If not, is their equipment

sterilised? Do they clean down their workspace after each client? Does your tattooist use new ink caps every time?

For more information on skin penetration guidelines, contact Sue Resnick (Infection Control Association) on 02 9332 1090. ©



# an interview

## Kendall Centre revisited

### an interview with Virginia Heron.

*Virginia, thanks for taking time out. Can you tell us a bit about the Kendall St Centre?*

The service started as an HIV/AIDS prevention service in 1989, Paul. We promote harm minimisation and run a needle and syringe exchange program. We're also involved in some counselling and healthcare and welfare referral.

We have two centres, one near Parramatta and one in Blacktown - we do outreach work and phone information too.

Services like ours were set up across Australia and form part of the overall response to HIV and we're concentrating on hep C too, for obvious reasons.

*It's often said that Australia is a world leader in the battle against HIV, and I guess part of the kudos goes to centres like yours.*

Yes, we're proud of our record with HIV, but we tend to focus on our clients rather than on particular illnesses. And our clients have needs that go far beyond HIV or hep C. They often have important health and medical needs, as well as other day-to-day issues that come into play.

*Can you tell us a bit about your clients, Virginia, and what actual services you provide?*

Some people may have preconceived notions of who goes to needle and syringe exchanges, but our clients generally come from a wide range of backgrounds. Some drive BMWs while others have quite 'ordinary' lives.

*What's your role at the centre?*

Officially, I'm a registered nurse and provide information and advice on how

people can reduce the harms associated with HIV and other sexually transmitted diseases, hepatitis C and injecting drug use.

Unofficially, the most important thing is making our clients welcome.

*What are the personal challenges you face?*

Sometimes the work is very demanding and sometimes it's easy to get disheartened, especially when people die. Yes, we remember those we lose.

At times, we're placed between a rock and a hard place dealing with client complaints against other healthcare services.



And I worry that our general healthcare system has some major gaps.

But it's good assisting people through those gaps.

Of course, we get to know some clients quite well and that's great. Some are really inspiring.

The bottom line I guess is in remaining appropriately client focused and trying to keep a sense of humour.

*What do mean by inspiring?*

This might sound a bit cliched, but if more people had the resilience that some of our clients have - the ability to 'keep hanging in there and smiling' - well the world would probably be much better.

*How would you like to see the future?*

I know some healthcare workers get certain training in IDU issues, but I'd like to see such training structured into all healthcare and welfare training.

People who inject drugs often experience a surprising level of stigmatisation. With a bit of education, much of this stigmatisation simply would not occur, and their health and quality of life would subsequently improve.

*Thanks Virginia. And if people want to find out more about Kendall St?*

They could drop in to our centre: 26 Kendall St (9893 9522); or to our service at Blacktown: Unit 6, Marcel Crescent (9831 4037).  
⊙



## The Demon Drink?

Like most of my friends, I like to have a drink when I'm socialising. Unlike most of them though, I have hepatitis C.

And where does that leave me?

I have a medical condition that means I should give up alcohol. But is it as simple as it sounds? No way. Giving up the occasional beer is not so easy.

As a teenager, I remember being into loud music, cars and motor bikes, sex and drinking.

And it's probably true that when humans climbed down from the trees 50,000 years ago, we did so because happy hour was invented.

Alcohol is so much a part of our lives that I often get the feeling that if people don't drink, others feel they have some sort of problem.

I'd hate to imagine how many advertising and PR types would be out of work if it wasn't for the big bucks behind brewers and distillers. I mean, the booze ads you see in magazines and on billboards have to be the slickest around. It just seems like drinking is such a normal part of our culture.

All of this doesn't help me. I'm left thinking how much do I want to give it up, and do I really need to in the first place? You see,

my hep C doesn't really give me a hard time. I have liver tests done every six months or so and things are pretty good - relatively normal ALTs and all the rest.

I gave up drinking for a year or so because I thought it was the right thing to do. But having the occasional bottle of wine with my girlfriend is just too nice.

Maybe I'm going to be one of those people who are never really affected by the hep C virus. So I think to myself - why put myself through all the drama of giving up drinking when it may not even be necessary to?

Regards, PS

⊙

## CONTROLLED DRINKING: A DIFFERENT APPROACH

by Vaughan Rees

For many people with alcohol problems, the only option often considered is giving up completely and forever. This usually is achieved by attending meetings such as Alcoholics Anonymous, or in some cases by self-managed change.

This approach to alcohol is still the most common one and has been of great benefit to countless people.

However, recent developments in treatments have seen the rise of other approaches such as *moderation*, which are often seen as challenging the traditional *abstinence* approach.

Moderation, or controlled drinking, is based upon the idea that alcohol dependence is an acquired problem that develops in connection with environmental, situation and personal factors.

This is in stark contrast to the popular disease model of alcoholism, seeing people as being born with a drinking problem that can only be overcome by complete abstinence. Under this model, just a small amount of alcohol will mean loss of control and a rapid return to heavy drinking.

On the other hand, people who support controlled drinking say that as an acquired disorder, problem drinking can be addressed by assisting people to achieve and maintain control over their drinking. Learning techniques include managing urges and cravings, coping with drinking triggers, finding better ways to deal with feelings that promote heavy drinking such as stress, boredom and depression, and learning techniques to prevent relapse.

The aim of controlled drinking is to keep alcohol consumption in line with the recommended safe levels for drinking (see box).

There is evidence that moderate drinking, in conjunction with a healthy diet and exercise, may actually provide some health benefits. Moderate drinkers have a longer life expectancy than teetotalers which may also be true for former problem drinkers who moderate their drinking.

While controlled drinking may not be a suitable goal for all problem drinkers, it has provided an alternative to those who are concerned about their drinking and do not feel that lifelong abstinence is a realistic option in their lives.

Vaughan Rees is a research psychologist at the National Drug & Alcohol Research Centre.

⊙

### Safe level of alcohol intake

Women 1-2 standard drinks per day  
+ 2 alcohol free days per week

Men 3-4 standard drinks per day  
+ 2 alcohol free days per week

### One standard drink equals:

2 middies of light beer

1 middie of normal strength beer (285 ml)

1 glass of wine (100ml)

1 nip of spirits (30ml)

# FOOD FOR THOUGHT

## HEPATITIS C AND DIET - FROM A HOLISTIC VIEWPOINT

by Alex Rousselis

It would be nice if specific foods addressed the effects of hepatitis C, but this is not the case. This isn't to say that modifying diet has no effect. Over the ages, regimes of vegetable juices and fasting have been used to clean the body. Foods as medicine have a subtle and deep action and work best when incorporated into daily routines.

In the 5th Century BC, Hippocrates stated "food should be our medicine and medicine should be our food". Though most people see the truth in these words we often lack the information to put foods to best use.

People should re-establish intimacy with foods and the body. It's surprising the number of people who don't directly relate feelings of nausea to those foods recently eaten.

