

# poslink



The Newsletter of  
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Victoria Inc

Education, Information  
& Representation

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## **Volunteer With Us @ Coventry House**

**Are you interested in volunteering for a not for profit organisation?**

**Would you like to be a part of an energetic team that is dedicated to improving the lives of people affected by HIV?**

**Great opportunities currently exist for volunteering within the supportive environment of Coventry House**

**To express your interest or for more information please contact the office on 03 9863 8744 or email [admin@plwhavictoria.org.au](mailto:admin@plwhavictoria.org.au)**

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# