poslink

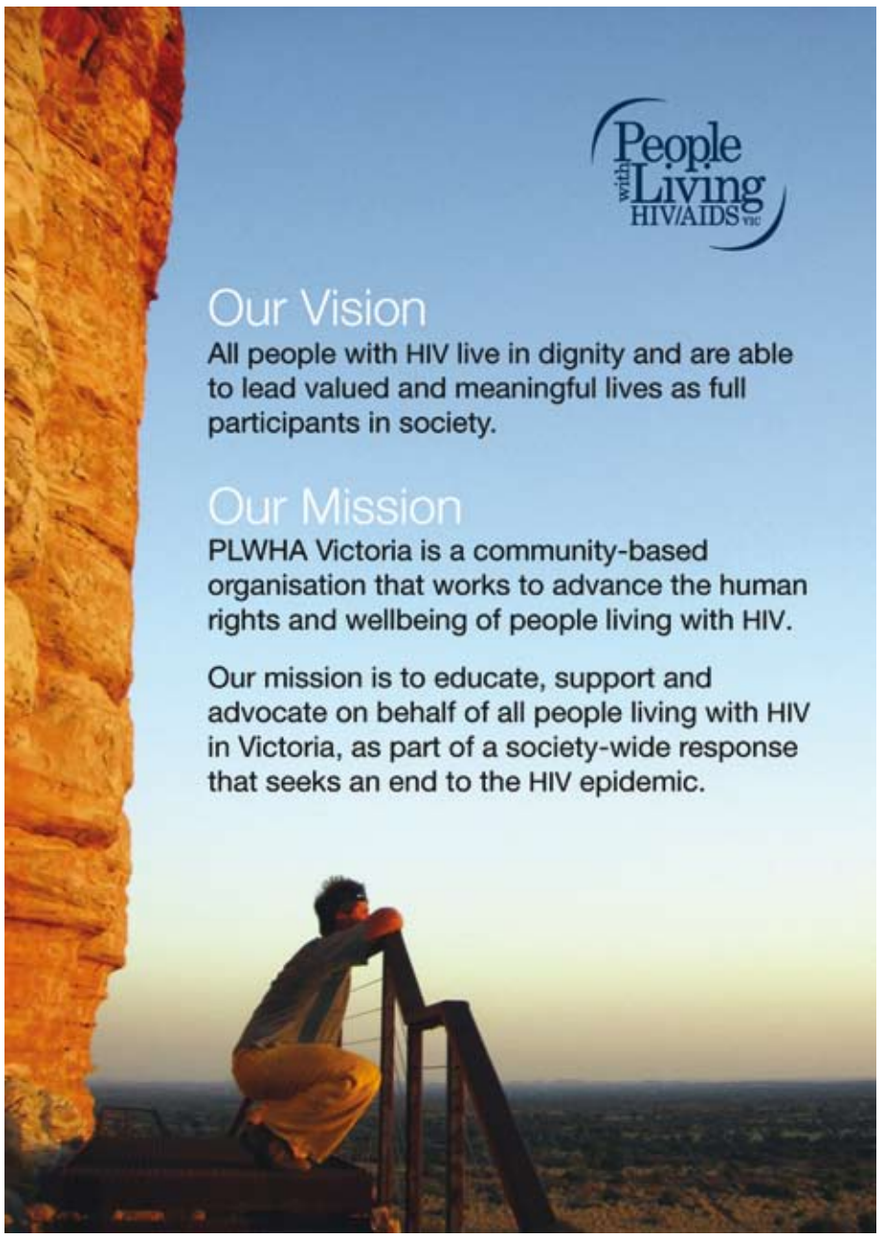
The Newsletter of
People Living with HIV/AIDS
Victoria Inc

Education, Information
& Representation

Issue 51 June 2010

ISSN 1448-7764

Content



The new mission statement was developed by the PLWHA Victoria board as part of the new Strategic Plan for 2010-2013 (available to download via www.plwhavictoria.org.au).

The statement has been designed to accurately reflect the changing role of PLWHA Victoria and to speak in advanced terms about the kind of socialistic change that we are seeking to bring about for PLHIV.

This mission statement will be the foundation for how PLWHA Victoria moves forward in our role as Victoria's peak body for PLHIV in the future.

- Paul Kidd

COVER PHOTOGRAPH: Andrew Henshaw

COVER STORY: Positive Speakers are Changing Voices - page 6

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PosLink is sponsored by unrestricted educational grants from:
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The Speakers Bureau is sponsored by unrestricted educational grants from:
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Note from the President

Paul Kidd

It's been a long time coming, but on 22 April state and federal governments formally adopted the Sixth National HIV Strategy, which sets the direction for Australia's response to HIV over the next three years. The previous strategy expired back in 2008, so the development of this one has been eagerly awaited and it's adoption is an important milestone.

In addition to the HIV strategy, there are new national STI, hep B, hep C and indigenous strategies, all of which have been developed to complement each other.

Australia has had a coordinated national HIV strategy since 1989, a key part of our partnership response to HIV. National strategies provide a framework for common understanding about the goals of our response, and the mechanisms for preventing new infections, promoting testing and providing support, care and treatment for PLHIV.

The new national HIV strategy was developed through a community consultation process, with HIV sector organisations across the country, including PLWHA Victoria, contributing to the discussions and debate that informed the drafting process.

The strategy has a strong emphasis on HIV prevention and testing, appropriate at a time when HIV infections are still at high levels across Australia, but it also stresses the need for supporting PLHIV in maintaining their health and wellbeing, and protecting the rights of people living with and affected by HIV.

Importantly, the new strategy acknowledges a number of emerging issues for PLHIV, including the ageing of the HIV-positive population; the importance of non-HIV-specific illnesses like heart disease and diabetes; and the challenges of living with a chronic illness for many years or even decades. The strategy recommends health promotion programs for people with HIV that respond to these emerging issues in a holistic way.

Notably, the strategy recommends as a priority action, programs to reduce stigma and discrimination and build resilience among people with HIV, and investigation of the changing health needs of people living longer, and growing older, with HIV.

Another welcome inclusion is the emphasis on a human rights and public health based approach to HIV, and the need to consider the impacts and appropriateness of criminal HIV transmission and exposure laws. The strategy restates the importance of treating HIV transmission as a public health issue, and using the criminal law only as a last resort or in the most serious cases.

Of course there are some areas where a stronger approach would have been welcome. Improving access to clean injecting equipment and supporting sex workers are two areas that could have been more explicitly supported, and we would have liked to have see mention made of providing treatment for people who are ineligible for Medicare. But overall the strategy has been welcomed across the HIV sector as a significant step in the right direction.

A new HIV strategy by itself won't change anything in the real world – the strategy is framed in terms of broad objectives and there are no specific initiatives set out (or money allocated to fund them). What it does give us as a community is a reference point with which to work with the other members of the HIV partnership – especially the state and federal governments – to ensure that people with HIV have the treatments, care, and support services they need, to combat stigma and discrimination and to minimise the impacts of HIV on individuals and the society we live in.

What matters most is what happens next. Governments have agreed on a broad direction for the next three years, now we must hold them accountable to it and ensure the necessary action is taken.

The national strategies can be downloaded from http://bit.ly/nationalstrategies.

Treatment Update

Once-a-day treatment: the consequences of poor adherence may be more serious - aidsmap.com

Although once-a-day treatment regimes can be expected to make adherence easier to handle, if a person does miss doses, the clinical consequences are more serious than if a person misses doses from a twice-a-day regime. Tracy Glass reported these findings from the Swiss HIV Cohort at the Fifth International Conference on HIV Treatment Adherence in Miami on Monday.

Much effort has been taken in recent years to make antiretroviral therapy more tolerable and easier to take, in particular the development of once-daily therapy. Treatment regimes involving fewer doses are generally easier for people to adhere to.

Patients starting HIV therapy for the first time in Switzerland were recruited to the study between 2003 and 2009. Adherence was measured by self-report of missed doses over the last month. The investigators assessed the association of missed doses with viral rebound and death. A total of 2410 individuals were recruited to the study and were followed for a median of 2.7 years.

At approximately one-third (30%) of interviews, patients reported missing one or more dose of their antiretroviral therapy. Viral load rebounded to detectable levels in 8% of patients, and 3% of individuals died.

For patients taking once-daily treatment, missing any doses increased the risk of viral load rebounding. The risk increased with the number of doses missed (one dose missed, hazard ratio (HR) = 5.46; 95% CI, 1.69 to 17.67; two missed doses, HR = 6.87; 95% CI, 1.07 to 44.01; three or more missed doses, HR = 9.26; 95% CI, 2.26 to 37.99).

Moreover, patients taking their HIV treatment once a day who reported missing three or more doses had a significantly increased risk of death (HR = 2.90; 95% CI, 1.09 to 7.72).

On the other hand, missed doses did not have such serious consequences for patients taking twice-daily therapy. No statistically significant relationship was found between missed doses and either an increased risk of viral load, or an increased risk of death.

However during questions and answers, an audience member requested further information on the once-a-day regimes being taken. He suggested that it was possible that doctors were prescribing drugs which are optimally taken twice a day, but which are sometimes prescribed as once-a-day to people who request a simpler regimen. The problem is that these particular drugs are not active in the body for long enough to allow for lapses in adherence.

While the researcher could not clarify the nature of these regimes, she did confirm that the data were also analysed to see if the risk of these events varied according to whether the treatment regime featured a non nucleoside reverse transcriptase inhibitor, boosted protease inhibitor or unboosted protease inhibitor. No variation was found.

Concluding, Tracy Glass said she believed that missed doses on a twice-a-day regimen do not lead to clinical consequences as serious as those created by missed doses on a once-a-day regimen. She cautioned that once-a-day regimens are not necessarily best for all patients

Reference

Glass T et al. Are once daily regimens really the magic bullet? Fifth International Conference on HIV Treatment Adherence, abstract 62223, Miami, 2010.

Morphine may protect against HIV-related brain disease - aidsmap.com

Morphine protects rat neurons against damage by HIV, researchers from Georgetown University Medical Center, Washington DC, reported last week.

They believe the finding might help in the design of new neuroprotective therapies for patients with the infection.

Accoridng to the investigators the discovery, presented at the annual meeting of the Society of NeuroImmune Pharmacology, may also explain why a subset of people who are heroin users and become infected with HIV through needle sharing don't develop HIV brain dementia. This brain disorder includes cognitive and motor abnormalities, anxiety and depression.

"We believe that morphine may be neuroprotective in a subset of people infected with HIV," says the study's lead investigator, Italo Mocchetti, professor of neuroscience at GUMC. "That is not to say that people should use heroin to protect themselves – that makes no medical sense at all – but our findings gives us ideas about designing drugs that could be of benefit.

"Needless to say we were very surprised at the findings," he added. "We started with the opposite hypothesis – that heroin was going to destroy neurons in the brain and lead to HIV dementia."

The researchers conducted the study because they knew that a number of HIV-positive people are also heroin users, and because of that, some are at high risk of developing neurological complications from the infection. Others, however, never develop these cognitive problems, Mocchetti says.

Because little is known about the molecular mechanisms linking opiates and HIV neurotoxicity, Mocchetti and his team conducted experiments in rats. They found that in the brain, morphine inhibited the toxic property of the HIV protein gp120 that mediates the infection of immune cells.

With further investigation, they concluded that morphine induces production of the protein CCL5, which they discovered is released by astrocytes, a type of brain cell. CCL5 is known to activate factors that suppress HIV infection of human immune cells. "It is known to be important in blood, but we didn't know it is secreted in the brain," says Mocchetti. "Our hypothesis is that it is in the brain to prevent neurons from dying."

The study was funded by the National Institute on Drug Abuse, part of the National Institutes of Health.

Flu Season 2010

www.acon.org.au/hiv/news/flu-vaccine

Last year the Swine Flu attracted international media attention and a number of Australians came into contact with this strain of the flu. There are many different strains of the flu virus and the correct name for the strain previously called Swine Flu is the H1N1 virus.

All flu virus names have an "H" and an "N" followed by a number. H and N are the initials of two proteins located on the surface of the flu virus. These proteins are Hemagglutinin and Neuraminidase. The numbers after the letters refer to different forms of these proteins. These differences are important because they are potential targets that the immune system can use to fight the flu.

Although a specific flu might be named after a country or animal that it was initially associated with, scientists use the H/N system to more accurately identify all flu strains. This form of labeling helps scientists to understand each strain and research possible treatments and vaccinations.

Health Authorities are predicting a higher number of cases of the H1N1 Flu strain (Swine Flu) during this year's Australian flu season. In response the government is making the newly developed multiple flu vaccination free to all people at risk of potential health concerns, including people with HIV. It is important to have the vaccine as soon as you can to prevent you from getting the flu.

This year's flu vaccination gives protection against three strains of flu virus including H1N1. The vaccine also gives coverage for two other 'regular' strains of the flu that are prominent each season. The vaccination is free and available to people with a range of health issues.

Doctors and health authorities are recommending that people with HIV consider vaccination in plenty of time for the flu season as it can take several weeks for the vaccination to become effective against the flu. Even if you have already received the single H1N1 vaccination you can still have this vaccination, which will 'boost' your immunity to the H1N1 virus as well as giving you protection against the 'regular' flu.

Although safe and effective, the vaccination is not suitable for everyone with HIV so people should ask their HIV doctor or other health care professional if they think you should receive the vaccination.

Other useful tips:

• As well as vaccination there are other strategies that can help you avoid the flu, including:

• Keep warm by staying out of the cold and wearing appropriate clothing including scarves and hats – a lower body temperature means lower immune defenses – especially around the head, face and neck.

• Avoid contact with people who have the flu.

• Avoid touching your eyes nose and mouth – touching your face can transfer the virus.

• Exercise regularly and maintain a healthy diet.

• Thoroughly and regularly clean shared surfaces like work benches, phones, computer keyboards, door handles, lift buttons and stair rails.

• Wash your hands often using soap and hot water or sanitising lotions, especially before eating and after coming into contact with other people or shared surfaces.

If you do get the flu:

• Contact your doctor as soon as you have symptoms to ask if you need to take an anti-flu medication.

• Cover your mouth and nose when you cough or sneeze.

• Dispose of tissues promptly into a rubbish bin.

• Wash your hands regularly.

• Stay at home from work and other activities to prevent transmission.

• Drink plenty of warm fluids like soups and tea.

• Hot honey and lemon drinks are a great way to soothe the throat and help to clear the nasal passages and sinuses..

• Take paracetamol or a similar product to help with fever and aches.

• Rest and keep warm.

If you are concerned that your symptoms are severe or lasting more than a few days see your doctor who may want to test for other health issues or recommend a different treatment strategy.

Check out Super Foods for the Winter Months on page 10 for more useful tips to reduce your risk of catching the flu.

Visit the Australian Government Fact Sheet for Influenza Vaccination 2010 at www.racgp.org.au/Content/NavigationMenu/About/Healthalerts/201003FluVaccination_FactSheet, which includes information about other health issues that entitle people to the vaccination.

Positive Speakers are Changing Voices

Shannen Myers

On 31 March, over 80 members of the HIV health sector gathered at the State Library of Victoria to attend "Changing Voices/ Stories of Living with HIV", an event to launch 2 new resources from the Positive Speakers Bureau.

Victorian Chief Medical Officer, Dr John Carnie, officially launched the DVD and book on behalf of the Minister for Health, Daniel Andrews. "The Department of Health is proud to support this important organisation which provides a wide range of services to PLHIV. I congratulate them on these professional and valuable new resources".

The DVD is a collection of personal stories from members of the Positive Speakers Bureau and highlights the diversity of the HIV epidemic and the point that HIV can affect anyone.

"Seeing real people talk about their own experiences is a very effective way of increasing understanding and empathy in the community in a way that a thousand brochures or websites could not", Dr Carnie said.

Closer is a book of creative writing stories from PLHIV speakers and is the second part of a project to help build an enduring record of what living with HIV looks like in 2010. "This book reflects the rich and diverse range of reactions to an HIV diagnosis and experiences of living with it described in creative and poetic ways, "Dr Carnie said.

Dr John Carnie delivering his official launch speech.

Max Niggl the Positive Speakers Bureau Coordinator, who is featured on the DVD and published in the book said "this book and DVD have been a five year project and I am really pleased to finally see the finished products – they are powerful educational HIV resources".

The resources will be used as pasrt of talks given by the Positive Speakers Bureau to schools and other organisations. They will also be made available for newly diagnosed clients, their family and friends.