Foods are not inert substances. They have a dynamic nature that affect emotions as well as our physical body. There tends to be a range of effects from the subtle to the more debilitating. A carefully developed diet can allow people to reduce symptoms and feelings of illness.

### Eat simple foods



So called "peasant diets" are best. They are principally vegetarian. A typical meal includes grains (eg rice or wheat) and legumes (eg lentils or corn) with seasonal vegetables. Fresh fruit is a good source of energy and like vegetables should be varied and eaten in season. Vegetables are best lightly steamed - not overcooked.

A very important benefit of eating fresh whole foods is that they contain enzymes. These are substances that help the body digest food and are found in only living foods. High temperatures kill enzymes so most processed foods require a lot more effort by the liver to digest them. This effort could be better used to combat the effects of the virus.

Bitter foods are useful as they stimulate the digestive process and assist the liver. Eating salads containing bitter leaves such as dandelion and chicory 10-15 minutes before meals is a long standing European recipe to aid the liver.

There is nothing better than a simple well balanced home cooked meal of which you are in control. Anything else will tend to result in compromise.

### Drink water daily

Drinking 2-3 litres of water each day is universally recommended for good health, but also protects against lymphatic congestion - which would put further strain on the liver.

### Vegetable juices

Fresh vegetable juices should be drunk once or preferably twice daily. Vegetable juices are preferred over fruit juices because the latter tend to cause abdominal bloating. The occasional fruit juice is fine. One may also add a bit of fruit to one's vegetable juice.

Vegetable juices have a particular nature that helps lessen the bloated and stagnant feelings often associated with liver conditions. Vegetable juices act to flush out the body and relieve some of the symptom that people with liver disease experience, such as heaviness and lethargy.

There are no strict proportions to be followed so experiment for yourself. Some juices are very strong so you may like to dilute them initially with water.

### Avoid most fats and oils

Processed foods are often high in unhealthy saturated fats and should be avoided. Cooking at high temperatures alters the nature of fats and oils and their repeated re-use by the fast-food industry means that these foods should be taboo if you have hepatitis C.

With saturated fats, the liver labours to neutralise their harmful effects. Consequently, energy that could be used for healing is wasted. A person with hepatitis C who eats mostly take-away meals can cause injury that simple diet can correct.

Margarines should be avoided due to their trans-fatty acid composition which is harmful to the body. Frying foods should be avoided. Grill instead or stir-fry using small amounts of oil. Cold-pressed virgin olive oil is recommended.

### Avoid/minimise red meat

Red meats are very potent foods and require a lot of effort to digest, often being high in fats and toxins. If you eat beef, have it in thin slices (ie. stir-fried.) Also realise that meat will take a

minimum of 8-10 hours to be digested, often sitting in the bowel the whole night adding a further burden to your body.

The best meat is deep-sea fish. A grilled cutlet, with a slice of lemon and pepper to taste is easy and quick to prepare.

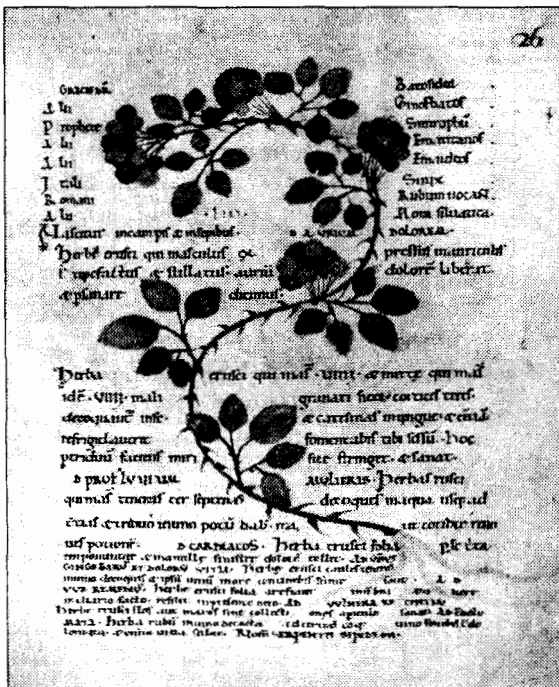
As a supplement, simple plant proteins made from soy beans such as tofu and tempeh are more easily digested by the liver.

Chicken should be free-range and cooked skinless.

### No alcohol or other drugs

Only prescribed drugs should be taken. The liver is required to detoxify most drugs so taking any unnecessary substances just further taxes a weakened situation.

### Herbal medicine



There are many hepatic herbs that are used to directly attack the virus or support the liver. One of the most powerful is St Mary's Thistle, but remember, herbs should be taken only as directed.

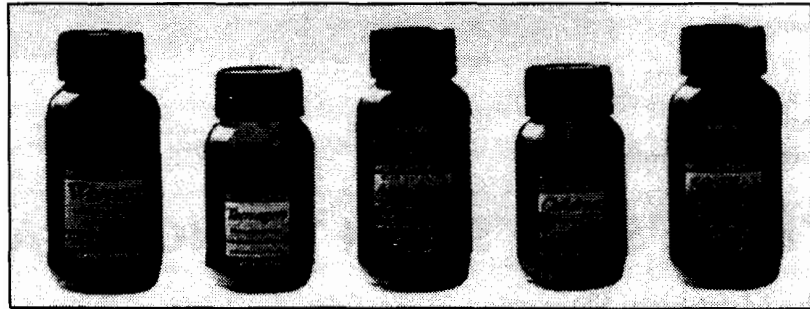
### Cleanse the bowel

A proper functioning bowel is essential. Do not assume you have a healthy bowel. A general naturopathic definition of constipation is when people don't have a daily bowel motion. A diet high in daily vegetables including leafy greens such as spinach, cabbage, broccoli etc will supply necessary fibre. And how do we know

we have enough fibre in our diet? When we have a daily bowel motion that floats!

One of the best substances to clean and tone the bowel is slippery elm powder. A tablespoon dissolved in water taken before bed is good practice. It is difficult to overdo slippery elm but guidance should be sought, and remember, whenever taking fibre supplements, ensure you drink adequate amounts of water to prevent constipation.

### Supplements



Omega 3 and Omega 6 oils are essential food components, often lacking in many diets. They are a useful dietary supplement. An ideal ratio of Omega 6 to Omega 3 (3:1) is found in hemp seed oil but this is often difficult to obtain. More common sources of Omega 6 oils are evening primrose, borage or black currant oils. Omega 3 can be obtained from cod liver or linseed/flaxseed oils.

Lecithin has many functions, including greatly helping the liver detoxify substances.

Free-radical scavengers are of great benefit to the liver because they support its detoxifying role. In these times of pollution, pesticides, fertilisers and artificial flavourings etc, our livers are constantly engaged in detoxification. Vitamins C, E and the bioflavonoids should be regularly taken. They negate some of the damage from the virus. Bioflavonoids are especially strong acting (more potent than vitamin C) and are found in many anti-oxidant formulas. Bioflavonoids are found in the peel of citrus fruit thus a fresh orange juice that includes skin has added value.

