

POSLINK

The Newsletter of People Living with HIV/AIDS Victoria Inc.



Issue 28 April / May 2006

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Let's Talk About Sex Baby... Again!

Vanessa Wagner hosted the second Country AIDS Network (CAN) Interactive Event in Bendigo on Saturday 27th May titled *Let's Talk About Sex... Again!*

This interactive event takes a look at sexual health and the different issues that help us make decisions on maintaining good physical and emotional health. From understanding sexually transmitted infections (STI) and concerns about treatment, to issues of HIV/AIDS and negotiating safe sex, this forum aims to provide balanced and targeted information in an informal format with an emphasis on participation and fun. A panel of sexual health specialist doctors, health educators and other experts discussed participants' issues and invite feedback from the audience.

This event follows the hugely successful event *Let's Talk About Sex Baby* held last year in Bendigo.

The afternoon was extremely well received, entertaining and informed all those present with a lively interactive discussion about everything to do with HIV and maintaining good sexual health.

Let's Talk About Sex...Again! builds on a similar format to the Interactive Events run by PLWHA Victoria in Melbourne over the past 5 years. It has consistently attracted large audiences from the HIV and gay communities looking for up-to-date, comprehensive and expert information and guidance on maintaining good physical and emotional health.

Let's Talk About Sex...Again! featured a local perspective on the issues for people living with HIV/AIDS and sexually transmitted infections and dealt with many of the problems and concerns facing isolated and rural communities.



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Sonny Williams

**Speakers Bureau
Co-ordinator**
Max Niggli

**Community Development,
Education Officer & PosLink
Sub-Editor**
Suzy Malhotra

Administration Assistant
Frank Dimitriou

PosLink Editor
Dr Eric Glare PhD

PLWHA Victoria
6 Claremont Street
South Yarra VIC 3141
Tel: 03 9865 6772
Fax: 03 9804 7978
info@plwhavictoria.org.au
www.plwhavictoria.org.au

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Note from the President

Greg Iverson

The recent arrest of an HIV positive individual on a range of charges has caused some concern within our sector – on a number of levels.

Some members of PLWHA Victoria have expressed puzzlement over our initial lack of comment on this particular case. To put it very simply, there was a great deal of concern for us about making any comment in relation to this matter; it is all too easy to have the message that you would like to get out into the public arena twisted into a form that has nothing to do with your original intent.

We consulted widely within the sector, and there was a general consensus amongst the various HIV organisations that the best approach in the initial stages, was to limit very carefully any commentary on this case – especially as all the facts are still not known.

We felt that it was far more important for us to focus our efforts on supporting all of the parties involved in this case, as this is our prime purpose and *raison d'être*.

Our original intention was not to comment unless we observed commentary that was damaging to the positive community – in which case, we would have certainly entered into the debate. As it appears so far though – with the exception of a few media players – this issue has been reported well, with a general lack of hysteria that could have been beaten up by the more sensationalist outlets in the country. We are still keeping a careful eye on what is being reported in relation to this matter

though, and we do not expect the situation to come to any conclusion in the near future – so for us it is a watching brief.

There are some side issues around the investigation that have also recently come to our attention that are of concern to some members of the positive community. One of the main ones is the accessing of confidential patient files by subpoena by the Victorian Police. We are looking closely at this access, as we feel there may be some concern around the issue of client-doctor privilege that may have been too easily ignored.

If there are any of our members that have concerns around this issue, or feel that they need some support in relation to any of the matters that have been raised, then we urge them to contact our office to seek whatever assistance that we can give.

To finish on a brighter note, PLWHA Victoria recently held a fundraiser for the Emergency and Distress Fund at a Bump & Bowl evening at Strike On Chapel. We managed to raise around \$2,000 on the evening, which is sorely needed for the fund, as we have had a large amount of requests in the past few months. Our thanks go to all those involved in making the night an enjoyable success. We hope that this will be an annual event for the organisation.



Note from the Executive Officer

Sonny Williams

Most people would know by now that Victoria has seen a rise of 28% in HIV infections. Stakeholders in the HIV sector, lead by The Department of Human Services, came together in May to discuss the increase and to formulate strategic plans. The issues are complex and there is no one answer which fits all. This means that a multi-faceted response is required from the sector. PLWHA Victoria is just one of the organisations looking at how our programming can be part of the response, what parts we need to change as well as introducing new components. The one clear message we all came away with was that a sustained and consistent approach would be required.

If you are HIV positive and sexually active, we recommend that when you have your next health check-up you include tests for sexually transmitted infections (STI). Having an STI can be more serious if you are HIV positive than if you are negative and can make you susceptible to additional STI such as Hepatitis C. Furthermore, STI make you far more infectious for transmitting HIV to your sexual partners. On the other side, of course, is people who think they are HIV negative and have not been tested in the last 12 months – a sexual health check-up should then include both a STI and a HIV screen.

Greg has commented in his piece on the recent arrest of a HIV positive person. I echo his comments that PLWHA Victoria continues to support all of the parties involved in this case and we are keeping a careful eye on what is being reported in relation to this matter.

Free Wills

PLWHA Victoria offers members a limited* free will-making service via De Ayers.

For further information, please call Frank on 9865 6772, and he will arrange for De to get in touch with you.

*Service covers up to six beneficiaries and has no provision for setting up trusts, fund management or the like.

BREAKING NEWS

Speakers Bureau Patron appointed

PLWHA Victoria is very pleased to announce that Jo Pearson has agreed to become the first patron of the Speakers Bureau.

Jo provided tailored media training and presentation skills courses to our speakers in October 2005 in preparation for World AIDS Awareness Week.

Jo Pearson is one of Australia's leading presentation skills specialists, and media identities. She has worked as a senior prime-time television newsreader, journalist, producer and reporter for nearly twenty years in Melbourne, Sydney, Brisbane, Perth and the United States.

Her company, Media Strategies, delivers a mix of original and creative concepts with high-quality, contemporary film and video production. Jo has extensive experience as a freelance film and video producer and script writer.

PLWHA Victoria's Board have endorsed her appointment and the organisation is honoured to have Jo's expertise in promoting the work of the Speakers Bureau.



Jo Pearson
Speakers Bureau
Patron



Note from the Speakers Bureau Coordinator

Max Niggel

Speakers' Survey

The annual speakers' survey was conducted to inform the work of the Bureau for 2006. Of particular interest was that many speakers are now engaging in more paid work and study. Preferences for workshops were for HIV/AIDS and sexually transmitted infections (STI) education, the Education + Resource Centre at The Alfred, creative writing and PowerPoint presentation training.

Speakers Bureau Reference Group

The Reference Group has continued to provide a valuable forum for the exploration of new concepts and the Bureau gains significantly from the input of the members.

The first term of the members will expire in July. The majority of members have committed to a second term. However, there will be an opportunity for new expressions of interest. If you are currently a member of the Speakers Bureau and interested in joining the Reference Group please contact the Coordinator for a copy of the Terms of Reference and the Key Selection Criteria.

Multicultural BBV STI Working Group

The Coordinator has joined the working group to develop a greater understanding of multicultural issues in relation to blood borne viruses (BBV) and STI. The aims of the group are to provide a forum for information exchange, discussion of issues and needs in relation to HIV, Hepatitis C and other STI and their impact on CALD communities. The group will also explore possibilities for collaborative ventures that develop more effective responses to the needs of the relevant CALD communities.

Representatives on the group are from The Alfred, the Multicultural Health and Support Service, the Hepatitis C Council, Melbourne Sexual Health Centre, the AIDS, Hepatitis and Sexual Health Line, the Haemophilia Foundation and Healthworks Footscray.

HIV Educators Conference

The Coordinator was sponsored by NAPWA to attend the bi-annual HIV Educators Conference held in Wollongong in May. A conference paper was co-presented with Asvin Phorunggam from the Victorian AIDS Council (VAC) on the successful involvement of the Bureau's speakers in VAC's Peer Education Workshops since 2004. We proposed that this model be adapted as a national framework for Peer Education workshops.

One of the conference's network groups focused on

the various interpretations of positive education by positive educators. The group proposed that AFAO and NAPWA develop national positive education frameworks to inform the work of all AIDS Councils and PLWHA organisations and this proposal was tabled as part of the rapporteur's closing session.

Preliminary data from AFAO's National Positive Needs Assessment Project was presented by Russell Westacott. The data shows that being HIV positive is less of a priority for the majority of PLWHA because of improvements in treatment post 1996. It also showed that there has been an impact of individualism on the HIV community and that people dip in and out of HIV services.

Department of Education & Training Seminar

In May, the Coordinator presented an overview of the PLWHA Victoria Speakers Bureau Program to the Department of Education and Training's Whole-School Sexuality Education Project which included 50 teachers from state, private and independent schools.

The sexuality education project is designed to support the quality of and increase the quantity of school-based sexuality education activities. It aims to encourage consistent and comprehensive implementation of state-wide sexuality education within a community partnership process that reflects a whole-school approach. The project's focus is same-sex attracted young people, gender identity and STI including HIV.

The Speakers Bureau Program will be listed as an educational resource on the Whole-School Sexuality Education Project's website.

Speakers Bureau

For further information on the Speakers Bureau or to book a speaker, telephone Max Niggel on 9865 6771 or email speakersbureau@plwhavictoria.org.au.



Proud sponsor's of speaker training via an educational grant.



Proud sponsors of community development and speaking engagements.

Whats Up: News and Information

'Living Positively' – A personal health coach pilot project

The Living Positively Project is a 12-month pilot project that is currently being undertaken between the VAC/GMHC and PLWHA Victoria. The aim of the project is to assist HIV positive people who are looking to make changes to their life in terms of developing healthier living strategies and skills.

The project has now been underway for 6 months and currently has a total of 13 people participating. The project provides individual one-on-one assistance to help clients meet their health and life goals. Clients meet with the project officer fortnightly to discuss progress towards goals, develop strategies and help with motivation in terms of making lifestyle changes. Some of the issues current clients indicated they would like to address include better diet and nutrition, an exercise/fitness plan, smoking cessation and better budgeting strategies.

As a means of working towards goals, clients have undertaken a number of activities that have included attending workshops, commencing gym memberships and also receiving literature around diet and nutrition. Some of the clients have also

attended the Healthy Living Skills workshops organised by PLWHA Victoria and found these very beneficial.