Sonny Williams, Executive Officer for PLWHA Victoria said, "we have been overwhelmed by the response to these resources and have subsequently ordered more DVDs to keep up with requests."

"I am proud of our Positive Speakers Bureau program which creates ambassadors to educate the Victorian community about HIV, sexual health and most importantly help fight stigma and discrimination", Williams said.

These resources are available to download from www.plwhavictoria.org.au alternatively contact PLWHA Victoria to order multiple copies: Ph: (03) 9865 6722 or email: info@plwhavictoria.org.au


PLWHA Victoria team, enjoying the success of the launch.


John Hall (PLC), Liz Crock (RDNS) and Tony Maynard (Tibotec).


Auslan interrupter translating Patrick Coville's story.

Are you Ready to START?

Strategic Timing of AntiRetroviral Treatment

Vic Perri

HIV antiretroviral therapy has come a long way since the beginning of the epidemic. After the earlier antiretrovirals were released, it was found that the virus developed a resistance to these drugs very quickly and so it was soon found that it was best to use a combination of different classes of drugs. Over time more newer drugs were developed that were potent.

They were simpler to take with a lesser burden of pill numbers. There had been a reduction in short term and medium term side effects. There were also better resistance profiles making them last longer. A conseqence of these advances had been a dramatic decline in the number of deaths due to AIDS defining illnesses.

However, one of the most important questions with one of the most influential answers has always been, "when is the right time to start". We know that taking HIV antiretrovirals can prevent AIDS related illnesses; however recent research suggests that people who aren't taking treatments may develop cancer or other non HIV related illnesses affecting the heart, liver or kidneys sooner than the general population, even for those at higher CD4+ counts.

Because of this it is increasingly becoming more important to gather evidence to see whether it is better to start treatments as soon as one is diagnosed with HIV or to wait and follow the current guidelines which for Australia is when CD4+ cells drop to 350mm3.

The START study aims to answer this question. START or Strategic Timing of AntiRetroviral Treatment study is a randomised study comparing the benfits and risks of commencing treatment early to a delayed commencement of treatment. One group will consist of people whose CD4+ counts are 500 and above and will commence treatment immediately. The other group with initial counts of 500 and above will be deffered and commence treatment when their counts drop to 350/mm3.

PROS of the EARLY group

Longer period of time at higher CD4+

Possible protection from illnesses and complications of HIV and other causes

Decreased risk of transmitting the virus to others

CONS of the EARLY group

More short-term and long-term side effects from HIV medicines

Higher risk that HIV medicines will not work over time because of resistance

Inconvenience of taking medicines earlier that may affect your lifestyle

PROS of the DEFERRED group

Delaying side effects from HIV medicines

Waiting for newer drugs that may be better and safer

Convenience of not taking HIV medecines all the time

CONS of the DEFERRED group

Longer period of time at lower CD4+ cell counts and higher viral loads

Higher risk of AIDS and other illnesses

Increased risk of transmitting the virus to others

Who can join?

You may be eligible:

If you are at least 18 years of age

Never taken HIV antiretrovirals

Have a CD4+ cell count of 500/mm3 or higher

In general good health with no recent history of major heart, liver or kidney disease

In the case of women, not pregnant or breastfeeding

If eligible and you join the study, you and your healthcare provider will choose what HIV antiretrovirals you will be on. You will then be monitored by your healthcare provider on a regular basis for 3-6 years until the study ends. The START study will pay for all the tests that are part of the study. Your treatments will be paid either by the study or the current health care system which provides subsidies.

For more information, talk to your healthcare provider.You can also check out the START participant website at www.insight-trials.org

Services, Support and Advocacy for Heterosexual People Living With HIV

Fairfield House
The Alfred Hospital
Moubray Street Entrance
Prahran VIC 3181
Tel (03) 9076 3792
Email
information@
straightarrows.org.au
www.straightarrows.org.au

GET THE FACTS

Gonorrhoea

Check out www.connectline.com.au

In 2008 there were 7675 reported cases of gonorrhea in Australia, with the age group 15-29 years comprising 4678 of these cases.

Gonorrhoea is a bacterium that causes an infection in the urethra, cervix, anus, throat or eye. It is easily transmissible through unprotected vaginal, anal or oral sex and can also be transmitted through touching an infected area and then touching yourself.

Most people will not have any symptoms, especially with an infection in the throat or anus. Gonorrhoea most commonly infects the urethra or cervix and symptoms usually develop within 1-3 days (men) and within 10 days (women).

Symptoms include:

- Thick white or yellow discharge from the penis
- An unusual vaginal discharge
- Pain/discomfort when urinating
- Redness around the opening of the penis
- Vaginal bleeding
- Pelvic pain
- Anal discharge and discomfort
- Dry, sore throat
- Pain and itching during bowl movements

If left untreated in women, gonorrhoea can spread to the uterus and fallopian tubes resulting in Pelvic Inflammatory Disease (PID) which can cause infertility.

Gonorrhea used to be swiftly and easily treated. Today however, gonorrhea has become more resistant to treatment. The World Health Organisation has recently advised (April 2010) of an increase in the incidence of multi-resistant gonorrhea in Australia.

A spokesperson for WHO stated that if the pattern continued, it was only a matter of time before gonorrhoea was fully resistant to those medications used to combat it, and goes on to say. 'We are dealing with a serious issue with the implication that gonorrhoea may become untreatable..

This will have a major impact on our efforts to control the disease and will result in an increase in serious health related complications.'

Testing is through a swab test of any discharge. It can also be tested by taking a urine sample. Swabs may also be taken from the throat and anus. The tests can usually detect gonorrhoea within 2-4 day of coming into contact with the infection.

The only way to avoid getting infected is by practicing safe sex by always wearing condoms for oral, vaginal and anal sex.

If you have any of the listed symptoms, contact your doctor and arrange to be tested.

Testing for STI's should be an important part of maintaining your sexual health and well being, as well as the health and well-being of your partners.

Contact the HIV and Sexual Health Connect Line for further information about taking care of your sexual health.

References

Ghidinelli M. WHO warns of danger of untreatable Gonorrhoea. Media Release. 2010. Retrieved May 12 2010 from http//www.wpro.who.int/media_centre/press_releases/pr_20100429.htm.

Melbourne Seuxal Health Centre, Fact Sheet: Gonorrhoea. 2007. Retrieved April 27 2010 from http://mshc.org.au/Portals/_default/uploads/fact_sheets/gono_a4.pdf.

Got a question about sexual health?

HIV & Sexual Health Connect Line is a free confidential service with trained health professionals available from 10am - 6pm weekdays providing information, support and referrals.

Spotlight - Dean Turner

Health Promotion/Peer Support Officer - Postive Living Centre

Experts say that finding the connection between your passion and abilities is the surest path to happiness. After all, we spend well over a third of our waking lives working. The real test of whether people love what they do is whether they would continue to do it even if they weren't paid.

Dean Turner who is the Health Promotion/Peer Support Officer at the Positive Living Centre (PLC), is one of those rare people who uses the word 'wonderful' to describe his role at the PLC. Dean gave up his high profile position as a Program Manager for the true sense of making a difference.

What is your background?

I have a Social Science degree with 10 years experience in Aged Care and Disability Services. Over that 10 years I have worked in a variety of settings both community and residential areas. My introduction to the PLC was while I was in the Strategic Development and Support Team at the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC). After nine months with VAC/GMHC I went back to what I had always done and accepted a Program Manager position with Bayside City Council.

After only six months in this new role, I decided to leave; I didn't plan on being there for such a short amount of time. However there was an internal restructure which I was a part of, and it got to the point where my role was a critical one and I needed to achieve more of a work/life balance. This gave me the opportunity to think about what was important and what was motivating me to move forward both in my career and personal life.

Why have you decided to work in the HIV sector?

I have been involved in the sector since I was 20, when I started as a volunteer in a Friends Program, which was a peer support services, for friends of those affected by HIV.

HIV has touched my life, and this role allows me to bring about my formal training and knowledge to enable and provide opportunities for people to realise their potential and improve the quality of life for all affected by HIV.

What can a Peer Support Officer offer PLHIV?

My role offers that entry point for anyone who has been affected by HIV. I work with people to assess their individual needs and provide support and appropriate referral services. I also run peer support groups, which are important I believe because they address a whole range of needs.

Post evaluation of peer support groups has identified that it gives people a sense of community which is important for reducing isolation. For example, the new Buddy Program which will be starting soon is designed to enable people who are hesitating about accessing HIV services the support they need.

I encourage anyone who has been affected by HIV to reach out and ask for help. For those newly diagnosed I would encourage them to call me; I will meet them anywhere, I can come to you or you can come to me.

What do you enjoy about working in the HIV sector?

What attracts me to work in the sector is the true sense of making a difference and helping people to have better outcomes for their lives.

HIV is a very evolving and complex chronic illness and with the advancement in research and treatment, it is changing constantly as are the needs of PLHIV.

It is very empowering to know that I have the ability to influence public policy, models and strategies as a way of bridging the gaps in HIV services.

What is the craziest myth you have heard about HIV transmission?

I have heard so many outrageous and paranoid myths, but one that I recall a lot is a VAC/GMHC staff member received an email from a man who attended a wedding. While at the wedding reception he high fived another guy, later identified the person as gay and was concerned he had contacted HIV, from the high five.

That is one of the most outrageous things I have ever heard.

What does the PLC mean to you?

The PLC to me is a safe space that provides a multitude of support services for PLHIV and their family and friends. It is a very diverse space and provides services which individuals access in many different ways.

There are those who are our core group of members, who come in for meals, peer support, bring in their pets and also attend weekly yoga classes.

Then there are those that only access the service for specific needs, such as financial counselling, Thursday night dinners or a massage. Finally there are those who only access the services once or twice a year.

Navigating through the health system can be overwhelming. The PLC and HIV Services Team are here to help those affected by HIV, to live life to the full.

What is your favourite quote?

"Each day is a journey".

If you have any questions or would like to join one of Dean's peer support groups please contact:

Positive Living Centre
Commercial Road
Prahran VIC
mob: 0466 553 190
email: dean_turner@vicaids.org.au

EAT, DRINK AND BE POSITIVE

Super Foods for the Winter Months

Citrus fruits — these nutrition packed fruits (oranges, mandarins, grapefruit and lemons) are a great source of vitamin C, which has been shown to help fight infection by enhancing immune system function.

Garlic — garlic's very distinct smell can be attributed to allicin which has been shown to have an antibacterial and antiviral power. In its raw form, eating garlic regularly can help to prevent a cold taking hold.

Soup — it's hot, tasty and nutritious. Soup is perfect for those wintery days. Not only do most soups provide a number of vegetables, they also provide water which is often forgotten about during winter. Hot liquid also helps break up congestion and liquefy mucus.

Pumpkin and sweet potato — both are an excellent source of the antioxidant beta-carotene (responsible for their yellow-orange colour) that helps to reduce oxygen's damage to body cells. In addition, sweet potato has a low GI level which is great for your blood sugars and keeps you feeling fuller for longer.

Tea — for 5000 years ,the Chinese have used tea to treat many aliments including colds and coughs, body aches and pains. Tea is a natural source of antioxidants called flavonoids, which help strengthen the body's immune system.

Ginger — like garlic, ginger has been shown to improve the immune system's ability to fight infections. It also has a warming effect on circulation which helps to reduce fever.

Pies with Sweet Potato Topping

500g orange sweet potato, peeled, diced

2 teaspoons olive oil

1 small brown onion, finely chopped

1 small carrot, peeled, finely chopped

1 small zucchini, finely chopped

400g lean beef mince

400g can diced tomatoes

Mixed salad leaves, to serve

Preheat oven to 200°C/ 180°C fan-forced. Cook potato in a large saucepan of boiling water for 15 minutes or until tender. Drain. Transfer to a bowl. Season with salt and pepper. Mash until smooth. Cover to keep warm.

Meanwhile, heat oil in a large saucepan over medium heat. Add onion, carrot and zucchini. Cook, stirring occasionally, for 5 to 6 minutes or until softened. Add mince. Cook, stirring with a wooden spoon to break up mince, for 3 to 4 minutes or until browned.

Add tomato. Stir to combine. Reduce heat to medium-low. Simmer for 5 to 10 minutes or until thickened. Spoon mixture into four 1 cup-capacity ovenproof dishes. Top each with potato.

Place dishes on a baking tray. Bake for 15 minutes or until golden and heated through. Serve with salad.

Pesto Soup with Zucchini and Potato

1 tbs olive oil

1 leek (white part only), chopped

1 pontiac or desiree potato, peeled, chopped

1.25L (5 cups) gluten-free vegetable stock

2 zucchini, chopped

100g baby green beans, trimmed,cut into 2cm lengths

1 cup (120g) frozen peas

1/3 cup (80ml) gluten-free pesto

Shaved parmesan, to serve

Heat the olive oil in a large, heavy-based saucepan over medium heat, then add the leek and cook for 2-3 minutes until softened but not coloured.

Add the potato and stock and bring to the boil, then reduce heat to medium and simmer for 5 minutes.

Add the zucchini, beans and peas and cook for a further 2 minutes until potato is cooked and zucchini, beans and peas are just tender. Stir in the pesto and season. Ladle the soup into bowls and serve topped with shaved parmesan.

Chicken with Peas, Beans and Fresh Tomato Dressing

2 tbs extra virgin olive oil

4 (about 800g) chicken breast fillets

100g green beans, trimmed

100g butter beans, trimmed

100g snow peas, trimmed

1 cup (150g) fresh or frozen peas

2 tomatoes, finely chopped

1/2 red onion, finely chopped

1/2 cup (85g) green olives, finely chopped

Heat 2 tsp of olive oil in a large frying pan over medium heat. Season chicken well with salt and pepper. Add to the pan and cook for 3-4 minutes each side or until golden and cooked through. Transfer to a plate and cover with foil. Set aside for 5 minutes to rest.

Meanwhile, cook the beans, snow peas and peas in a medium saucepan of salted boiling water for 1-2 minutes or until bright green and tender crisp. Refresh under cold, running water. Drain well.

Combine the tomato, onion, olives and remaining oil in a small bowl. Taste and season with salt and pepper.

Thickly slice the chicken. Divide the bean mixture among serving bowls. Top with chicken and spoon over the tomato dressing to serve.

Reader's Recipes

Jonathan's Pumpkin Soup

1 kg Pumpkin

Garlic

3 large potatoes

5 cups of water

2 chicken stock cubes

2 tablespoons of French Onion soup mix

Pepper

Roast pumpkin and garlic until cooked, place pumpkin, garlic and potatoes into a pot with water and boli until potatoes are soft. Add stock cubes, French Onion soup and pepper. Blend all together in the pot and serve. The more water you add the thinner the soup will be.

Shannen's Low Fat Creamy Pasta

400g fettuccine pasta

3 teaspoons cornflour

1 cup Carnation Light & Creamy Evaporated Milk

1/2 cup salt-reduced chicken stock

125g 97% fat-free bacon, chopped

2 garlic cloves, crushed

1 brown onion, finely chopped

olive oil cooking spray

150g button mushrooms, sliced

1/4 cup flat-leaf parsley, chopped

Cook pasta in a large saucepan of boiling salted water, following packet directions, until just tender.

Blend cornflour and 1 tablespoon of milk to a smooth paste. Add remaining milk, stock, and salt and pepper. Heat a non-stick frying pan over medium-high heat. Add bacon, garlic and onion. Spray with oil. Cook, stirring, for 6 minutes or until golden. Add mushrooms. Cover. Cook, stirring every minute, for 4 minutes or until mushrooms are tender.

Drain pasta. Set aside. Return saucepan to stovetop over medium heat. Add milk mixture. Cook, stirring, for 2 minutes or until sauce just comes to the boil. Add pasta, bacon mixture and parsley. Reduce heat to low. Toss until heated through. Season with pepper. Serve.

Taylor's Ham Omelette

3 eggs, whisked

1/2 tomato, diced

2 mushrooms, diced

1 slice ham, diced

1/4 cup skim milk

olive oil

Combine all the ingredients in a bowl. Heat frying and add oil, and pour the mixture in to frying pan, cook on medium heat for 2 minutes then flip over and cook for 2 minute. Serve with wholemeal/ grain toast.

Kate's Easy Mushroom Risotto

300g mushrooms, chopped

2 cups of arborio rice

1 litre chicken or vegetable stock

parmesan cheese

Lightly fry mushrooms ina non-stick pan. Add rice, until combined. Put stock in another pan and boil. Stir 2/3 cup of stock into the rice. Stir until all absorded. Continue adding stock in small quantities, stirring regularly, until gone. When this process in finished, add cheese and season. You can also add a chopped onion with the mushrooms to add more favour.

If you have a favourite healthy and delicious recipe that you would like to share and have published in Poslink please email:

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Law Help Guide 2010

Victorian Law Foundation

Do you have a legal problem or dispute that you can't fix yourself?

You might need to speak to a lawyer or legal service if you:

- have a question about the law in Victoria
- think you have been treated wrongly
- need help with a contract or agreement
- have a dispute with someone
- have to go to court

The Victoria Law Foundation have released a new brochure that gives you a place to start.

In Victoria, these are a range of organisations that can help you with a legal problem but it's not always easy finding the right service for your particular needs. It can depend on your personal situation, the complexity of your case and other factors. This new brochure lists the Victorian Government organisations that offer free specialist legal information on a range of issues such as: discrimination, employment, home and neighbourhood disputes, indigenous issues, immigration, disability and family (domestic violence/ sexual assault).

The 2010 Law Help Directory also provides a list of free and low cost legal organisations. Download available from www.victorialawfoundation.org.au

If you would like a copy of this brochure please contact PLWHA Victoria on: (03) 9865 6722 or send an email to info@plwhavictoria.com.au

China Lifts HIV Travel Ban

Jordan Rubenstein

UN Secretary General Ban ki-Moon put it pretty bluntly when he said that stigma is the number one barrier to public action on HIV. Because of the global stigma surrounding HIV, PLHIV are often abandoned by their family and community members, and sometimes don't get the medical treatment they need due to doctors' prejudices. Several countries even ban HIV-positive people from travelling into the country.

Until last week, China was among the countries barring HIV-positive visitors. The two-decade-old ban was based on limited knowledge and understanding of HIV. But now, the ban has been lifted and foreigners with HIV and AIDS are free to enter the country.

China's State Council made a smart move, realising that the ban was not preventing the spread of HIV and made it difficult for China to host international events.

It's not like visitors to China are the only people within China's borders with HIV. There are approximately 740,000 people with HIV living in China. UNAIDS suggests policies for HIV prevention include educating people about HIV, encouraging safe sex, and destigmatising and removing prejudices surrounding HIV so people will be more open about their HIV status. Barring HIV-positive travellers doesn't necessarily line up with those stated goals.

This move is a big step forward for China, where homosexuality is not very widely accepted. Gay sex was illegal until 1997 and homosexuality was included in the list of psychological disorders until 2001.

China has shut down a number of gay events, including a gay pageant and several events during a gay pride celebration. By lifting the HIV travel ban, at least China is putting an end to one form of discrimination against a minority

The lifting of China's ban on HIV-positive travellers comes only a few months after the United States made the same move.

China had temporarily lifted the ban for large international events such as the 2008 Olympics, but their action this week finally repealed the ban for good, leading up to the six-month Shanghai World Expo, with an expected 70 million attendees.

Public health policies should be based on legitimate concerns about public safety, not based on fear. HIV travel bans are wrong. They are a form of government discrimination against people with HIV, they do not prevent the spread of HIV, and they should not be tolerated or accepted as valid public health measures.

According to UNAIDS, "stigma and discrimination constitute one of the greatest barriers to dealing effectively with the epidemic."

Here's to China helping to chip away at those barriers.

Brush your Spine

A HEALTHY SPINE = A HEALTHY NERVOUS SYSTEM = A HEALTHY BODY

Dr Thomas Egan

Good health is easier if you just

Change one thing

You brush your teeth don't you? Most people do it twice a day to maintain good dental hygiene (look and smell good) in the hope their teeth last their life time… it makes sense doesn't it? Well here's the challenge: compare the importance of your teeth to that of your spine. Read on to understand the significance.

Science explains it this way: there is an innate (inborn) intelligence within every living thing that has it function exactly right, all the time, provided it is not interfered with. In you, it is via the nerve cells that your innate intelligence keeps you alive and healthy, allowing you to interact with your environment and enjoy life fully.

The most important thing for you then is the function of your nervous system; your life depends on it! It controls and co-ordinates every living cell, tissue, organ, system and function of your body. So how do we keep our nervous system free from interference? By taking care of your spine! The best place to start is by getting your nervous system checked by a Gonstead Chiropractor (prevention is better than cure).

Why? Your spine houses and protects your central nervous system and acts as the gateway where the nerves pass out from your spinal cord to supply and control all the different parts of your body. It is here that almost all nerve interference occurs and that is why the function of your spine is so important!

Eating well for dental hygiene is like moving well for your spine. Your spinal bones are joined by 29 primary joints and 47 secondary joints. The primary function of a joint is to move so if you're not moving well, your joints aren't functioning well ,and this can cause nerve interference. Fluid movement like walking is best (impact movement like running is not generally recommended), so walk 20-30 minutes per day holding your shoulders square, tightening your belly and backside and take long, brisk steps.

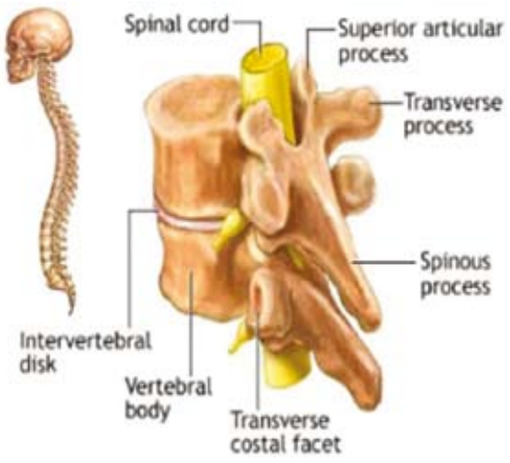
But how do I brush my spine? Easy, perform 2 simple stretches consistently – when you brush your teeth! Because brushing your teeth is already habit/ routine, it is easy to add to it. By doing these stretches you are reducing stress on your spine just like brushing your teeth reduces the build up (stress) on your teeth (with similar benefits). These 2 simple stretches are: stretching your hip flexors while brushing your teeth and stretching your pectoral and anterior neck muscles once you've finished brushing your teeth. (Simply email melbourne@thinkchiropractic.com.au for a complete explanation with pictured examples).

Remember! Brushing your teeth won't fix a cavity just like stretching or exercise won't fix a joint problem – get checked by a Gonstead Chiropractor to prevent any pain or health concern and if you are experiencing ill health or pain, seeing a Gonstead Chiropractor is the best place to start.

Specialist Gonstead Chiropractic care for people suffering with back pain, neck pain, headaches, disc problems, sciatica, extremity joint problems, sporting injuries, digestive problems, hormone imbalance, suppressed immune function, breathing difficulties, muscular stiffness/tension, infertility and abnormal stress responses.

If you would like to make an appointment for a thorough spinal and nervous system evaluation or have a question regarding how to reduce the stress on your spine and enjoy a more active and healthly lifesyle, contact the team at Think Chiropractic on 9863 8311 if mention this article and you will receive 50% off the $90 Initial Consultation.

Brush your spine to better health.



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HIV and Ageing

David Menadue

10th International Ageing Conference

The issue of early ageing of people with HIV was on the agenda of the International Federation of Ageing's 10th Global Conference held in Melbourne in the first week of May. Several presentations from people involved with the Australian HIV sector dealt with the subject which is receiving increasing attention worldwide as HIV-positive people are living longer as a result of more effective treatments.

In a session entitled "HIV Ageing and Human Rights", Ross Duffin and David Menadue from NAPWA spoke about the personal impact of living with HIV for more than twenty years and how they were dealing with a range of co-morbidities (other illnesses or conditions) related to the long-term effects of HIV treatments but also to the virus itself.

Ross Duffin pointed out that current treatments do not completely suppress HIV in the body (despite people having undetectable viral loads) and that this low level inflammation led to chronic immune activation.

Researchers have now found that these inflammatory processes caused by the virus are contributing to an increased risk of cardiovascular disease (there is evidence that the vascular systems of some positive people are as much as 25 years older than HIV-negative people of the same age), osteoporosis and bone disease (positive people are three times more likely to have it after ten years of living with HIV), arthritis and neurocognitive problems (may be partly caused by decreased cerebral blood flow in positive people).