### A summary

As initially stated there are no specific foods that kill off the hepatitis C virus. The approach taken is to minimise any burden on our liver and body so that our protective and rejuvenative energies can be maximised. The liver is constantly challenged by our environment. Include a virus and this vital organ is under considerable pressure. Thus we should do as much as possible to follow a beneficial diet and lifestyle.

Of course, people should consult herbalists or naturopaths who are accredited and part of a professional natural therapy association. See page 29.

Alex Rousselis N.D., D.B.M. lectures at several natural therapy colleges and practices at Kingsgrove Herbal Medicines Centre.



## A HEARTY DIET?

### What does it mean to eat a well-balanced, healthy diet?

Some people may need a specific diet. This may be for any one of several reasons - obesity, high cholesterol, stomach ulcers, etc.

For most people, though, eating a well-balanced, healthy diet is always recommended.

Many publications contain good information about healthy diet. The **Heart Foundation** has developed a range of booklets including:

- *Get the good eating habit*
- *Healthy eating on a budget*
- *So you want to eat better (pictured)*
- *Cooking for few*
- *Consuming passions*
- *Winning tastes*
- *Healthy eating for the heart*
- *So you want to get more exercise*

The booklet: *So you want to eat better* was developed by the Department of Public Health, the University of Sydney, and the National Heart Foundation.

The contents page shows just how comprehensive and useful the booklet may be.

- Getting ready to eat better.
- Why should you change your diet.
- How well do you eat now?
- Food pyramid.
- Food facts.
- Reasons for not eating well.
- Set yourself a goal.
- Changing meals one at a time.
- Changing foods one at a time.
- Take away food.
- Extra hints for losing weight.

- Drinks.
- Salt.
- Low fat alternatives.
- Meat, chicken and fish.
- Vegetables.
- Shopping tips.
- Better eating for life.
- Exercise.
- Special tips for special occasions.
- What to do for the good of your heart.

## So you want to eat better



**Heart Foundation**

There are aspects of liver illness that mean in some cases, quite specific dietary advice may be needed.

It is therefore always wise to talk to your doctor about diet and nutrition. She or he will be able to talk with you about your hepatitis C and your overall level of health, or refer you to local dietitians and nutritionists if necessary (also see page 13).

**For more information from the Heart Foundation:**

**343-349 Riley Street**

**Surry Hills NSW 2010**

**Ph 02 9219 2444**

©

# The Liver Cleansing Diet

**a review by Helen Vidot.**

The Liver Cleansing Diet, by Dr Sandra Cabot, is an easy to read book that contains some very good medical and dietary information.

Unfortunately, it also contains misleading and incorrect medical and dietary information that has little biological or clinical basis, including:

"Those who test positive for hepatitis B and/or hepatitis C and are chronic carriers of these viruses will have less chance of developing chronic liver disease if they follow the diet.

"The liver definitely needs more help after the age of 55, as liver weight and volume decreases with age.

"Poor liver function can manifest as high blood pressure.

"Artificial sweeteners ... cause hypoglycaemia and fatigue.

"Refined sugar and flour cause the liver to work much harder."

The Liver Cleansing Diet (LCD) subscribes to a certain philosophy of life that requires a blind faith to follow the regime described by the author.

The claim that the LCD may prevent progression of liver disease with hepatitis B or C is of concern to all who work with liver disease. Dietary change has not been shown to reduce the chance of developing chronic liver disease.

Over one third of the book is devoted to recipes. These are an interesting collection and may be useful to healthy individuals looking for something different.

But there are some major nutritional deficiencies in the LCD. If this diet is balanced, one wonders why it is necessary to take massive doses of dietary supplements.

The major nutrients concerned include iron, calcium and riboflavin. It is suggested that followers of the LCD avoid red meats and chicken for a period of four weeks. Red meat is the best source of available dietary iron as it is more difficult to absorb from other sources. Iron deficiency can be a major problem for people with chronic liver disease.

It is unclear on reading the book why dairy products should be avoided. If the aim of the diet plan is to reduce dietary fat intake, there is a wide range of low-fat or reduced-fat dairy products that could be used. Although avoidance of dairy fat often seems to be part of alternative nutritional advice, it is not usually warranted.

The LCD is a low fat diet with an overall emphasis on weight loss. There is no doubt that the LCD will help to control body weight and may lower cholesterol levels.

But weight loss in those who have liver disease is not generally recommended. As the condition progresses, the body's energy requirements are greatly increased. Fat deposits which are the body's energy stores are rapidly used up. A 10 kilogram weight loss over eight weeks is potentially harmful for those with liver disease.

The LCD also demands a high fluid intake. This is frequently unhelpful with people who have liver disease because of fluid retention often associated with liver disease.

Much of the diet is based on the assumption that the liver is dirty and needs cleansing and that we all need to rejuvenate our liver in order to relieve a variety of disorders frequently unrelated to liver disease.

But one of the many roles of the liver is to remove the waste products of metabolism and toxins from our body. It is not necessary to cleanse the liver as the liver does this itself.

Unlike many of the other organs in the body, the liver does not age. Its size and function is unaffected by the ageing process. The size of the liver is related to body weight and it does not shrink with age as the author states.

In summary, the LCD has an interesting collection of recipes that readers may wish to explore. But the diet plan is not recommended, and may in fact be harmful for those people who already have liver disease.

The Liver Cleansing Diet will not provide a cure for liver disease and may result in compromising the nutritional status of those with liver disease.

It may be of some use for healthy individuals who have no pre-existing illness.

**Helen Vidot is a dietitian at the Australian National Liver Transplant Unit, Royal Prince Alfred Hospital, Sydney.** ©

## Hepatitis G virus - tell me more

### Discovery

Identification of the hepatitis G virus (HGV) was announced in January 1995. US researchers discovered HGV using the process of molecular amplification - the same technique used to discover the hepatitis C virus (HCV.)

HGV is classified as a separate virus from HCV but belongs to the same family (*Flavivirus*.)

### Prevalence

It is believed that HGV may be more common than HCV. In the Australian community up to one in every 50 people may have it.

### Transmission

Transmission appears to be primarily through blood-to-blood contact.