Feedback from clients so far indicates that having a health coach has made them feel more self-aware, optimistic, motivated and has also increased their self-esteem. The ultimate aim of the project is to provide clients with the confidence to make positive changes to their lives, to learn new skills and to develop the ability to sustain these changes in the long term.

Another intake of people into the project (to a maximum of 15) will be taking place in June/July and already there have been a number of enquiries from people interested in participating. So, if you think that you would like to make some lifestyle changes but are unsure where to start, perhaps the project could be for you.

If you are interested in finding out more information, please contact Ian Coutts at the Positive Living Centre Monday to Friday on (03) 9863 0429, on mobile 0409 829 463 or by email at ian_coutts@vic aids.asn.au

Hello from Gambler's Help Eastern

Gambler's Help Services are offered statewide and this month you are hearing from the Eastern Region. We cover the local government areas of Knox, Monash, Maroondah, Manningham, Whitehorse, Boroondara and Yarra Ranges. We offer free and confidential services for anyone affected by gambling. You can access all Gambler's Help Services by calling the 24 hour line on 1800 156 789.

The services on offer across the state include counselling, information products, community education, financial counselling and some group work.

People often phone in to services with financial concerns that have stemmed from gambling, either their own or a family member. If so an appointment is made with one of our financial counsellors. A financial counsellor will offer information, discuss options available to you and provide you with knowledge to regain control over your finances.

More specifically you may require help to deal with creditors, information on possible government assistance, your legal rights and bankruptcy.

If your gas is about to be cut off, phone disconnected or you are worried about losing your home a financial counsellor can help. The earlier you see a financial counsellor the better off your assets will be.

Your financial counsellor will work with you to put strategies in place to minimise the harm caused by gambling, for example, not taking your ATM cards with you when you gamble and taking only the cash you can afford to lose. He/she will suggest that you see a gambling counsellor to work on why you are gambling and to decide whether you want to stop or control your gambling. A referral can be made if you wish.

If you would like to suggest topics for discussion in future articles, let us know at poslinksuggestions@gamblershelp.org.au

GAMBLER'S HELP™ 1800 156 789

Whats Up: News and Information

Immune cells made from embryonic stem cells for HIV gene therapy

Embryonic stem cells show great promise in novel therapies as they are the most basic of cell types and are able to grow into any other cell type in the body. Published in the journal *Retrovirology*¹, an American team has been able to grow human embryonic stem cells into immune cells called macrophages. Tests on infecting these lab-derived macrophages with HIV indicate the possibility of gene therapy for HIV in the future.

HIV is particularly noted for infecting, damaging and killing CD4 T lymphocytes (CD4 cells for short). HIV also infects other immune cells including the macrophage. Macrophages are one of the clean-up cells of the immune system. They roam our tissues looking for foreign material, bacteria and viruses. When something foreign is encountered, the macrophage engulfs and digests it with an armoury of enzymes. Macrophages are unable to kill HIV and it has been shown that macrophages are reservoirs of HIV releasing new copies of HIV to further infect other cells such as the CD4 cell.

To date, scientists have been able to develop embryonic stem cells into a number of cell types including neurons (nerve cells), cells that make up the heart, skin and liver as well as some blood cells. This new study is the first to be able to grow macrophages. The field has yet to be able to produce CD4 cells from stem cells - this work paves the way for a breakthrough.

When the researchers made the macrophages from stem cells, they found that the macrophages looked structurally normal, they were able to engulf bacteria and could both receive and send out chemical signals (cytokines) to other immune cells. To further show that the lab-derived macrophages were functionally normal, they were able to infect them with HIV producing more copies of the virus.

The researchers are now able to use their stem cells to continually grow a supply of normal macrophages that are always identical for future studies of HIV infection. Previously, macrophages were studied using cancerous cell lines or immature cells isolated from donated blood.

In a second experiment, the team demonstrated genetic modification of the macrophages. As a gene carrier, they used a lentivirus that had been made defective by replacing most of its genes with the gene for green fluorescent protein. The gene for green fluorescent protein was originally cloned from a fluorescing jellyfish.

Key Points

- First report of growing embryonic stem cells into macrophages – a first for immune cells infected by HIV
- Stem cell-derived macrophages function normally and can be infected by HIV
- Unlimited growth potential of stem cells provides a uniform source of immune cells for HIV research
- Demonstrated genetic modification of the macrophages – possible tool for gene therapy by reconstitution of the immune system with resistant cells

Stem cells were infected with the gene-carrying lentivirus before making them grow into macrophages. They found that the resulting macrophages were genetically modified and produced green fluorescent protein with the cells fluorescing when viewed under UV light. Other than this modification, the macrophages were observed to function normally and could be infected with HIV.

The aim of this work is to achieve gene therapy for HIV through intracellular immunisation creating cells that are resistant to HIV infection. The gene for green fluorescent protein could be replaced by artificial genes that mediate gene therapy and several approaches are under investigation. One possibility is RNA silencing where the artificial gene could be encoded to prevent HIV from infecting the cell. Stem cells that have been modified in this way could be used to reconstitute a person's immune system with cells that are resistant to HIV infection. Given the present lack of effective vaccines and the inability of drug treatments to give a complete cure, stem cell mediated gene therapy may be a promising alternative.

