

ARC News

For the AIDS Resource Centre — Okanagan & Region

"If you are seeking creative ideas, go out walking. Angels whisper to a man when he goes for a walk."

-- Raymond Inmon

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By Rhonda Victoor, Honorary Chair, Okanagan AIDS Walk.

The Canada-wide theme for this year's AIDS Walk sums it up – **Why Walk? Because AIDS Affects Us All!** On September 22nd, Canadians from coast to coast will walk together in support of all those who have been affected and infected...we will walk shoulder to shoulder in support of a cure.

At the International AIDS Conference in Spain this July, researchers stressed the epidemic proportions of this disease with over 40 million people infected worldwide and a devastating three million AIDS-related deaths last year. A cure must be found.

Here in Canada, prevention and education campaigns are essential to reducing the spread of AIDS. We must break down myths and recognize that AIDS affects people of all walks of life – children, men and women both young and old. Last year, 25% of new patients in Canada were women, and locally, 57% of the new clients served by our AIDS Resource Centre were between the ages of 40 and 59. People in our community are suffering. You can help. Your participation in the AIDS Walk will fund services to someone who is living



with HIV/AIDS and will ensure the vital prevention campaigns continue throughout the Okanagan. Every dollar raised by your pledges will stay right here in our community!

I am proud to be named honorary chair for the 6th Annual Okanagan AIDS Walk. As a volunteer since the Walk's inaugural year in 1997 I have been awed by the support of our community. This event brings together those suffering with HIV/AIDS and those determined to find a cure. Be a part of the Walk this year. Your support will make all the difference!

Rhonda Victoor, Winner of the 2002 Young Woman of Distinction Award, is President of Incite – Coaching For Inspired Living. Her e-mail address is: Rhonda@InciteCoaching.com

Pick up a pledge form after September 1 at ARC or branches of Starbucks and Interior Savings.



TOPHER TALKS... A Client's Viewpoint



"Growing Old is Mandatory, Growing Up is Optional, BUT Learning to be Responsible for your Own Life is Required".

One statement that I hear often is "Growing Old is Mandatory, Growing Up is Optional." A few years back a friend of mine use to laugh because I watched Cartoons. At that time I was watching Pokemon. Now, for background information, I do have four nephews ages 6 to 11. Nothing like getting a chance to baffle them on their favorite show; they did not get the show on their TV so I was taping the series for them for Christmas. It is nice to be able to relate to them on a level that they understand.

When I was working, I spent a lot of time on the Children's Ward in hospitals and I found it was very helpful to know what the kids were talking about. At that time, there were several kinds of bears on the market: Gummi Bears, Care Bears, and one or two others. The kids had no idea who Yogi the Bear was, and there was even a completely stunned look when asked about Winnie the Pooh. (Okay, I am showing my age, but Winnie the Pooh was named after Winnipeg—he originated outside my hometown). Staying young at heart helps me relate to young people.

Unfortunately, we as persons infected with a life-threatening virus, are often forced to grow up real fast. The nasty virus in our bodies requires that we take responsibility for our actions and our health. Now, I have never been much of a person to follow a routine. Heck—I worked shifts. I never had to worry about a Monday to Friday 9-5 lifestyle. But now as a retired HIV Positive Person, I am faced with making choices that add stability and levelness into my life. I am faced with regular medication, regular meal times, and a regular sleep pattern.

With the advances of Modern Medicine, we are fortunate that we are allowed to reduce our medication to a very manageable schedule. The days of pills every four hours day and night are now over. We have drugs that we can take twice a day, with or without food. And as long as they are within 12 hours of each other there are no real bad side effects.

So many persons living with this Disease complain that the taking of medication every day reminds them that they have the virus in their body. Well guess what. We were not responsible enough to prevent the virus from getting in. NOW we are required to take responsibility to keep the virus under control.

As for food, being one of the people that suffer from Wasting, I am faced with the constant challenge of keeping weight on my body. For anyone who was around a few years back when I bottomed out at below 130 lbs—know it is not a pretty picture to be that skinny. Also remember that my pre-diagnosis weight was 190 lbs. Okay, so I was heading towards Porky Pig status, but it was my weight then. Now I am battling to maintain 150 lbs. This requires constant eating and a regular diet of high calorie low fat foods. Yes, I understand that a lot of people are facing the fact that they have packed on the weight after being diagnosed. But that is a different battle that I am fortunate to not have to fight.