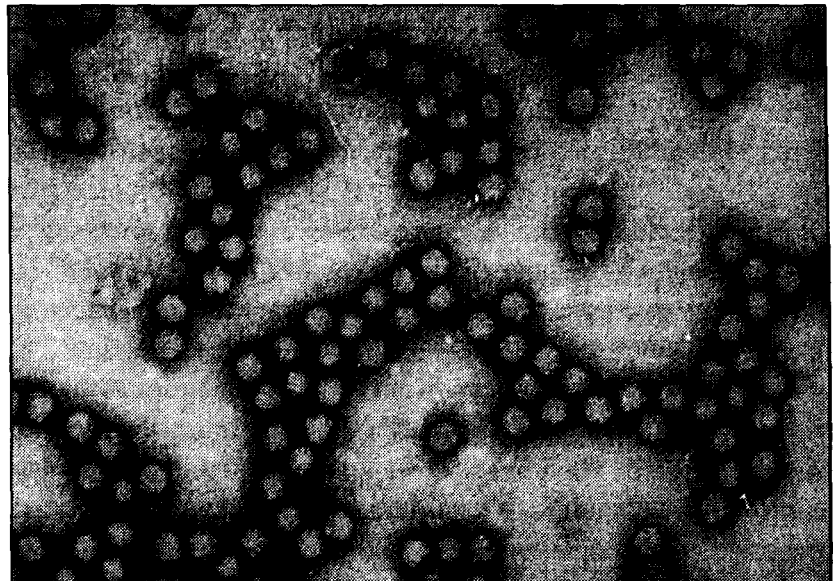
Mother-to-baby transmission can occur, although it is not yet known to what extent.

### Outcome

It seems that over 50% of people clear their HGV infection (like we clear the flu virus).

Ongoing infection does not appear to involve short-term or long-term liver inflammation.

**There are no currently known serious outcomes associated with HGV infection.** This may of course change in the future.



Viruses are microscopic organisms, totally dependent on host cells for reproduction. They are so small, they can even infect bacteria. (Pictured above - hepatitis A viruses)

### Testing

Detection of HGV involves identifying presence of HGV genetic material in blood. This is what HCV PCR testing is based on, although the HGV test is currently a laboratory tool only.

*A reliable blood test has not yet been developed and there is no commercially available diagnostic test.*

Consequently, for routine use people cannot have tests done and it is not yet possible to perform large-scale epidemiological studies.

### Coinfection with HCV

HGV/HCV coinfection seems to be quite common, although **HGV appears to have no apparent influence on clinical outcome of the HCV infection** as far as is currently known.

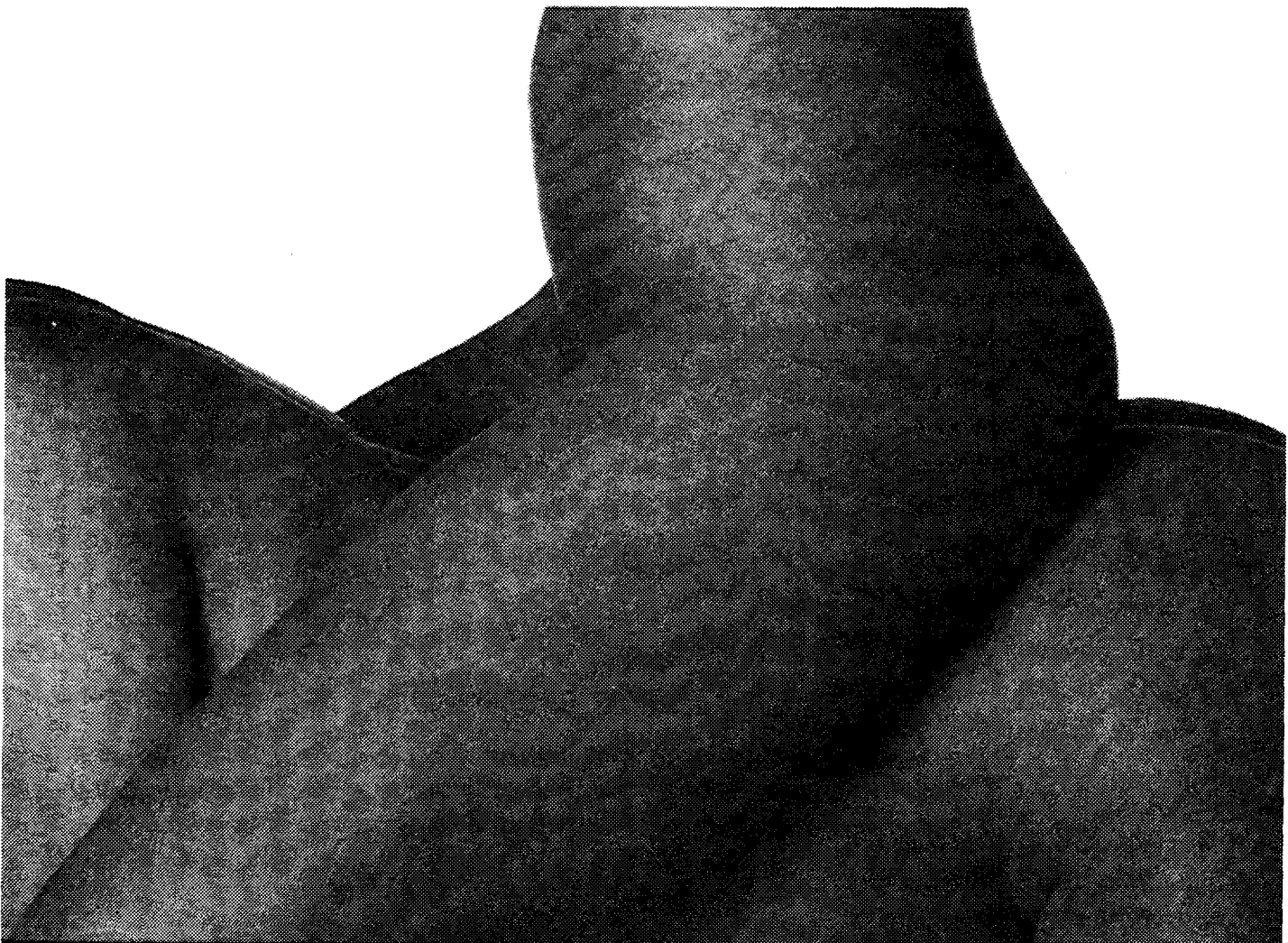
Coinfection does not appear to alter the outcome of Interferon treatment for hepatitis C.

### The future

Diagnostic tests will most probably be developed, primarily for use in epidemiological studies.

⊙





## has hcv affected your relationships?

**Going by calls taken by the NSW Hepatitis C Info & Support Line, hepatitis C virus certainly seems to have an impact on many relationships.**

People who are HCV negative may fear contracting the virus, while positive partners may feel concerned about possibly passing it on.

Diagnosis may dig up a person's past. How might this affect their current relationships?

Positive partners may not be able to continue the lifestyle currently enjoyed within the relationship.

These issues can equally apply to

intimate and family relationships, within circles of friends or at work.

Wage & salary earners may find they can no longer play a supportive role.

These are just some of the issues surrounding HCV's possible impact on relationships. Your stories and experiences are as real and important as the next person.

Other readers and Council members would really like to hear about your experiences.