In our own backyard

Research into gene therapy using embryonic stem cells - also known as therapeutic cloning - is tightly regulated in Australia by the National Health and Medical Research Council (NHMRC). As PosLink went to press there were moves from within the Government to completely ban such research.

¹Anderson JS et al. Derivation of normal macrophages from human embryonic stem cells for applications in HIV gene therapy *Retrovirology* 2006, 3:24

Whats Up: News and Information

Report from the HIV/AIDS Legal Service (HALC)

Julia Freeborne, HALC and Member Services Coordinator, PLC

The HIV/AIDS Legal Service (HALC) has existed for nearly ten years. It operates fortnightly and utilizes the services of volunteer lawyers and law students to provide legal advice in areas specifically related to HIV/AIDS. Last year, HALC provided legal advice to 286 people. All HALC services are confidential and there is no cost. HALC operates every second Thursday night from 7 — 9 pm. It is located at the Positive Living Centre (PLC) at 51 Commercial Road, Prahran.

HALC services were suspended recently as we did not have a volunteer Principal Solicitor but thankfully Sue Macgregor has volunteered to fulfil this role and services are operating at full capacity once again.

People living with HIV are often reluctant to use mainstream services due to both ignorance and discrimination relating to HIV/AIDS and a lack of knowledge and understanding of the issues faces by positive people within mainstream legal services. HALC operates in areas of law where often no precedents have been set and can also provide expert advice to others in the legal sector in matters relating to HIV/AIDS.

HALC is dependant on the expertise of our volunteer lawyers and can only provide advice in areas where we have lawyers who are experienced in a particular area. At present the matters that HALC may be able to help you with are:

- Will preparation
- Power of Attorney and Medical Power of Attorney
- Discrimination and vilification
- Personal injury claims
- Fines for people on low incomes
- Issues relating to superannuation
- Criminal matter if HIV related
- Immigration
- Family law
- Same sex partner issues
- Property disputes

Accessing the service

If you have a matter that you would like to discuss with a HALC lawyer you can either ring the PLC who will take down your details and refer it on to the lawyers or you can email them directly at legal@vicaids.asn.au. Referrals are assessed weekly on a Thursday and you will be contacted in relation to an

appointment or a referral within a week of making contact.

HALC has no capacity to do any follow up work with clients and is a limited service. Due to the limited operating hours and strong demand for the service, HALC clients often have to wait up to 6 weeks for an appointment. Consequently, HALC cannot provide emergency legal services at any time. Also due to the limited nature of the service many issues are referred out due to HALC's incapacity to be able to deal with them within legislated time frames.

Urgent legal matters

If you have an urgent legal matter you should contact Legal Aid on 9269 0234 or the Disability Discrimination Legal Service on 1300 882 872. Community Legal Centres also provide legal advice to people on low incomes. Community Legal Centres have geographical boundaries so if you are not sure who to contact ring the PLC on 9863 0444 and they will let you know which one to contact. If you have an urgent legal matter and you are not sure where to go ring the PLC and hopefully we will be able to steer you in the right direction.

HALC case studies

People's names have been changed to protect confidentiality in the following examples of HALC cases.

Job discrimination

David is 23 and was recently dismissed from his work after disclosing that he had HIV. The reason given for his termination was that he was unreliable but as this had not been raised with him previously he felt that it was due to his disclosure relating to his HIV status. As there is only a 28-day period to lodge a complaint of unfair dismissal the case was referred on to an employment lawyer who provided his services on a pro bono basis so that David would not be charged for the cost.

Investigations revealed that there had been no record of any unreliability by David and the case was taken to the Tribunal. The Tribunal found that David had been unfairly dismissed and ordered the employer to pay restitution to him. David was also offered the opportunity to return to work with this employer but decided that it was not in his best interests to work in a workplace that was so clearly discriminatory.

Whats Up: News and Information

Report from the HIV/AIDS Legal Service (HALC), continued

Immigration

Simon and Peter have been in a long term relationship. Simon is HIV positive and wanted assistance preparing an application to remain in Australia. He had previously contacted a lawyer privately who said that he had no hope of remaining in Australia due to having HIV. He brought the matter to HALC and was assisted by the lawyers who were successful in assisting him to gain a health waiver. This was a very long and complicated process which required a lot of work by Simon and his partner but they are now living happily ever after since Simon's application was approved.

Superannuation

Peter is 55 and in very poor health as a result of HIV and other health issues. His doctor told him it was unlikely that he could ever return to work. Peter had a mortgage and other financial commitments which he was unable to meet from his

Centrelink payments. He was aware that he had a large amount held in superannuation which he was eligible to receive when he turned 65. The HALC lawyers assisted Peter to prepare the necessary documents to access this money on the grounds of permanent disability and financial hardship. This has allowed Peter to remain in his house and meet his other financial commitments.

Will and power of attorney

Sue is 45 and has two teenage children. She was concerned that her children may not be cared for appropriately if she became sick or died as she has a very fractious relationship with the children's father. With the help of HALC lawyers, Sue prepared both a will and a medical power of attorney. These documents ensured that the instructions for the care of her children and her own care were laid out in a formal legal agreement and that her assets were protected in the event of her death.