Getting the right amount of sleep is a hard thing to figure out. The standard line is that we need about 8 hours of sleep per night. I think most of us manage to get that much sleep. The challenge is to not sleep more. Hell, what have we got to do that requires us to wake up for? One sign of depression is excessive sleeping. I believe that getting up and enjoying my day is more important to my mental health than just lying about feeling sorry for myself. This does not mean that I am not prone to periods of depression, but I only allow myself one day at a time of what I call "My whine and whimper days" (this is the kind of day that I get up only to move to the couch and spend the day bitching about nothing on TV, and eating junk food). The next day I force myself to get up, shower, get dressed and be ready to face the day.

I started with the statement " Growing Old is Mandatory, Growing Up is Optional" Well I think I will modify this to **"Growing Old is Mandatory, Growing Up is Optional, BUT Learning to be Responsible for your Own Life is Required"**.

The NEGATIVE Viewpoint (Affected by HIV)

By Bill Litwin

The disclaimer of this newsletter includes a note that the purpose of ARC includes "to support those living with AIDS and those diagnosed HIV+, and/or their significant others". It is this last phrase which has always captured my attention.

Recently I discovered that I have earned another label that comes complete with its very own acronym ... SDC ... which stands for Sero Discordant Couple. Yes, I am part of a couple so really that means **we** have earned another label. We have earned this distinction because my partner is HIV+ and I am not.

As one half of a SDC, HIV/AIDS impacts me from two very different perspectives. First, because my partner is POZ this reality can impact on every aspect of our lives and the degree of impact is directly proportional to the state of his health. Secondly, because my partner is POZ people often come to the conclusion that I must be too.

I remember, in particular, an occasion when my partner was relating an incident from when he first moved into the area. A colleague kept asking him why he wasn't dating. He had eventually responded that when people found out he was POZ they didn't waste anytime running as fast as they could in the opposite direction. At the time I was shocked but couldn't find the words to respond. Later that night I asked him if that was generally true for POZ people ... couldn't people look past the disease and see the individual for themselves. He responded that no, generally speaking people couldn't or wouldn't look past the disease ... the stigma surrounding HIV/AIDS was alive and well. I gave him a big hug and sent a heart-felt prayer of thanksgiving to God for my mom who had instilled me with a much more open attitude. I had met this incredible, personable individual who attracted me physically, intellectually and emotionally and I had every intention of making him an important part

in pursuing this relationship I had met with resistance that bordered on a formidable barrier.

Just after meeting my partner, we had a conversation that was quite disconcerting for me. He had just told me that his 40th birthday was coming up and that he was preparing to be depressed for a while leading up to the date. Now I know that another birthday is always depressing but I wasn't prepared for the particular reason that he gave. He said that he was, for most people, approaching life's mid point, and was dying. He had not been able to work for a number of years, couldn't see that he had accomplished much in his life, and felt he wouldn't have the opportunity to change that. I was stunned. People living with HIV/AIDS live with the constant daily reminder that they may be on borrowed time. At anytime they can contract an opportunistic infection that could bring their life to an abrupt end. My response to this was that we are all dying from the moment that we draw our first breath, and yes, people living with a terminal illness need to practice self-care to ensure they remain in the best health possible. But there are not any guarantees for any of us and that we all need to take each day as it comes and do the best we can with what we have available to us. What is the most important is what is inside ... in our hearts. If we are true to ourselves then we have made a difference, although we may not see how our lives affect others. I often recall this conversation. My partner is living with HIV/AIDS, and as a result, his response to a given situation is often different from mine, but in context is understandable. I just need to remember why his perspective is different.