**Please write in with your stories and views and be part of Edition 17's discussion.**

Ideally, stories and articles should be no more than 700 words. And don't forget, our hard working volunteer proof readers will look after grammar and spelling. ©

## HEPATITIS C & ALCOHOL

by Ses Salmond

**Alcohol has been clearly shown to suppress the immune system and to allow viruses to replicate more actively.**

The outcome of hepatitis C is adversely affected by regular alcohol intake - and this can be as little as one drink a day.

Usually, people with HCV who have ALTs around 150-200 and regularly drink alcohol notice their liver enzymes decrease and stabilise if alcohol consumption is discontinued.

With hepatitis C, imagine your body has an allergy to alcohol and it's time to go on an elimination diet!

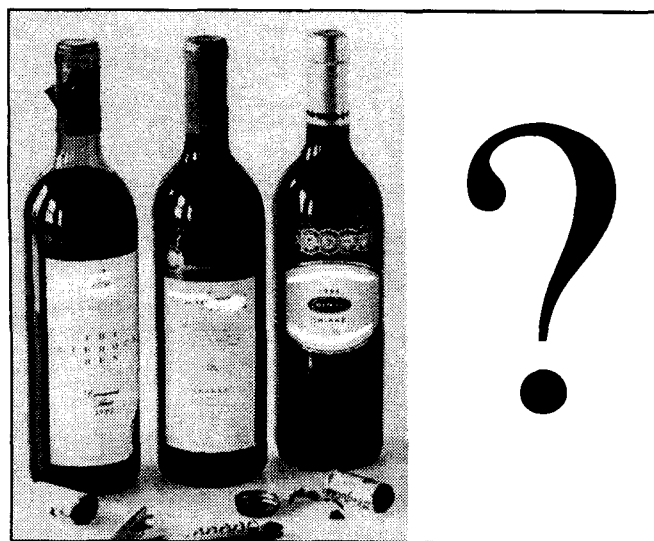
Alcohol is broken down and metabolised in the liver. If you have an inflamed liver as in the case of hepatitis C, it won't work as well as it used to. Alcohol becomes like a poison to the liver.

The *British Medical Journal* (Vol 312, 10 February 1996) states there is evidence that alcohol and hepatitis C may join together to aggravate liver cell injury.

Nick Crofts agrees, saying that "The most important factors influencing the speed with which [hepatitis C] develops are alcohol intake and concurrent carriage of hepatitis B" (*Today's Science* September 1994.)

Excessive alcohol consumption accelerates the development of liver fibrosis according to a study by the Liver Clinic at Royal Brisbane Hospital. It found a strong association between high alcohol intake in the past 12 months and portal fibrosis as confirmed by liver biopsies.

According to Dr. H. Alslaben and Dr. Wilfred Shute, a healthy liver can handle only 2-3 teaspoon of alcohol an hour and it can take as long as 24 hours to eliminate the alcohol and the by-products from just one drink.



It's important to cut back on alcohol, but doubly important not to binge drink. In my work as a naturopath and homoeopath, I've seen some clients who had a bit of binge (eg: eight spirits in one night) and ended up in hospital quite ill.

Alcohol has also been shown to significantly prolong the time caffeine stays in our blood. Although not as serious as alcohol, coffee is also like a liver poison when you have hepatitis C. It's best therefore to avoid or cut down your coffee intake.

The alcohol in herbal medicines (tinctures or fluid extracts) is not sufficient to cause the liver a problem. Ironically St Mary's thistle which regenerates and restores liver cells requires approximately 50% alcohol to extract the hepatoprotective properties.

St. Mary's thistle tea has no therapeutic properties but the capsules do. They contain silymarin & thislyn etc. Silymarin is a group of substances that protect liver cells.

Overall, my advice would be not to drink. But if you're going to have one on very special occasions, do just that - just sit on the one drink !

**Ses Salmond, BA, ND, Dip Bot Med, Dip Hom**

Ses works as a naturopath and homoeopath at Leichhardt Women's Community Health Centre Ph 02 9560 3011, and at The Arkana Therapy Centre Ph 02 9211 4510.





## New drop for wine buffs of sober habits

Red-eyed mornings and hangovers may be a thing of the past, with a new drink that blends winemaking with science.

Two Australian wineries are using a process to remove alcohol, developed with the help of the CSIRO, to make a non-alcoholic wine which they say doesn't taste like fruit juice or lolly water.

Such wines will challenge the belief that all non-alcoholic wine tastes like grape juice.

A trial at Coles supermarkets in Western Australia has shown the wine is popular with shoppers and it may become a permanent fixture in their drinks sections.

A Coles spokesperson said the wine could be stocked on supermarket shelves because it contained less than 0.5 per cent alcohol - equivalent to the natural fermentation of fruit juice.

It would take about 25 glasses of such wine to have the equivalent of a standard glass of full-strength wine.

Australian Vintage and Southcorp Winery are the only local companies to use the 'spinning cone' technology, which extracts the aroma from full-strength wine, then distils the alcohol out before putting the aroma back into the wine.

In Australia, it is distributed through Willunga Non-Alcoholic Beverages in the Blue Mountains - phone 047 39 2498.

The low-alcohol wines are becoming popular with people who depend on their driver's licence, business people, pregnant women and the health conscious.

Sonya Sandham, SMH 16/12/96



## Comments on a hep C diet

By Robert Buist

A hepatitis C diet should emphasise fruit and vegetables rich in plant antioxidants. These substances are becoming increasingly respected for their ability to help our body cells work more effectively and live longer. Within a balanced diet, choose fruit and vegetables from mainly the red, orange, yellow and purple varieties including berries, plums, pawpaw, beetroot, pumpkin and especially grapefruit and lemon. These foods also help provide natural anti-cancer substances.

Antioxidants are also valuable for liver protection. Typical daily doses can include Ester-C 1000mg, d-alpha tocopherol 500iu and Kyolic liquid extract 5ml.

It's generally best to keep fats at a minimum. Try to avoid ice-cream, cream, butter or full-fat cheese. Nuts are also very fatty and should be kept at a minimum. All meats should be thoroughly trimmed of fat, using lean cuts of meat. Fish is the preferred form of primary protein and fat because particular fish oils are anti-inflammatory. Avoid coffee and especially alcohol.

Herbs such as St John's wort and *Phyllanthus amarus* have a good track record for the treatment of hepatitis B and may well prove equally effective in tackling hepatitis C.

The best results to date have been found using St Mary's thistle (equivalent to 280mg silymarin daily). This herb not only helps protect the liver from "free radical" damage which contributes to liver cell necrosis but also aids liver regeneration and may explain why many HCV patients stabilise their ALT levels while taking St Mary's thistle.

Finally, those with increasing tiredness and muscle fatigue may benefit from Siberian ginseng and Panax ginseng together with a good magnesium supplement containing either K, mg aspartate 500mg or magnesium orotate three times daily.