Eras of treatment in 25 years of AIDS

To commemorate the 25th anniversary of the first medical publication of AIDS, researchers at the Harvard Medical School have described seven eras defining advances in the health care of HIV/AIDS¹.

- 1981 1st cases of AIDS published in *Morbidity and Mortality Weekly Report*
- 1989 Advent of prophylaxis² for *Pneumocystis jiroveci* pneumonia - formerly known as *Pneumocystis carinii* or simply as PCP
- 1993 Advent of prophylaxis for *Mycobacterium avium* complex (MAC)
- 1994 Use of AZT (zidovudine, Retrovir) to prevent mother-to-child HIV transmission - expanded to combination therapy in 2000
- 1996 1st antiretroviral therapy era - approval and widespread use of the first protease inhibitors

- 1998 2nd antiretroviral therapy era - sequential use of non-nucleoside reverse transcriptase inhibitor-based regimens followed by protease inhibitor-based regimens
- 2000 3rd antiretroviral therapy era - more effective regimen choices, better salvage therapy, drug-resistance testing, and boosting of other drugs using ritonavir (Norvir)
- 2003 4th antiretroviral therapy era - more tolerable and less complex regimens and introduction of the entry inhibitor drug class with T-20 (enfuvirtide, Fuzeon)

¹Walensky RP, et al. The survival benefits of AIDS treatment in the United States. *Journal of Infectious Diseases* 2006, 194(1):11-19.

²Prophylaxis - protective or preventive treatment

Camp Seaside 2006 volunteers needed

Camp Seaside is a long established retreat for parents living with HIV and their kids occurring on the Mornington Peninsula from 11 to 13 November.

We are seeking new volunteers for Camp Seaside! Can you cook? Help clean or enjoy working with children, then Camp Seaside would love to hear

from you. A police background check is necessary for volunteers only in regard to crimes committed against children- no other non relevant police records are checked. If you are interested in volunteering at Camp Seaside, please phone Straight Arrows on 03) 9276 3792 or email sarrows@bigpond.net.au.

Whats Up: News and Information

Increased use of health care with both HIV and mental health disorders

Australian team publishes major study

Clinical depression and mood disorders affect about a third of people with HIV. The Australian team reported here has previously shown that depression rates were not associated with viral load and CD4 cell counts but better mental health was related to being on antiviral treatment for HIV¹. Factors such as receiving psychological or psychiatric treatment, being in a relationship and not living alone also improved peoples' mental health suggesting that social support is important.

In further research recently published in *HIV Medicine*, people with both HIV and a mental health disorder were shown to have required greater use of healthcare and increased antiretroviral use but they did not have reduced survival².

The study was conducted by crosschecking two public health databases: (1) The Alfred Hospital Cohort which includes all the medical details of those attending the Victorian HIV Service at Fairfield Hospital and The Alfred between 1984 and 2000, and (2) the Victorian Psychiatric Case Register that has been recording the use of public psychiatric services since 1961. Comparing the two databases allowed the authors to match a person's HIV treatment with their mental health diagnosis.

There were 2,981 people in the cohort representing 73% of the people diagnosed with HIV in Victoria. Of these people, 525 (17%; 43 women) were also on the psychiatric register. The mental health problem was unknown in 47% of cases whilst substance abuse was the most common diagnosis (17%) followed by mood disorders (9%; includes clinical depression and bipolar disorders), schizophrenia (6%) and personality disorders (2%). Mental health disorder was diagnosed prior to HIV in a third of the people.

In an analysis of the difference between HIV positive people with and without a record on the psychiatric register, those with mental health disorders were more likely to have received HIV drug treatments (31% vs 26%), to have used more antiretroviral drugs (6.4 vs 5.5) and were more likely to have been hospitalised (33% vs 23%). Predictably, people with mental health disorders were more often hospitalised for their mental health (18% vs 8%) and for other reasons but surprisingly treatment of infections in hospital was more likely compared to other people with HIV (29% vs 20%).

The group with mental health disorders had higher CD4 counts and longer time from HIV diagnosis to AIDS. However, having a mental health disorder did not change survival rates but survival was affected by CD4 count, antiretroviral therapy, gender and age as was expected. Nevertheless, more health care is required and HIV treatments are changed more often to maintain equivalent survival and control of HIV disease.

The researchers conclude their report by stating that "enhancing awareness and improving treatments in those with both HIV infection and mental health disorders may potentially improve quality of life for these patients".

¹Gibbie T, et al. Depression and neurocognitive performance in individuals with HIV/AIDS: 2-year follow-up. *HIV Med* 2006 7:112-21

²Mijch A, et al. Increased health care utilisation and increased antiretroviral use in HIV-infected individuals with mental health disorders. *HIV Med* 2006 7:205-12

Peer Support Groups enrolling now

New Peer Support Groups are commencing in July at the Positive Living Centre in Prahran. These are a 8 week structured group for positive people to discuss the issues faced everyday about HIV and sexuality, relationships, disclosure, medications and treatment options and a lot more.