For me, the most surprising and devastating aspect of this new and wonderful relationship was that people who met us often assumed that I must be POZ as well ... *otherwise why would I bother having a relationship with such a person.* This was not an easy thing to come to terms with but ultimately I realized

(Continued on page 5)

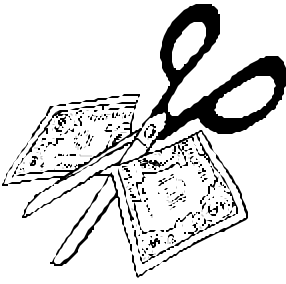


Kate Alexander, Editor

This newsletter is the official publication of the AIDS Resource Centre-Okanagan and Region (ARC). It is published four to six times yearly. The materials in this newsletter are meant to be consistent with ARC purposes which are: a) to promote awareness of AIDS and related diseases, b) to develop and provide educational resources, c) to support those living with AIDS and those diagnosed with HIV+, and/or their significant others.

Even so, the opinions and comments within this newsletter are those of the authors and do not necessarily reflect official ARC policy. The newsletter does not recommend, advocate or endorse the use of any particular treatment or therapy described as information. The Board, staff and volunteers of ARC do not accept the risk of, nor responsibility for any damages, costs or consequences of any kind which may arise or result from the use of information disseminated through this newsletter. Persons using the information provided through this newsletter do so by their own decision and hold the society's board, staff and volunteers harmless. Submissions for publication may be sent to our offices at anytime; publication deadline is two weeks prior to publication date. Submissions will be returned if a request is made in writing and an address is provided. Reprinting and distributing this newsletter is openly encouraged.

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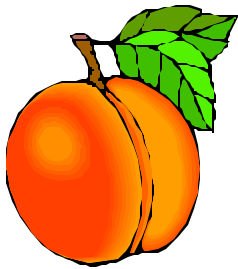
Show Me The Money!

**By Brian Mairs,
Client Support Worker**

Were you short exactly \$40 from your BC Benefits cheque at the end of July? If so, you were probably receiving a high protein diet allowance in addition to another nutritional supplement amount as part of your benefit package.

There was a change in legislation which went into effect July 1, 2002, where the Ministry of Human Resources, in their infinite wisdom, decided that their recipients could not receive both the high protein diet allowance in addition to any other diet or nutritional supplement be-

ing paid. Anybody with a "Schedule C" award for vitamins and food, and all those with the new "Monthly Nutritional Supplement", automatically lost the additional \$40 per month. To reinstate the \$40 all you have to do is call your Financial Assistance Worker (FAW), to remind them that you have a Schedule C award that was 'Grandfathered In' and included the \$40 for high protein allowance. Remind your worker of your HIV+ status and your allowance will be reinstated retroactive to the July 24 issue date. If you run into any problems with this procedure, please contact the Client Support team and we will take it from there.



Welcome to Penticton - NOT

**By Brian Mairs,
Client Support Team**

When people relocate from one city to another, there are a number of things to consider; cost of housing, availability of public transportation, location of schools, whether the area has fire and police protection and quality of the local hospital. Once you move in to a residence, it is often a secondary consideration to find where the nearest family physician is located and to establish a relationship, so in the event you should need medical advice, you have a trusted professional to rely upon.

Penticton seems like an ideal city to move to. Great weather, good regional hospital, police and fire protection have an excellent reputation, small well-run schools and the rent is cheaper than the larger cities. But there is a problem in the river-channel city - there are no doctors taking new patients for any reason at all. We were told that if new residents have a major problem they can call 911 and will be attended to at Penticton Regional Hospital. Minor problems can be attended to at the walk-in clinic, but for new residents to have one constant physician with whom they can share their darkest medical secrets is not possible in the city of Penticton. New resi-

dents can go on a wait-list with physicians. When/if an existing patient moves or dies, the next person on the list can take their place. Those on the wait-list can take heart that eventually enough people will move or die that they too can have a permanent relationship with a medical practitioner.

Anybody who is seeking a new place to live and who has any kind of chronic health concern is well advised to avoid Penticton, despite the great weather and cheap rent - at least until more family physicians move to the South Okanagan.

*River is back and
looking forward
to reconnecting
with ARC clients.
Please call for an
appointment if
you need support
services.*

OBITUARY

**By River Glen,
Client Support Worker**

We are sorry to relate the news that Cammy Lafleur, a street nurse in Vernon and special friend to persons living with HIV, died on July 24, 2002. Cammy worked jointly with ARC offering support groups and referral of clients. She generously gave of her time and energy beyond the call of her duties. A memorial service was held in Kelowna on July 29th, overflowing church capacity and it was a celebration of her life and accomplishments. Donations are being accepted at the Cystic Fibrosis Foundation.