While we have known about links between HIV treatments and problems such as lipodystrophy, increased cholesterol and trigylceride levels (leading to cardiovascular disease in some) and insulin resistance (leading to diabetes in some), it is not widely understood in the community that HIV does damage to people even when treatments are keeping viral loads to a minimum.

The combined effect of the virus and treatments are contributing to higher demands on GP and specialist services by people in their fifties and sixties, in particular.

David Menadue referred to this "baby boomer" part of the HIV-positive demographic as the people who are now most likely to experiencing a range of HIV-related co-morbidities. He presented a slide from the CROI conference in San Francisco in February this year that showed 64% of an HIV-positive cohort over 60 lived with two or more co-morbidities (such as diabetes, increased cardiovascular risk and osteoporosis) compared with only 11% of HIV-negative controls.

This high level of co-morbidities is most likely to become a problem for people as they move into their sixties – although people in their fifties who have lived with the virus for long periods of time may present with conditions normally seen in people much older, for instance.

While the implications of this is yet to become clear to service providers it would seem likely, Ross Duffin said, that people will need aged care services at younger ages than the rest of the population. David Menadue gave examples of where HIV service providers in Victoria had successfully managed to place an HIV-positive man in his sixties who had had a stroke into a nursing home – but the training and preparation required for the aged care workers involved was intensive and extra resources will be required to do this well for larger numbers in the future.

Most people who are ageing and requiring high level care prefer to stay in their own homes and advocacy will be required to try to get the eligibility requirements for Aged Care packages lowered from the current cut-off age of 65 for HIV-positive people by making a case about premature ageing of this population.

Linda Forbes from AFAO also spoke in this session about the need for the human rights of people with HIV to be respected given the potential for problems with engaging with an aged care sector that has not been kept up to date with the latest on HIV, is still fearful about transmission risks and will not understand the culture of gay men or their lifestyles.

Another session titled "Beyond the Grim Reaper: HIV and Ageing" saw four presentations from HIV sector agencies in Melbourne and Sydney and one looking at the needs of an ageing HIV-positive population in rural Victoria. Russell Westacott from ACON spoke about his organisation's development of a gay and lesbian ageing strategy which included extensive consultations with people with HIV in NSW about their future care needs.

Rob Lake from Positive Life NSW spoke about the need to develop the idea of "ageing well" with HIV and that this needed to include programs and resources to support people to adjust to the physical and psychosocial changes involved with it. His organisation had produced a booklet called "Getting on With It Again" to help with this and run several after hours groups to help people discuss these issues and support each other.

Lizzi Craig, a Community Support Worker with the Victorian AIDS Council, spoke of her long involvement with clients with HIV and the issues she is currently dealing with for those who are ageing. She

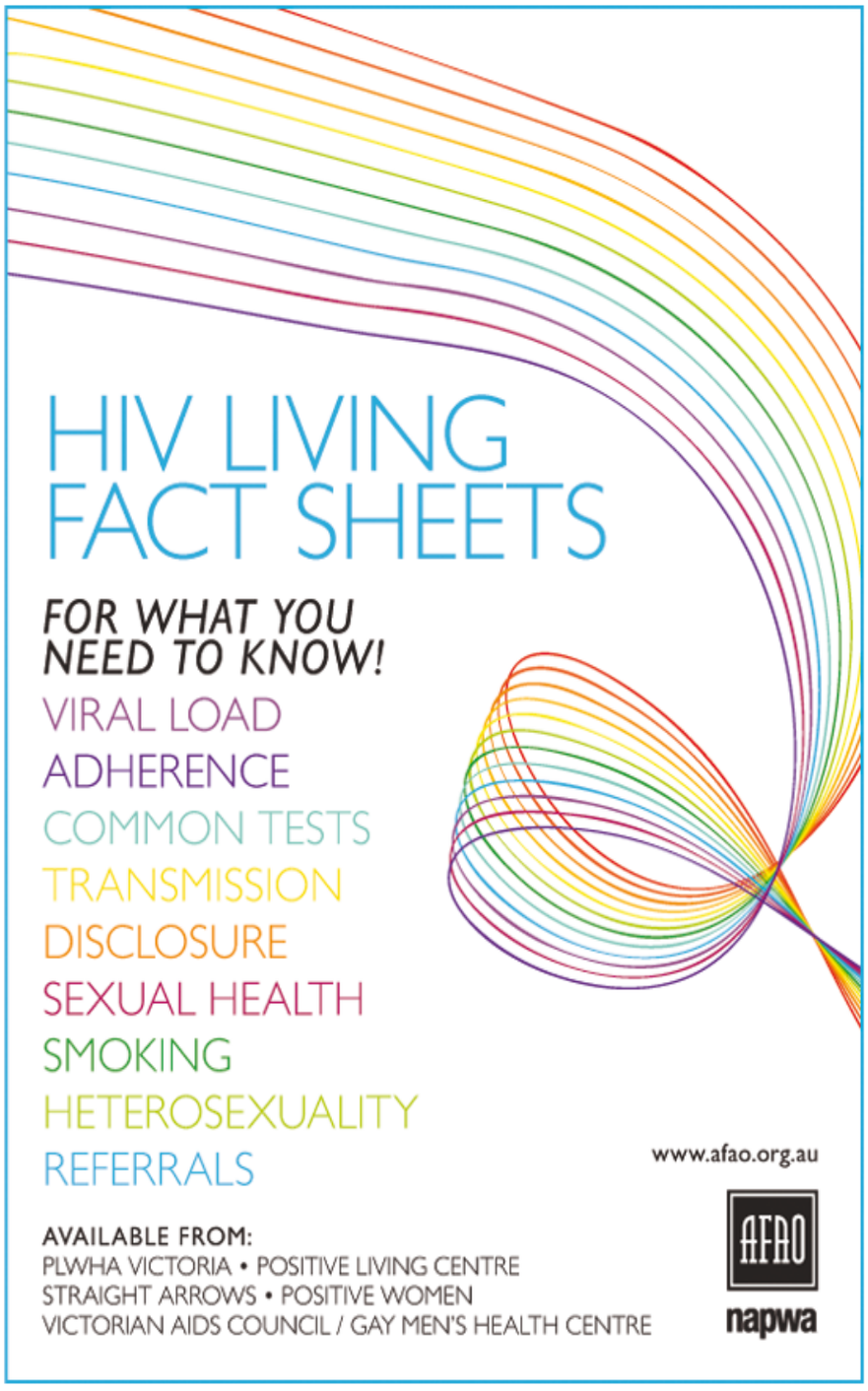
quoted from a report called "My People" by Dr Cartherine Barrett from the Australian Research Centre for Sex Health and Society which looked at the needs of ageing GLBTI seniors. She talked about the great fears older gay men, including some with HIV, had about how they would be cared for in their old age, either with home care workers or in aged care facilities.

Many fear that aged care workers will not accept their sexuality or their lifestyle, will not accept sexual expression of any kind, and would certainly not understand HIV and how to look after people with it. Training needs to be done for aged care workers to prepare them for the increased needs of this client group in he future, she said.

Liz Crock, who has worked with HIV patients as a nurse at Fairfield Hospital and the Royal District Nursing Service for many years, spoke about the need to treat people with HIV ethically and equally in their aged care needs and that standards of care and protection of rights for this client group should be enshrined in government policies.

Brian Dunn, a community nurse with the Hepburn Shire spoke of his interviews with HIV-positive people living in rural communities gathering information on their fears about how they would be cared for in their older years and gave some hopeful signs that local service providers may respond to issues of sexuality and status with appropriate training and education.

Many speakers said that the issue of HIV ageing was still relatively new for service providers and the impact was only just starting to become apparent as some HIV-positive people get into their sixties and seventies. More research needs to be done to understand how it will affect people with HIV as it seems some will suffer the effects of ageing more and more quickly than others – just as happens with the rest of the population. Still there is mounting evidence that a significant percentage of positive people may experience premature or earlier ageing.



Save the Environment

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Drugs that penetrate the brain control HIV better and improve symptoms of brain impairment

aidsmap.com

A number of different studies presented at the 17th Conference on Retroviruses and Opportunistic Infections (CROI) confirmed that antiretrovirals (ARVs) that penetrate the blood-brain barrier more fully are better at suppressing HIV replication in the cerebrospinal fluid (CSF) and help to improve symptoms of neurological impairment.