Peer groups are a great way to meet new friends and share our stories in a safe and confidential

space. We also run an "Ongoing" Support Group for those who have participated in groups before and would like to be involved again. These groups are less structured and have been going for 3 years now.

For further information contact Marcus on either 9863 0444 or 9863 0424 or by e-mail at marcus@vic aids.asn.au

Whats Up: News and Information

Women, HIV and reproduction

Melbourne doctor conducts PhD studies

Dr Michelle Giles is an infectious diseases physician with a particular interest in women with HIV and infections in pregnancy. Based at the Burnet Institute located at The Alfred Hospital, she is currently undertaking her PhD on the topic of "Women, HIV and Reproduction".

A component of her PhD involves recruiting women aged between 18 and 44 years in Victoria to explore issues around what it is like to be female and have HIV. There is a particular emphasis on reproductive issues but the aim is to recruit a wide range of women with different experiences and different reproductive intentions. It is not necessary to be pregnant or want to have children to be a part of the study. The study involves an anonymous interview with Dr Giles and completion of three short questionnaires over 12 months.

The other researchers involved in the study include Professor Sharon Lewin, Director of the Infectious Diseases Unit at The Alfred Hospital and

Dr Margaret Hellard, Program Leader of the Centre for Epidemiology and Population Health Research at the Burnet Institute. Dr Giles is supported by a National Health and Medical Research Council PhD Scholarship. The study was approved by The Alfred Human Research Ethics Committee and also the Southern Health Human Research Ethics Committee. To date, women have been recruited from Melbourne Sexual Health Centre, The Alfred Hospital and Monash Medical Centre.

Dr Giles also runs a women's clinic at the Alfred Hospital once a month. This clinic provides pre-pregnancy counselling for HIV infected women or HIV discordant couples and reproductive advice, referral or management including Pap smears. Dr Giles also works on a program run through the Royal Women's Hospital providing assisted reproductive services such as artificial insemination, sperm washing and IVF to HIV discordant couples including either HIV infected males or females.

Quit Smoking!

Are you considering giving up smoking?
Need support and encouragement to assist you
with quitting?
Then this course may be for you!

A 4-week Quit program will be run by a qualified Quit Educator who will discuss strategies to overcome your smoking addiction.

- Why you smoke
- How to change behaviour
- What part smoking plays in you life
- How to stay a non-smoker
- How to quit
- How to avoid weight gain
- How to deal withdrawal & stress

Where: Positive Living Centre
51 Commercial Rd
Prahran, Vic, 3181

When: Mon & Thu evenings for 4 weeks
Commencing 31 July 2006

Time: 7 pm to 9 pm

Cost: Free

Bookings & Enquiries: Contact Julia or Ian
on (03) 9863 0444

Provided through the Victorian AIDS Council in conjunction with the 'Living Positively' pilot project.



Come and Lend a Helping Hand
**You're invited to attend the
Gala Launch
of the
Michael Masters Fund**
...supporting
**People Living with HIV/AIDS
in our community.**
*"Your chance
to really
make a difference"*
Patron: Ms. Rowena Wallace

Information about the fund and why it is being set up

Entertainment
Canapes
Drinks

Heaven @ 151

People Living with HIV/AIDS

Heaven's Door

Come and meet the people and stars who have already put their support behind the fund

**Tuesday 18th of July at 7.00pm
Heaven's Door
147 Commercial Road South Yarra**
**R.S.V.P. by Friday 14th July to
mmf@plwhavictoria.org.au OR (03) 98274566**



PositiveWomen

Supporting Women Living with HIV/AIDS

Hello Everyone,

Winter is upon us and we have reached the middle of the year already. Time is flying by...but rest assured, much is being planned for the second half of 2006 at Positive Women!!!

I continue doing outreach around town. I'm at the Positive Living Centre (PLC) in Prahran on Wednesday afternoons - the same day as pantry (eg 6 and 20 Jul). So come along, stock up on some groceries and have a cuppa and a chat. Thursday afternoons in the alternating week (eg 13 and 27 Jul), I can be found in the waiting room at the referral clinic at the Melbourne Sexual Health Centre in Carlton. If this is where you see your doctor, consider making your next appointment for a Thursday afternoon; that way we can catch up at the same time.

An exciting new initiative at Positive Women is a great new health and fitness program we will be running from early July. The new program is the **Positive Women Get Active Program!** It is a 6 week program to be run on Mondays from 11 am to 1 pm at the PLC. The PLC is closed on Mondays, so it will just be us women there.

The program will be a fun and informal way to start to engage in some health and fitness activities. Also, it will be a great peer support activity where positive women will be able to meet up and spend time with other positive women. We all know how hard it can be to get motivated and start something new, especially exercise. This program should make

this much easier.

The sessions will be split into two parts. The first part each week will involve information sharing, education and group discussion on an array of topics including motivation, goal setting, relaxation, stress management, nutrition, etc. The second part of each weekly session will involve us actually engaging in a different type of activity. These may include things like yoga, Pilates, aerobics, meditation, resistance training, relaxation etc.

All positive women are encouraged to participate, irrespective of your current level of activity. Staying fit and healthy is a widely recognised factor in staying well when living with HIV. So please consider becoming involved, the program will be great fun and all we ask of you is a gold coin donation each week. If you have any questions about the program, or to express your interest in participating, please call me at the office on 9276 6918 or email me at support@positivewomen.org.au. Meanwhile, look out for the flyers which we will be circulating soon.