The Negative Viewpoint

(Continued from page 3)

that it didn't matter. Regardless what I did or didn't do people were still going to think whatever they chose to. What mattered was that I was happy and had a fulfilling relationship that encouraged me to grow and explore outside my previous experience. This wasn't the first time I had had to deal with the narrow-minded thinking of other people and it wouldn't be the last time. Instead, I could better understand my partner's thinking when we first met and his initial resistance to our relationship.

This article is, hopefully, the first in what will be a regular column in the ARC Newsletter. Although I am prepared to write additional pieces I invite other members and readers to share their experiences as a person *affected* by HIV/AIDS, particularly if you too are a member of an SDC but also if you have a family member or friend who is living daily with this disease.

Bill Litwin recently joined the AIDS Resource Centre as the Office Coordinator. His partner is a volunteer and member of the Speakers' Bureau.

www.oasca

be completed late November, 2002. This process will involve focus groups with clients and patients, and one-to-one interviews with front-line caseworkers. We will also be attending Aboriginal events throughout the area to gather as much information as we can. We aim to assess the level of awareness and satisfaction with the HIV/AIDS and HCV information offered to the urban Aboriginal population in each community.

Once this needs assessment has been completed, we will build community capacity by way of culturally sensitive

Watch for us in your community in the coming months.

"Capacity Building" is developing the ability to work effectively within a given situation—in other words, working to get the best possible results using the resources you have.

HIPPO update

By Mark Perry and Navin Vasudev
HIPPO Coordinators

The HIPPO project has gone through some changes recently. For personal reasons, Merv, the previous HIPPO Coordinator, had to take leave from the project. His hard work and contributions to the community are much appreciated. Merv's position has been split into two: Navin Vasudev is now Information Coordinator, and Mark Perry is Education Coordinator.

After a brief orientation where we evaluated the project's achievements and goals, we have picked up where Merv left off. Navin analyzed the results of the 2001 Physicians' Survey. Our investigation has shown that for a person with Hepatitis C, finding a doctor who has an interest and knowledge of the disease is a challenge. The project will attempt to address this issue by raising awareness of the need for more physicians who will accept Hep C patients. We intend to create a platform for physicians and various Hep C support groups to work together.

We have also started to contact community organizations to determine what kind of support they provide for people with Hep C, and what the organizations' needs are. In the fall, we will be providing training sessions to these service organizations. If your group is interested in attending, please contact us. We hope these contacts

and meetings between service groups will create a community network of resources for people with Hepatitis C.

In consultation with the support groups, we will also create a brochure listing each group. Thanks to those whose meetings we have attended; everyone was very welcoming and helped us better understand the issues faced by people living with Hepatitis C. Finally, we encourage anyone infected and/or affected by Hepatitis C to attend a support group meeting, or to get in touch with us.

HEPATITIS SUPPORT Groups...contacts

VERNON:

HepLife. Call Sharon at 545-3092 for information.

KELOWNA:

HEPKOP. Call Lisa or Elaine at 766-5132 or 768-3573 for more information.

PENTICTON:

Hepatitis Support Group. Call Alex or Sandra at 487-1598 for information.

OLIVER:

Hepatitis C Society of Oliver. Call 498-4598.

*Navin adds:
"...after hearing
about the name
of this project
that I work in,
my 6 year old
nephew Tejas,
who lives in
India, wanted
to know more
about my work
as a 'zoo keeper
taking care of
the HIPPOS'!!"*



PERSON Project news

By Melissa Hill,
Project Coordinator

The **PERSON** Project, ARC's Street Outreach program, has now been running for two months. Over this time we have successfully integrated into the community. The project has been well received by the public and is seen as a valuable resource for Kelowna's sex-trade workers and street-affected people.