Self-prescribing some herbal preparations or supplements can cause problems. You should consult a herbalist or other natural therapist and your doctor about any of the above recommendations (see page 29).

Robert Buist is editor of *The Health Professional*, a magazine focusing on nutrition & health; and *International Clinical Nutrition Review*.



  E A C H      
      D A Y   
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  R E C E I V E   
  M A N Y      
   I N F O  &   
  S U P P O R T   
 C A L L S    

.. but without the work done by our team of phone volunteers, we might as well just pack up and go home.

Volunteers come and go on a natural basis so we have top-up training sessions every four months.

The work is rewarding and can involve learning valuable new skills that are often useful in the paid workforce.

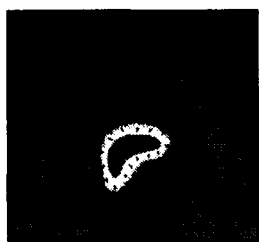
The next training session begins Sat 1 March 1997.

If you or any of your friends are interested, live in Sydney, and want to find out more, give us a call. Phone Helen on 9332 1853.

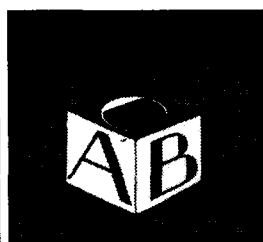
## Competition

We need new graphics to replace those shown below and are running a design competition.

The winning series of graphics will be used on the internet and in any new publications, with the artist being given artistic crediting.



theme - the liver



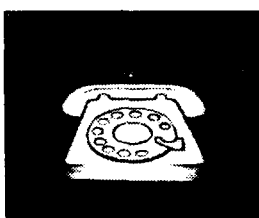
theme - what's hep C?



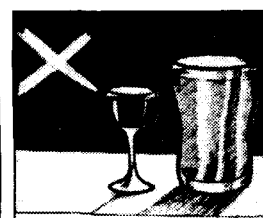
theme - vertical transmission



theme - GP consultation



theme - where to go for help



theme - alcohol & hep C

Other themes to be covered include: what's a virus? / Blood to blood contact / Testing / Biopsy / Children & hep C / Treatment / Natural therapies / Injecting drug use / Legal issues / Discrimination.

First prize includes twenty free movie passes to Hoyts and Greater Union cinemas, and a mixed dozen of Loxton wines (0.5% alcohol) from SA.

For more information, phone 9332 1853 or 1800 803 990.

Many thanks to:

**Hoyts, Greater Union and Willunga** non alcoholic beverages ©

## Listeriosis - a foodborne illness

Listeriosis is caused by eating foods contaminated with *listeria monocytogenes* - a type of bacteria commonly found in soil, sewage, vegetation and in most mammals.

Listeria has been found in a variety of raw foods such as meat and vegetables. It has also been found in processed foods which have become contaminated after processing. It grows readily in the cold and will continue to grow in contaminated foods kept in the refrigerator. Listeria is destroyed during cooking.

### How do you know if you have listeriosis?

Symptoms of listeriosis include fever, muscle aches and diarrhoea - sometimes nausea is also present. If infection spreads to the central nervous system, symptoms such as severe headache, stiff neck, confusion, loss of balance or convulsions can occur.

Most pregnant women with listeriosis may only experience a mild flu-like illness. However, infection during pregnancy can lead to premature delivery, infection of the newborn or even stillbirths.

If you have these symptoms, a blood test or spinal fluid test will show if you have listeriosis.

### Who can get listeriosis?

The following people are at increased risk of developing listeriosis:

- Pregnant women
- People who've had transplants
- People living with HIV/AIDS
- People who have a weakened immune system - eg. long standing liver or kidney disease or chemotherapy.

**NB: having the hepatitis C virus does not necessarily mean you have liver disease.**

**Healthy adults and children occasionally get listeriosis but it is unlikely to be a serious problem.**

### Follow these guidelines for healthy eating:

Eat freshly cooked foods. Cook beef, pork, lamb, poultry, eggs and seafood thoroughly. Wash all fruits and vegetables well before eating. Keep stored uncooked food separate from cooked or ready to eat food. Wash hands, utensils and cutting boards after handling uncooked foods. Avoid unpasteurised milk products. Eat only salads that are freshly prepared. Avoid commercial coleslaws and salads. Dips containing vegetables should be eaten on day of preparation.

Information provided by Dept. of Nutrition, RPAH ©

## Interferon: what you may need to know

**Interferon** is provided through the Pharmaceutical Benefits Scheme (PBS) Section 100 Highly Specialised Drugs Program. To access the drug through this program, people must have:

- Chronic hepatitis proven by liver biopsy (except patients with blood clotting problems).
- One positive antibody test result, then a second test repeated between 4-6 months later.
- Liver function tests (with ALT readings 1.5 times normal upper limit) done three times over a six month period.
- Absence of cirrhosis or other serious liver damage.
- Absence of HIV infection.
- For women - not currently breastfeeding nor any chance of pregnancy while under treatment.
- No history of significant psychological problems.
- Must be able to attend regularly for treatment & follow-up.
- Alcohol use of no more than seven standard drinks a week.
- No history of injecting drug use in the previous 12 months.

The course of treatment involves giving yourself an injection three times a week. Currently, six months of treatment is recommended.

If your ALT readings don't come down after three months, the treatment ceases to become available under the PBS. To continue at your own expense for the remaining three months, the Interferon would cost about \$1,500.

### Treatment centre facilities

Interferon is classified as a potentially hazardous drug with possible serious side effects. Accordingly, this treatment is monitored closely.

Treatment centres ideally should have certain minimum facilities before they treat with Interferon, including:

- A nurse educator / counsellor for patients.
- 24-hour access to medical advice for patients.
- An established outpatient liver clinic.
- Facilities to perform safe liver biopsy.

In rural and remote areas, there are certain treatment centres for hepatitis C. You should make sure these centres have the minimum facilities listed above.

If you're eligible and have decided on Interferon treatment, you'll then need to go to a treatment centre where you will again be briefed on the treatment and its side effects.

After clinical assessment which may take a couple of weeks, you will be given take home supplies of the drug.

You'll have to return for regular monitoring and further supplies. After treatment, your condition will be further monitored for six months to determine how successful it was.

### Treatment centres

|                                       |                               |
|---------------------------------------|-------------------------------|
| Bankstown Hospital                    | Bigge Park Centre (Liverpool) |
| Blacktown Hospital                    | Concord Repat. Hospital       |
| Corrections Health Service (Long Bay) | Mt Druitt Hospital            |
| Nepean Hospital                       | Prince of Wales Hospital      |
| Royal North Shore Hospital            | Royal Prince Alfred Hospital  |
| St George Hospital                    | St Vincent's Hospital         |
| Sutherland Hospital                   | Westmead Hospital             |
| Bega District Hospital                | Illawarra Area Hospital       |
| John Hunter Hospital (Newcastle)      | Lismore Base Hospital         |
| Orange Base Hospital                  | Wagga Wagga Base Hospital     |

### Side effects

Interferon makes most people feel ill. Side effects can be significant. If you are thinking about this treatment, seek information about side effects from doctors who are up to date on hepatitis C and read the Council booklet, *Hepatitis C - what you need to know*.