Mums, don't forget to bring the kids down to the puppetry workshop being run during the school holidays at the PLC on 20 June. It's on from 11 am to 3 pm, and lunch will be provided. Please call the office to let us know if you're coming along.

All the best, until next time....
Danielle.

Pregnant women neglected in global HIV prevention

The global HIV prevention programs of President George W Bush have come under renewed attack for not meeting the needs of people in some of the world's poorest countries. The President's Emergency Plan for AIDS Relief utilises the ABC approach –Abstain, Be faithful, use Condoms– where A and B are emphasised at the expense of C. A third of given funding must be spent on abstinence and faithfulness programs.

A report by the US Government Accountability Office suggested that the legal requirement to promote abstinence and faithfulness means that funds for other initiatives have had to be cut. In countries with a high prevalence of HIV, such as

Swaziland, Mozambique and South Africa, more money than is allowed under the rules needs to be spent on preventing mother-to-child transmission of HIV.

An editorial in the medical journal *The Lancet* says that the initiative was supposed to be an emergency plan and should be executed as one. "Health workers who have seen their patients, friends, and family die from this disease should not have to tip-toe around this ill-informed and ideologically driven policy. Many more lives will be saved if condom use is heavily promoted alongside messages to abstain and be faithful."



Qualified sexual health nurses are now offering free and confidential sexual health testing and treatment at selected sex on site venues. Call 9347 0244 for details or visit our walk-in clinic in Carlton.

No appointment necessary. If you wish to be anonymous, you can - we don't ask for your Medicare Card.

Melbourne Sexual Health Centre
580 Swanston Street, Carlton
Telephone: (03) 9347 0244

Opening hours:
Monday - Thursday: 9.00am - 5.00pm
Friday: 1.10pm - 5.00pm

www.mshc.org.au

get wise get screened

If you are a sexually active man who has sex with other men, it is recommended that you be screened for sexually transmissible infections every 3 to 4 months.

Additional clinics specialising in sexual health:

(Medicare card and ID cards are required. Some clinics may charge for services).

The Centre Clinic
Rear 77 Fitzroy Street
St Kilda
Ph: (03) 9525 5866

Carlton Clinic
88 Rathdowne Street
Carlton
Ph: (03) 9347 9422

Prahran Market Clinic
131 Commercial Road
South Yarra
Ph: (03) 9826 4500

Middle Park Clinic
41 Armstrong Street
Middle Park
Ph: (03) 9699 4626



Treatments update: Whats new, what's changed

Dr Eric Glare PhD

Resistance testing is beneficial before starting treatment

Poor outcome of the first treatment regime for antiviral-naïve people has been blamed on infection with drug-resistant virus. A German study has found that if people are given a resistance test before starting treatment and are given a tailored set of antivirals, they respond to treatment as well as those that had wild-type HIV¹.

Increasingly, people are being infected with drug-resistant strains of HIV – this is called primary drug resistance. The virus does mutate back to wild-type without the person being on treatments but resistance can persist for many years. The German team recruited 296 treatment-naïve people with HIV with an average age of 39 years, CD4 count of 177, viral load of 171,000 copies and 75% were male. Genotyping of HIV showed that 11% had drug resistant HIV even though they had never taken antivirals.

The study was conducted at 42 centres and a variety of drug combinations were prescribed. The people that were detected with resistant virus were given alternative antivirals. After one year of treatment, viral load was measured and those with more than 50 copies were said to have virological failure. In both the group with primary resistance and those who did not have resistance mutations at the start of the study, 13% had virological failure at one year. The two groups also had similar increases in their CD4 counts. Adherence to taking the antiviral drugs was not measured – a positive resistance test may have caused the primary resistance group to be more diligent.

The authors recommend that resistance testing should be conducted before commencing HIV treatments as routine practice.

Policosanol maybe ineffective in lowering cholesterol

Policosanol is an extract of the waxy coating of sugar cane that has been touted as a treatment for reducing high cholesterol. A new study has questioned its effectiveness².

The use of policosanol was promoted by several studies that reported that policosanol reduced total cholesterol, reduced LDL cholesterol – referred to as the 'bad' cholesterol – and increased the 'good' HDL cholesterol. It was thought to be as effective as a low dose of a statin, a class of prescription

drugs for lowering cholesterol. However, most of the studies were conducted by a Cuban group that was funded by a company marketing policosanol.

A group of researchers from the German Medical Association has conducted a double-blind multicentre study with 143 people comparing Cuban policosanol with placebo. They were funded by a pharmaceutical company that does not make or distribute treatments for cholesterol. They found that after 12 weeks of treatment, there was no difference between people taking different amounts of policosanol and those taking a placebo capsule in their total cholesterol or several other measures of cholesterol metabolism. They did however confirm previous findings that policosanol has an excellent safety profile.

Kaletra associated with high blood pressure

The development of treatment for HIV infection have been accompanied by an increase in risk factors for cardiovascular disease, including high cholesterol and triglycerides, impaired glucose metabolism sometimes leading to diabetes and lipodystrophy (changes in body fat distribution). Hypertension or elevated blood pressure is another risk factor for heart disease but little is known about the impact of antivirals on blood pressure. Blood pressure was monitored in a recent cohort study of people starting their first antiretroviral drug regimen³.