June-July Demographics:

Of Females: 169

Of Males: 348

Total Contacts: **517**

Materials Distributed

Male condoms: 2306

Female condoms: 48

Needles in: 341

Needles out: 564

Referrals: 33





Barcelona 2002: A Personal View

**By Kate Alexander,
Education Coordinator**

Warren O'Briain, Director of Community Development at AIDS Vancouver, gave several presentations at July's XIV International AIDS Conference in Barcelona, Spain. It was a huge event with over 15,000 people attending. Since no one from ARC could be there, I interviewed Warren about his experiences and opinions.

K.A.: What was the best news to arise from the conference?

W.O'B.: It was finally hearing acknowledgement across all disciplines and jurisdictions that prevention, care, treatment and support are inextricably linked. Success in one area is dependent on addressing each of the others. Brazil, in particular, has demonstrated the success of this philosophy. In the early 1990s, the World Health Organization was conservatively predicting Brazil would be facing 1.2 million infected persons by 2002. But, through a comprehensive prevention campaign integrated with a commitment to universal access to care and treatment, infection rates were drastically reduced and there are instead about 600,000 Brazilians living with HIV right now.

K.A.: And your worst fear?

W.O'B.: There is every indication that the countries of the former Soviet Union and other parts of Central Asia are on the brink of an HIV epidemic of Southern African proportions, and that efforts to stem it will once more be too little, too late.

K.A.: Tell me about some of your personal experiences and emotional reactions to the conference.

W.O'B.: I made several presentations on the need to implement innovative harm reduction programming in Vancouver aimed at vulnerable injection drug users. For me, a special moment was having a group of Spanish HIV positive injection drug users invite me to visit the innovative program they had developed in Barcelona. Seeing the determination and dedication these folks had in the face of major obstacles was really heartwarm-

ing.

Another wonderful moment was hearing large groups of Southern Africans spontaneously breaking into song to celebrate even modest gains – that was really moving.

K.A.: Were there any breakthroughs on the scientific side?

W.O'B.: There were reports of good progress on the development of fusion inhibitors. It seems likely we'll be seeing drugs in this class coming onto the market during 2003. However, progress on the integrase inhibitor class of drugs has not been as promising, and clinicians were not optimistic about developing an effective vaccine any time soon.

K.A.: How do you think attendees at the next conference, scheduled for 2004 in Bangkok, Thailand, will see the outcomes of Barcelona's conference?

W.O'B.: It all depends. The Global Fund, set up to improve access to treatment in developing countries, aims to reach 3 million HIV-infected people by the end of next year. In 2004, the death rate will show whether we've been able to deliver comprehensive care, treatment and support in hardest-hit parts of Africa, Asia and the Caribbean.

A change for the better at Barcelona was the buy-in from political leaders. Seven heads of government – and many former heads of government – spoke out forcefully on the need for action.



K.A.: What lessons can Canadians learn?

W.O'B.: We need to redouble our efforts in improving access to care, treatment and support, with better prevention and harm reduction programs in place in vulnerable communities. And experience from abroad shows once again that supporting community-driven responses makes for the best results. We cannot be smug or complacent.

For more coverage, you can visit the conference web site at: www.aids2002.com



"Another wonderful moment was hearing large groups of Southern Africans spontaneously breaking into song to celebrate even modest gains."



Photos thanks to Conference website

NOTICE BOARD

Okanagan Entertainment Book, 2003

ORDER YOURS NOW!

Coupons and "two-fers" for lots of great eateries, golf, skiing, etc. Only \$30.00. To pre-order call ARC at 862-2437, or drop by at 202-1626 Richter Street.

Free Coffee

Starbucks provides FREE coffee for our clients. Please ask at the reception desk for your coffee the next time you come in to the ARC office.



North and South Okanagan Clients

Dates for your calendar:

Vernon

We will be at the **People Place** office on September 6 and 20, October 4 and 18 (every second Friday).

Oliver, Keremeos & Princeton

As needed. Please call for an appointment.

Penticton

Every second Wednesday. September 4 and 18, October 2 and 16.

If you live outside the Kelowna free call area, call **1-800-616-2437** to book an appointment.

ARC News On Line

www.arcok.com

Please contact Kate to receive an e-mail notification when each newsletter is published:

kalexander@arcok.com

Electronic transmission of newsletters would save ARC printing and mailing costs.