It is clear from previous studies that being on suppressive HAART (highly active antiretroviral therapy) improves neurocognitive symptoms but it has not been clear whether drugs with better brain penetration produce greater improvements in measures of cognitive function: see this report for a summary of some previous findings. The consensus of studies presented at this conference was that they do.

A number of studies made use of what is called the CNS Penetration Effectiveness (CPE) scoring system, a way of ranking ARVs for the levels they reach in the CSF. The total CPE score is achieved by adding up the scores for the individual drugs the patient is on.

A new CPE system was issued this year, adding some new drugs and giving drugs a penetration score from one (poor) to four (best), where there had previously only been three ranks. The two commonly used drugs in the highest rank are nevirapine (Viramune) and AZT (zidovudine, Retrovir, and the most commonly used drugs in the lowest rank are tenofovir (Viread) and boosted saquinavir (Invirase. Some of the studies presented at CROI used the old system and some the new, but results are broadly similar.

Findings from CHARTER

Scott Letendre, principal investigator in the largest study investigating neurocognitive impairment, the CHARTER study, looked at factors associated with a detectable CSF viral load in a cross-sectional study comparing viral loads in 1221 simultaneously taken CSF and blood samples.

Thirty-one per cent of the patients were not taking HIV therapy. Three-quarters of these patients had detectable CSF viral loads compared with 16% of those taking HAART.

In multivariate analysis the factors significantly associated with CSF viral load on HAART were high plasma viral load, white ethnicity, non-adherence, and lower CPE score. Twenty per cent of white patients had detectable viral loads compared with 9% of non-white patients. Some of the association with white ethnicity was explained by age, but not all.

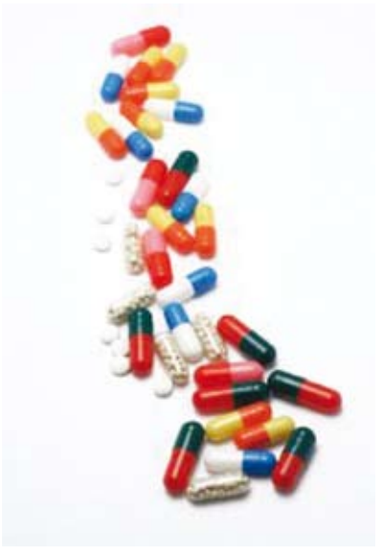
Factors associated with a higher CSF viral load off HAART included viral load and CD4 count as well as older age, and a trend towards association with white ethnicity and male sex. In multivariate analysis only blood plasma viral load and older age remained significant.

Detectable CSF viral load (over 50 copies/ml) was not associated with poor performance on neuro-psychological (NP) tests, but having a CSF viral load higher than plasma viral load was. In this study 15% of subjects off HAART, and 4% of subjects on HAART had a higher CSF viral load than they did in plasma. Mean NP test scores were not significantly different with these patients, but in patients off treatment the proportion with very poor scores was.

Letendre commented that in another study the same had been shown of patients on HAART when a more sensitive viral load test was used that could detect CSF viraemia down to two copies/ml.

In a second presentation, Letendre looked at factors associated with treatment failure in the CHARTER study. Patients who initially had undetectable viral loads in plasma (225 patients) or CSF (346 patients – many were suppressed in both plasma and CSF) were followed and time to loss of virological response (TLOVR) was measured. Patients were followed-up for an average time of 18 months for plasma testing and 20 months for CSF testing, unless they lost viral suppression first.

During the study 82 patients (36%) lost viral suppression in plasma, with a mean TLOVR of eleven months and 67 (19%) lost viral suppression in CSF, with a mean TLOVR of nine months.



The factors associated at baseline with loss of virological response in plasma were a CD4 count under 200 cells/mm3, black ethnicity, and neuropsychological impairment. These were also associated with loss of suppression in CSF but so were age under 45 and taking a protease inhibitor-based regimen. A regimen with a low CPE score was only associated with loss of response in patients under 45, and patients over 45 with a high CPE score maintained a better virological response for up to five years. Multivariate analysis did not alter the significance of these predictors.

Two more factors, a baseline plasma viral load over 50 copies/ml and non-use of antidepressants, were significantly associated with loss of response in CSF in univariate analysis but were not in multivariate analysis.

Other studies

One more study looked at loss of viral response in CSF. A team from Sweden looked at 63 patients with plasma viral loads under 50 copies/ml and found that seven (11%) had detectable HIV in their CSF.

Five of these were on an efavirenz-based regimen out of 24 taking the drug (21%) and two on an atazanavir-based regimen out of 13 taking it (15%); in terms of their nucleoside backbone regimen three out of 17 on abacavir failed (18%) and four out of 27 on tenofovir (15%). None of the patients taking boosted lopinavir (Kaletra) or AZT had CSF virological failure. The difference in the proportion failing on efavirenz and the lack of failure on lopinavir was statistically significant ($p = 0.02$).

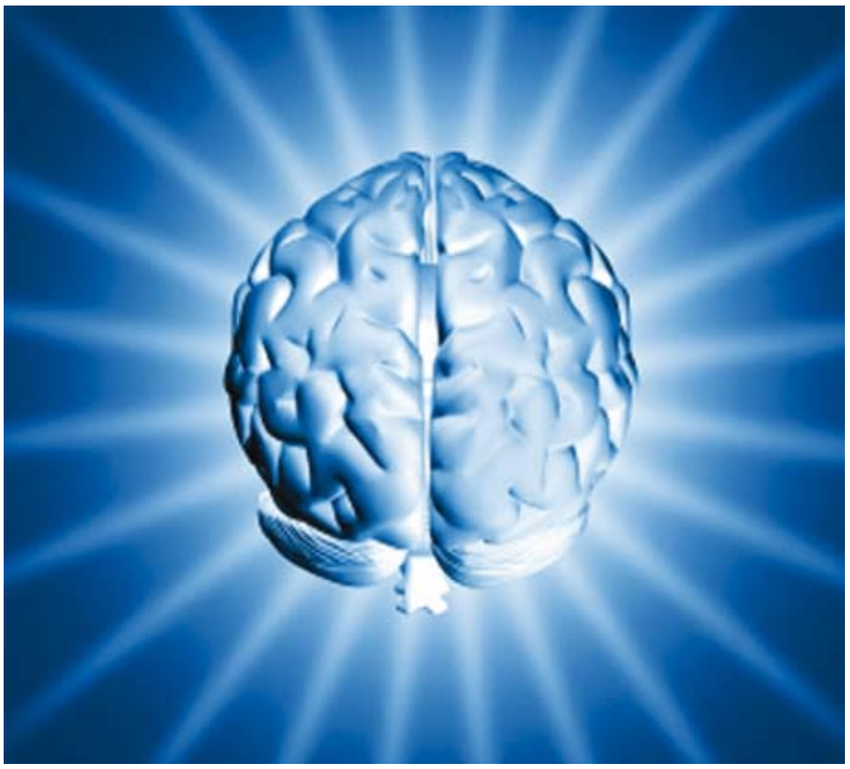
Two more studies looked at the effect of ARVs on psychological performance.

In the first, psychologists from Cotugno Hospital in Italy administered a battery of psychological tests to 45 patients without being told what ARV regimen the patients were taking. All patients had to have viral loads under 50 copies/ml in plasma and to have been on the same HAART regimen for at least six months. Patients at high risk of impairment were excluded. These exclusions were age over 60, poor education, diagnosed depression or other psychiatric or neurological conditions, and drug use.

Thirty of the patients were on regimens with a high CPE score and the remaining 15 on ones with a low CPE score. Patients with a high CPE score showed better performance in language performance, namely tests measuring verbal memory, verbal fluency, and ability to manipulate symbols. Other psychological domains were unaffected.

In the second study, a team from the University of New South Wales conducted a substudy of a larger study called ALTAIR, which compared cerebral function and physiological indicators of neuronal damage in patients on a randomised controlled study of three different regimens: tenofovir/FTC (Truvada) plus either efavirenz, boosted atazanavir, or an unconventional quadruple-NRTI regimen of Truvada plus abacavir and AZT. The CPE scores of these three regimens are 7, 6 and 11 respectively.

Patients taking the quadruple-NRTI regimen had an improved psychological test performance over 48 weeks whereas patients on the efavirenz-based regimen showed more signs of recovery from neuronal damage.