### Benefits

Currently, around one in four people with hepatitis C who undertake Interferon treatment achieve what is called a long-term remission.

This means that the virus seems to be cleared from your blood and your liver function returns to normal. Symptoms related to the hepatitis C disappear as well.



## Natural therapies

These have been used to treat hepatitis C and its possible symptoms but to date, there have been few research trials in Australia to check the effectiveness of natural therapies.

Certainly, many people report positive benefits, though.

Natural therapists using acupuncture, homoeopathy and/or herbs aim to improve the overall health of their patients.

Good results have been reported by some people using natural therapies but others have found no observable benefits - and, as with any treatment, it's important to remember that wrongly prescribed medicines can be harmful.

Some people choose natural therapies as a first or a last resort. Others may not use them at all. Some may use them in conjunction with pharmaceutical drug treatments. Whichever way you choose, you should be fully informed. Ask searching questions of whichever practitioner you go to:

- Is the treatment dangerous if you get the prescription wrong?
- How have natural therapies helped people with hepatitis C?
- What are the side effects?
- Is the practitioner a member of a recognised natural therapy organisation?
- How much experience have they had of working with people with hepatitis C?
- How have they measured the health outcomes of their therapy?
- How do they aim to help *you*?

Remember, you have the right to ask any question of any health practitioner and expect a satisfactory answer. If you're not satisfied, shop around until you feel comfortable with your practitioner.

## Costs

You cannot claim a rebate from Medicare when you attend a natural therapist. Some private health insurance schemes cover some natural therapies. It pays to ask your natural therapist about money before you visit them. Many will come to arrangements about payment - perhaps a discounted fee?

## Choosing a practitioner

If you decide to use natural therapies, it's vital that you see a practitioner who is properly qualified, knowledgeable and well experienced.

It's also advisable to continue seeing your regular doctor and/or specialist. Talk to them and your natural therapist about the treatment options that you are considering and continue to have your liver function tests done.

It's best if your doctor, specialist and natural therapist are able to consult directly with one another. If a natural therapist suggests that you stop seeing your medical specialist or doctor, or stop a course of pharmaceutical medicine, *consider changing your natural therapist.*

## Healthy herbs?

The use of herbal medicines to treat a wide range of conditions is being promoted worldwide by the World Health Organisation (WHO.)

In regard to hepatitis, around 20 years of clinical research in Europe has already been completed on the herb *milk thistle*, which some people are using as a liver tonic here in Australia. In Germany, a standardised extract has been approved for treatment of various liver disorders including cirrhosis. There are no known adverse side-effects associated with short- or long-term use of this herb.

A recent trial of one particular Chinese herbal preparation has shown positive benefits and few side effects (see edition 15.)

## Want more information?

Contact any of the following organisations:

|   |   |              |
|---|---|--------------|
| Australian Acupuncture Assoc            | ☎ | 1800 025 334 |
| Australian Homoeopathic Assoc           | ☎ | 02 9415 3928 |
| Australian Natural Therapists Assoc     | ☎ | 1800 817 577 |
| Australian Traditional Medicine Society | ☎ | 02 9809 6800 |
| Assoc of Remedial Masseurs              | ☎ | 02 9807 4769 |
| Homoeopathic Assoc of NSW               | ☎ | 02 9231 3322 |
| National Herbalists Assoc of Australia  | ☎ | 02 9211 6437 |
| Register of Trad. Chinese Medicine      | ☎ | 02 9660 7708 |
| Australian College of Acupuncturists    | ☎ | 046 77 2358  |
| NSW Assoc of Chinese Medicine           | ☎ | 02 9212 2498 |
| Australian Trad. Chinese Medicine Assoc | ☎ | 02 9699 1090 |

## Referral?

We are in the process of putting together a referral database for various healthcare workers - natural therapists included. This remains an ongoing task. Callers would need to phone the NSW hepatitis C Info & Support Line (see page 2 for contact details).



# regular feature - support services

## NSW Hepatitis C Information and Support Line

For confidential and anonymous information and emotional support you can phone the NSW Hepatitis C Information and Support Line.

The service gives you the opportunity to chat with trained phone workers and discuss those issues important to you.

The service also provides referral to local healthcare and support services.

- ① 9332 1599 (Sydney callers)
- ① 1800 803 990 (NSW callers)

## Sexual health clinics

Although hepatitis C is not classified as a sexually transmitted disease, the staff at these clinics can offer a wide range of services including pre- and post-test counselling, antibody blood tests, counselling and primary healthcare (the type of service that GPs provide).

They are listed in your local phone book under 'sexual health clinics'. If you are concerned about confidentiality, these clinics do not need your surname and keep all medical records strictly private.

## Community health / neighbourhood centres

These centres exist in most towns and suburbs, providing many different services, including counselling and information on local health and welfare agencies. Some neighbourhood centres run a range of support and discussion groups. Activities ranging from archery to yoga are sometimes offered as well.

Centres can be found by looking in your *White Pages* - under 'community centres' - or by phoning the NSW Hepatitis C Information & Support Line. Also look up your local council in the phone book for a listing of its community services.

## Local support services

There are few hepatitis C specific support services. This isn't because of lack of need but because there have been inadequate resources to help coordinate or develop them. So where does this leave you?

For particular assistance, whether it's help with the kids, housing, finances or home shopping, look in the *White Pages* telephone book. In the front, you'll find a whole range of services that are mostly aimed at the general community.

**Following is a list of infectious disease Coordinators. These people work within local Area Health Services and can possibly refer you to local services:**

- Robert Baldwin, Western NSW: 068 85 8937
- Marilyn Bliss, Hunter: 049 24 6477
- Jeanine Buzy, Mid West NSW: 063 32 8576
- Colin Clews, SE Sydney: 9588 6777
- Lee Davidson, Mid Nth Coast: 065 51 1251
- Dalton Dupuy, South West NSW: 060 58 1700
- Wendi Evans, Nthn Rivers: 066 21 7231
- Margaret Gearin, New England: 067 66 2288
- Mark McPherson, Sth Wst Sydney: 9827 8033
- Liz Meadley, Lower Mid Nth Coast: 065 51 5400
- Karen Nairn, Central Coast: 043 20 3399
- Brian O'Neill, Illawarra: 042 28 8211
- Elizabeth O'Neill, Wentworth area: 047 22 2255
- Chris O'Rielly, Western Sydney: 9843 3118
- Lesley Painter, Central Sydney: 9515 3202
- Graham Stone, Nthn Sydney: 9926 8237
- Dariea Turley, Far West NSW: 080 88 5800
- Greg Usher, Southern NSW: 048 27 3148
- Marlene Veleckey, SE Sydney: 9382 3694

## One-to-one counselling

Some people with hepatitis C may want to make use of a specialist counsellor. These professionals can provide special support or therapy when people have specific problems they find difficult to deal with.