Among 444 people in the study 95 people (21%) developed high blood pressure of whom 11 were severe enough to be diagnosed with hypertension. In a break-down of the drugs that were prescribed, those using a regimen based on Kaletra (lopinavir with ritonavir) had the greatest increase compared to other protease inhibitors with atazanavir (Reyataz) being the least likely to cause high blood pressure. The researchers believe that the increase in blood pressure was caused by an increase in body fat as body mass index (BMI) increased along with blood pressure in this group of people.

Travellers to USA stop medications without advice

Currently US law bans people with HIV from other countries from entering the USA unless a waiver visa is granted prior to departure even if the visit is merely an airport transit. *HIV Medicine* recently published the results of a British questionnaire of

Treatments update: Whats new, what's changed, continued

HIV positive travellers conducted in Manchester, Brighton and London⁴. Of 1,113 respondents, 349 (31%) had travelled to the USA since their HIV diagnosis but only 14% of these travelled with waiver visa. Depending on the city up to 64% were aware that a waiver visa was required for visitors with HIV.

Of the travellers to the US 69% were on antiretrovirals at the time of travel and of these 11% stopped their medication. Of particular concern to the authors was that only 56% sought medical advice about how to stop treatment. A significant minority (11%) stopped in a way that risked the development of drug resistance.

Risk of mental health disturbance with efavirenz plus tenofovir

Efavirenz (Sustiva) is well known for causing neuropsychiatric disturbances that range from mild depression and poor sleep to suicidal thoughts and nightmares which mostly dissipate within a few weeks. A report in *Antiviral Therapy* documents mental health deterioration in people taking efavirenz with tenofovir (Viread) even though they had previously tolerated efavirenz⁵.

Nine patients were on a regimen containing efavirenz for an average of 31 months with out any adverse mental health affects. They switched to efavirenz plus tenofovir because of lipodystrophy and to simplify their regimen.

Mental health disturbances occurred in five people immediately after switching to tenofovir and in the remaining four people similar problems commenced 2 weeks to 24 months later. Six people changed treatments with marked improvement in their mental health. Treatment remained unchanged in three people but two of these continued to experience chronic sleeping disorders.

It is not known at this stage if the mental health problems were an interaction between efavirenz and tenofovir or whether the cases were just a chance occurrence of rare tenofovir-related side effects.

Benefit of selenium supplements questioned

Previous studies shown to be in error

Low blood levels of selenium have been associated with lower CD4 counts, more advanced HIV disease and increased rates of HIV-related deaths, particularly in resource-limited communities. A new study suggests that low levels of selenium are due to the liver responding to the consequences of HIV infection in the body rather than exhaustion of selenium⁶.

Selenium is ingested in various forms that bind to a major blood protein called albumin for transport to the liver. The liver converts these forms of selenium into selenoproteins which mediate the antioxidant effects of selenium in the body.

Albumin is the most common protein found in blood playing an important role in blood volume and osmosis. Low blood levels of albumin have been independently associated with faster HIV disease progression. When an infection or trauma occurs anywhere in the body the liver responds to immune cell signals (cytokines) by producing what is known as the acute phase response. The acute phase response has also been associated with the advancement of HIV disease. The acute phase response alters the liver's production of albumin.

In this relatively large study published in *BMC Infectious Diseases*, blood was collected from 400 women with HIV and the levels of selenium, albumin and acute phase proteins were measured and compared to their CD4 counts and viral load. Selenium was independently associated with albumin but not with CD4 count or viral load. In preliminary statistics, selenium was associated with CD4 counts and viral load but when the data was corrected for the association of selenium with albumin, this relationship ceased to exist (the old third party rule!). Previous studies failed to measure albumin or the acute phase response.

The authors suggest that in HIV positive people with low CD4 cells, high viral load and an acute phase response from their liver, blood levels of selenium do not reflect the total body status of selenium. The liver may be sending selenium via selenoproteins to muscles and other tissues where they are needed for their antioxidant properties. The results also provide an explanation for the four trials of selenium supplementation that have been conducted to date that failed to show a benefit in CD4 counts or viral load.

References

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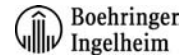


planetpositive@plwhavictoria.org.au
For further information call 9865 6756



Acknowledgement

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Membership application

All details provided will be treated as strictly confidential.

I wish to become a member of People Living with HIV/AIDS Victoria and to receive all privileges of said membership. I agree to abide by the Rules* of the organisation at all times. I give permission to receive information from PLWHA Victoria.

Please tick

Full Membership: I am HIV positive and am able to provide verification of this if required.

Associate Membership: I do not wish to disclose my HIV status, I am HIV negative or I do not know my HIV status.

Signed

Name

Address

Postcode

Telephone (optional)

Email (optional)

Please fax or post your membership application to: PLWHA Victoria
6 Claremont Street
South Yarra VIC 3141
Tel: 03 9865 6772
Fax: 03 9804 7978

*Copies of the Rules of the organisation are available from the PLWHA Victoria office.

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