HIV drugs and CNS toxicity

Finally, one in vitro study reminded us that some HIV drugs – in particular the NRTI drugs and efavirenz – are associated with neurotoxicity themselves, with efavirenz causing psychological symptoms and the NRTIs peripheral neuropathy.

A team from the University of North Carolina cultured rat cortical neurones in solutions of various HIV drugs and found that four drugs – ddI, FTC, tenofovir and AZT – caused neurone damage, with a maximum loss of cells ranging from 32% to 52%. Damage to the mitochondria, the energy-producing components of cells, was observed with all of these drugs except ddI. The widely used combination of tenofovir/FTC/efavirenz (Atripla) produced an amplified, but slowed, nerve response in these neurones.

These are laboratory experiments with as yet unknown clinical significance, but the fact that some of the drugs that best penetrate the brain are also amongst those most toxic to nerve cells may explain the paradoxical effects seen in some studies of the effect of HAART on neuropsychological performance.

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PositiveWomen

Supporting Women Living with HIV/AIDS

For more information contact 03 9076 9678 or info@positivewomen.org.au

Kellie Madge

Positive Women Victoria welcomes Cheryl Gration as our new Administrative Officer. Cheryl has been with us now for almost two months, we are keeping her very busy and she is enjoying her time with the organisation. Cheryl comes to us with experience as an Administration Officer at Blind Citizens Australia, an advocacy organisation for blind people, and before that she worked as a Veterinary Nurse for three years, which as an animal lover, was her dream job! That is before she started working for us (of course!).

Health Promotion & Advocacy

Stigma and discrimination have both physical and psychological impacts on PLHIV. Prejudice and maltreatment of HIV-positive people has been shown to affect the levels of uptake in services - out of fear of stigma and discrimination, some positive people are less likely to disclose their status and participate in important healthcare services. The negative impact of discrimination on mental health suggests higher rates of distress and depression.

Positive Women Victoria seeks to address stigma and discrimination by challenging community stereotypes, publishing current information on women & HIV and by advocating for the rights of HIV-positive women. We recently assisted one of our members in taking action after experiencing discriminatory behaviour at an airport whilst travelling home from an HIV conference.

By working with the member and relevant government departments and authorities, the member received a written apology from the relevant Minister and Positive Women Victoria was able to assist in organising training for airport staff around HIV/AIDS. The acknowledgement of this incident and the apology for her treatment has given the member increased confidence in her rights as an HIV-positive person, which is a great outcome. Being able to follow-up with training is also a good outcome and will hopefully prevent this kind of incident happening at this airport again.

Positive Women in the Community

The voice of HIV-positive women continues to be strong in the HIV sector and in the broader community, with Positive Women Victoria's paper Women and HIV: the impacts of stigma and discrimination being included in the information pack for attendees at the last Education and Resource Centre HIV Psychosocial Forum. This paper was published in HIV Australian in 2009. One of our members also featured in the latest HIV Australia publication (Volume 8, Number 1) in an article around HIV and Hepatitis C co-infection.

Our latest member newsletter contains stories from our members including HIV and physical exercise, experiences in being on the Board and one positive woman's journey in commencing treatments. We have also had girls schools and a university ask us to provide HIV-positive women speakers to come and talk to young women about HIV/AIDS. Positive Women Victoria encourages and provides support to members wishing to share their story, whether it be for the benefit of other members or the education of the community. We thank these members for their bravery in sharing!

Member Support

Positive Women Victoria's April Rose Fund round has been a great success with a record number of 17 women applying for funds. The Rose Fund grants are available twice a year and provide an opportunity for members to do something that will enhance the quality of their lives.

Members can apply to fund activities to improve health and wellbeing, for training and education, or personal and professional development. Activities in this round included study courses, musical instrument and singing lessons and English language tutoring.

Positive Women Victoria has just wrapped up our second structured peer support group – Positive Steps. Positive Steps is an opportunity for HIV-positive women to explore the meaning of HIV in their lives with other women in similar situations. It is run in partnership with the Victorian AIDS Council.

The first group in 2009 was held in the evenings for 10 weeks and it was incredibly successful. As evenings aren't convenient for all of our members, our second group was held over two consecutive Saturdays in May. Once again the feedback from all attendees has been overwhelming. The women appreciated having a safe space to come together to share experiences - the good and the bad - of living with HIV, stories, feelings and emotions.

For those among the group who are unable, for whatever reason, to disclose their HIV status, it was a day of freedom where no secrets had to be guarded. The women were able to relax and enjoy support, and most importantly, no one felt like they were the "only one". Positive Women Victoria are committed to address the peer support needs of women living with HIV, as it is vitally important that women, the minority within a minority, have peer support opportunities.

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1. D. Wilcock & R. Lennon (2009) Women and HIV: the impacts of stigma and discrimination. HIV Australia, Vol. 7 No. 3, September 2009, Australian Federation of AIDS Organisations

Help HIV Research

Burnet Institute
Medical Research. Practical Action.

Male Volunteers Needed

The Burnet Institute is looking for volunteers to assist with 2 new HIV research studies.

The first is a study of how HIV alters the 'age' of immune cells so our scientists can better understand how age-related diseases such as cardiovascular disease and dementia can be prevented in young HIV-positive people.

Cardiovascular disease in HIV-positive men is the focus of the second study, called the HaCH Study. Burnet scientists are seeking to identify markers that might indicate if someone is prone to develop cardiovascular disease. All volunteers in the HaCH Study will receive a free cardiovascular health check for participating in the study

HIA Study - HIV and the ageing of the immune system

To participate you must be:

- An HIV-negative male aged under 35 or over 65 OR an HIV-positive male aged under 50
- Not on anti-HIV drugs
- Not regularly taking anti-inflammatory medications (e.g. low dose aspirin)
- Have not had an illness, physical trauma or vaccination (e.g. flu vaccination) in the past three weeks

To take part you need to make an appointment, give a blood sample and complete a short general health questionnaire. The research is carried out at the Burnet Institute, 85 Commercial Road Melbourne.

To volunteer please contact Karen O'Keefe at the Burnet Institute on (03) 9282 2271 or email

medicalresearch@burnet.edu.au.

HaCH Study – HIV and cardiovascular health

To participate you must be:

- A healthy male aged 40 or over
- HIV negative
- Not on cholesterol-lowering medication
- Able to fast overnight (miss breakfast)
- Can spare 45 minutes on a Monday, Tuesday or Thursday morning

We are especially looking for smokers to volunteer, as well as HIV-positive men who are not on protease inhibitors. To take part you need to book an appointment, give a blood sample, complete a full cardiovascular risk assessment and undergo a quick and painless ultrasound scan of the carotid arteries in your neck to assess your artery health. The research is carried out at The Alfred Hospital, 55 Commercial Road Melbourne.

To volunteer please contact Dr Clare Westhorpe at the Burnet Institute on (03) 8506 2359 or email medicalresearch@burnet.edu.au.

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QUIT IN 2010
A free course to help you quit smoking.

* Give your lungs and heart a break
* Free up some extra spending money
* Look and feel great

Everyone's doing it
A free course for people living with HIV

Call PLWHA Victoria (03) 9865 6772 today
Facilitated by qualified QUIT educators

People with Living HIV/AIDS VIC

Free Legal Wills

PLWHA Victoria offers members a limited free legal Will service via De Ayers.

- Understand your legal position
- Ensure your assets will go to the people you choose
- Give yourself peace of mind

For further information please call PLWHA Victoria on 03 9865 6772.

The service covers up to six beneficiaries and has no provision for setting up trusts and fund management.

People with Living HIV/AIDS VIC

Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund Poslink and Treatment Interactive Events.

Volunteers

PLWHA Victoria is a great place to share your time and talents. We're looking for energetic people with specific skill sets and a passion for community.

Graphic Designers

We've got a variety of graphic design opportunities available — work on our magazine, design pamphlets and fact sheets, create promotional products. You name it, you design it... we'll love it! We'd love to take a look at your portfolio.

Writers

We're currently looking for people to write for Poslink Newsletter. There are a variety of opportunities available: creative non-fiction, fact sheets and pamphlets. Apply with two examples of your written work.

Call 03 9865 6772 or email info@plwhavictoria.org.au

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 understand I can obtain copies of the Rules of the organisation from the PLWHA Victoria office.

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.

Name Signed

Address Postcode

Telephone Email Address

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

☐ I do not wish to be contacted by postal mail.

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