ARC Drop-in Hours

River Glen has drop-in hours on Thursdays from 9:00 a.m. to 3:00 p.m. At other times, an appointment is necessary.

Reiki (Healing Touch)

Enjoy the relaxing and balancing benefits of a quiet hour with Toshie. Call 862-2437 to book your free Tuesday session.

VOLUNTEER CORNER

Are you interested in polishing up your computer skills or developing your interaction skills with the public? Then apply to join our office pool of volunteers where you will learn the skills necessary to develop your administrative skills. You will be able to type up morning minutes, type up office documents, answer incoming calls, store and retrieve files, do photocopies and faxes, greet clients and gain some experience working in an office environment. If you are interested in this challenging volunteer position, please call us at **(250) 862-2437** to speak to our Volunteer Coordinator, or visit our website at www.arcok.com.

Speakers' bureau



Would you like to book a speaker to come to your group or organization? We have over 20 trained volunteer presenters, who can appeal to audiences from kids to seniors, church groups to sex-trade workers. We can do anything from one-hour "speaks" to two-day workshops on HIV/AIDS and Hepatitis C. Some of our speakers are living with HIV or HCV, and will enrich the presentations with descriptions of their personal experiences. All presentations are interactive, and we strongly believe that there's no such thing as a stupid question.

HIV TREATMENT UPDATE - A DOCTOR EXPLAINS

Dr. Gordon Arbess, MD, CCFP

Dr. Arbess specializes in HIV primary care at The Health Centre at 410, St. Michael's Hospital, Toronto. He also teaches in the Faculty of Medicine, University of Toronto.



Metabolic Complications and Simplification

Death rates and sickness from HIV/AIDS have dropped in the developed world since the arrival of effective combination treatments, or HAART (for Highly Active Antiretroviral Therapy). Sometimes called "the cocktail" it has helped many HIV+ people lead active lives.¹ But these highly effective treatments may cause unwanted side effects. These changes are called "metabolic complications" and there is growing concern that some of the changes that happen to HIV+ patients on HAART, like high cholesterol, high blood pressure, diabetes and body fat changes (lipodystrophy) may lead to increased risk for heart problems (coronary artery disease). [See box].

What can be done to treat lipodystrophy? Changes in diet (less fat) and exercise might help. Switching to a different class of drugs or taking medication to reduce levels of blood fat and blood sugar are medical possibilities. Taking a growth hormone or cosmetic surgery might restore one's appearance. There is still no agreement on what the best treatment for lipodystrophy in HIV+ patients might be. Ideally the goal would be to prevent it or slow it down.

Increased blood fats (both cholesterol and triglycerides) are most often associated with the protease inhibitor class of antiretrovirals, but they have been reported with efavirenz (Sustiva), a drug in the NNRTI class. Change of diet and exercise should be tried first. Second, a person could take drugs called "statins" or "fibrates" which may normalize blood fat levels, although they can interfere with HIV medications. Smoking also increases the risk of heart disease.

Studies have been done to see if body fat changes improve when patients switch to a non-protease inhibitor combination treatment. Generally studies show that switching to NNRTI or NRTI based combination treatments improves the diabetes-like condition and blood fat levels, but without substantial improvement in the more visible body fat.

One study was done to see if replacing stavudine (d4T) or zidovudine (AZT) in combination therapy with abacavir (Ziagen) could improve fat loss (lipoatrophy).² The major finding was that patients who switched to abacavir had an

In February 2002 the week 48 results from a 96 week long study on blood fat (hyperlipidemia) was presented.³ Patients who had never been on antiretroviral treatments were randomly placed in one of three therapy groups: 1) zidovudine (AZT)/ lamivudine (3TC)/ abacavir (Ziagen); 2) zidovudine (AZT)/ lamivudine (3TC)/ nelfinavir (Viracept); or 3) stavudine (d4T) /lamivudine (AZT)/ nelfinavir (Viracept). The primary purpose of the study was to measure changes in the levels of so called "bad cholesterol" in the blood. Both of the nelfinavir groups had increases in all blood fats, including "bad cholesterol" and triglycerides. The increase was more pronounced in the group on stavudine/ lamivudine/ nelfinavir. The group on zidovudine/ lamivudine/ abacavir (Trizivir) did not have the increases in blood fats experienced by the other two groups. The study showed positive blood fat (lipids) effects in HIV+ patients taking the triple NRTI treatment as compared to a combination of two NRTIs and a protease inhibitor, while still maintaining similar beneficial effects on viral loads and CD4 counts.