Some situations where this may be useful include where someone has excessive anxiety about the outcome of their hepatitis C, or if they have a particular problem that impacts on their hepatitis C infection.

To find out more, speak to your GP, or contact your local sexual health clinic, community and neighbourhood centres, or the NSW Hepatitis C Information & Support Line.

## Family counselling

If hepatitis C is impacting on your family relationships, it may be wise to seek family or relationship counselling.

To find out more, speak to your GP, look in the *yellow pages* under 'counselling' or contact Family Planning, your local community and neighbourhood centres, or the Hepatitis C Information & Support Line. ©

## *regular feature - available information*

**These resources are available free of charge, or for a low cost that covers cost or postage.** Videos are borrowed for two weeks at a time. Please do not send payment for videos. Just pay the postage when you send them back to us. All you will need to pay is the return postage of \$3.00

Phone or write and tell us what you'd like. See page 2 for our contact details.

|                               |  |                       |
|-------------------------------|--|-----------------------|
| Hep C - a brief introduction  | An A4, two fold brochure giving an overview on hepatitis C   | \$5 per 100           |
| Hep C - what you need to know | An overview of hepatitis C, including testing, treatment, biopsies, haemophilia, lifestyle changes, prevention, drug use, women & hep C, prognosis and a hep C glossary. | no cost               |
| Newsletter back issue pack    | Topics include Social Security, Disability Support Pension, Interferon treatment, natural therapies, history of the Council/Support Group                                | no cost               |
| Video No.1                    | Prof Geoff Farrell discussing Interferon treatment, & Jennifer Holmes discussing women & hep C.  | \$3.00 return postage |
| Video No.2                    | Ken D'Aran discussing homoeopathy, & Raymond Khoury discussing herbalism.  | \$3.00 return postage |
| Video No.3                    | Women and Hepatitis C Forum - featuring Dr Ingrid van Beek, Ses Salmond and Cheryl Burman. Apologies - <b>this video is temporarily unavailable.</b>                     |                       |
| Video No.4                    | 2 Quantum episodes: & hepatitis C and the liver  | \$3.00 return postage |
| Research Pack No 1            | Hepatitis C research papers - overview, prevention, diagnosis, serology, epidemiology (1993-1995).   | no cost               |
| Research Pack No 2            | AGI booklet (1994), Fairfield Hospital healthcare provider booklet (1994), & National Hepatitis C Action Plan (1994).  | no cost               |
| Research Pack No 3            | NHMRC Hepatitis C Report (1994)  | no cost               |
| Research Pack No 4            | WA Dept Health HCV booklet (1995), & hepatitis C research papers   | no cost               |
| Research Pack No 5            | AHMAC - The Nationally Coordinated Hepatitis C Education & Prevention Approach (1995), & NSW Health Taskforce Report (1995)  | no cost               |

### **Hep C Classifieds - keeping you in touch**

#### **Who wants to help organise a picnic / fun day?**

Readers, their families and their friends could meet somewhere central, like Bicentennial Park at Homebush (for people in Sydney.)

People could bring something for lunch although a park cafe does serve sandwiches, hamburgers and other food.

People would have the chance to meet others with a hep connection. You might meet other people from your area and plan to meet up again.

If you are interested in the idea, please phone Paul on 9332 1853.

#### **Did you know you can advertise here?**

All readers are welcome to use this space. Just give us a call.

# **STOP PRESS**

**The World Health Organisation estimates that one in every hundred humans have the hepatitis C virus, and that this number is increasing!**

## MEMBERSHIP FORM

Please complete as much of this form as possible. Our policy is to respect your privacy. All details on this form are treated in the strictest confidence and all communication is carried out discreetly.

**Photocopy, complete and return this form with your cheque, money order or credit card details to:**

**Hepatitis C Council of NSW**

**PO Box 432 Darlinghurst NSW 2010**

Make cheques out to *Hepatitis C Council of NSW*.

**1. Please complete either a, b or c.**

**a. For people affected by hep C, or other interested people.**

|                |  |          |  |
|----------------|--|----------|--|
| Name           |  |          |  |
| Street address |  |          |  |
| Suburb / Town  |  |          |  |
| State          |  | Postcode |  |
| hm phone       |  | Wk phone |  |

**b. For individual healthcare or welfare professionals.**

|                |  |        |  |
|----------------|--|--------|--|
| Name           |  |        |  |
| Occupation     |  |        |  |
| Postal address |  |        |  |
|                |  |        |  |
| Wk phone       |  | Wk fax |  |
| Mobile phone   |  | Email  |  |

**c. For agencies, companies and organisations.**

|                     |  |        |  |
|---------------------|--|--------|--|
| Organisational name |  |        |  |
| Contact person      |  |        |  |
| Position            |  |        |  |
| Postal address      |  |        |  |
|                     |  |        |  |
| Wk phone            |  | Wk fax |  |
| Mobile phone        |  | Email  |  |

**2. If you can help with any of the activities listed below, please tick the following boxes.**

|                        |  |
|------------------------|--|
| Admin and office work? |  |
| Other?                 |  |

**3. Is this a renewal, or are you a new member?**

|         |  |            |  |
|---------|--|------------|--|
| Renewal |  | New member |  |
|---------|--|------------|--|

**4. Please circle one membership fee box.**

Membership fees are due annually on 1 March. We welcome a full year's payment but would not want financial hardship to prevent you from becoming a Council member. If this is the case, please circle the concession or zero fee box.

|            |      |                                    |      |
|------------|------|------------------------------------|------|
| Waged      | \$25 | Professional healthcare worker     | \$40 |
| Concession | \$10 | Community-based organisation       | \$50 |
| Zero Fee   | \$0  | Public/Private sector organisation | \$70 |

**5. Separate donations are gratefully accepted by the Council.**

These are tax deductible. If you make a separate donation, please record the amount here.

\$

**6. If paying by credit card, please complete this section.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Card number

Cardholder's signature

Card type (please circle)

Mastercard    Visa    Bankcard

Expiry date

month    year    19

Cardholder's full name

**7. Do you require us to send your receipt?** Membership fees are not normally tax deductible. To reduce postage costs, receipts are not normally sent. If you want us to send your receipt, please tick here.

**8. Declaration.** I accept the objects and rules of the Hepatitis C Council of NSW and apply for membership of the Council.

Signed

Dated

|                                     |               |             |             |              |            |           |
|-------------------------------------|---------------|-------------|-------------|--------------|------------|-----------|
| This section is for office use only | Date received | \$ received | Receipt no. | Date entered | Member no. | Info pack |
| staff initials                      |               |             |             |              |            |           |