Combination therapies for HIV are beneficial but they may increase the risk of blood fats, high blood pressure, diabetes and abdominal fat, which can lead to heart disease. A healthy diet, exercise and non-smoking are important in the treatment of HIV/AIDS, but may be hard to maintain. HIV+ patients with increased risk factors for heart disease may benefit by using combination therapies that do not contain protease inhibitors to delay or prevent metabolic complications.

Simplifying treatment may not only lead to HIV+ patients being better able to stick to their "cocktail" to insure continued treatment success but may also reduce their need to take additional medications often prescribed to treat associated metabolic complications.

What is Lipodystrophy and why does it affect HIV+ people?

"Lipodystrophy" refers to the visible changes in body fat that can include fat gain on the breasts, abdomen or back of the neck. Fat loss (or "lipoatrophy") occurs on the face, arms, legs and buttocks. Changes in appearance, as well as the mental and emotional impact of them can vary a lot, but can be very significant. An HIV+ person stressed out by these changes may not take medications on schedule or may even stop taking them, thus increasing the risk of HIV progression.

The change in body fat can occur by itself, but often there are other changes taking place too. These can include a type of diabetes, high blood pressure, and high blood fats, like cholesterol. The reported frequency of lipodystrophy varies because there is no standardized diagnosing or reporting method, but estimates range from one out of five to as many as four out of every five HIV+ patients on long-term HAART.

Lipodystrophy is more common among patients whose therapy includes a protease inhibitor for more than 18 months. It is less common among patients whose treatment did not include a protease inhibitor, and occasionally in persons who never took any treatment for HIV/AIDS.⁴

Studies have shown that being white, older, having HIV infection longer, having more severe immune suppression, and being on antiretroviral treatments longer may be more important factors leading to lipodystrophy than taking protease inhibitors.⁵ Fat loss (also called "lipoatrophy") has been found to be associated with the use of the NRTI drug class, most specifically stavudine (d4T). It is thought that the treatment interferes with energy production by the mitochondria of the fat cells. (Mitochondria are the energy source within all human cells).

average increase in arm and leg fat of 400 grams or 10% after 24 weeks whereas those who remained on d4T had no change. The change in body fat was small, but statistically significant. Unfortunately neither the patients nor their doctors could see the difference. The study author suggested a longer study might get more significant reversals. Patients who had switched treatment retained viral load suppression and had few other side effects. The rate of suspected abacavir hypersensitivity reaction in this study was 10%.

Supported through an unrestricted educational grant from GlaxoSmithKline in partnership with Shire Biochem

¹ Pallela FJ, Delaney KM, et al. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. *N Engl J Med*. 1998;338:853-860.

² Carr A, Smith D, Workman C, et al. Switching stavudine or zidovudine to abacavir for HIV lipoatrophy: A randomized controlled open-label multicentre 24 week study. Program and abstracts of the 9th Conference on Retroviruses and Opportunistic Infections; February 24-28, 2002; Seattle, Washington. Abstract 32.

³ Kumar P, Rodriguez-French A, et al. Prospective study of hyperlipidemia in ART-naïve subjects taking Combivir/Abacavir, Combivir/Nelfinavir, or stavudine/lamivudine/nelfinavir. Program and abstracts of the 9th conference on Retroviruses and Opportunistic Infections; February 24-28, 2002. Seattle, Washington. Abstract 33.

⁴ Carr A, Samaras K et al. Diagnosis, prediction and natural course of lipodystrophy, hyperlipidemia and diabetes mellitus: a cohort study. *Lancet*. 1999;353:2093-2099.

⁵ Noor MA, Lo JC et al. Metabolic effects of Indinavir in healthy seronegative men. *AIDS*. 2001;15:4.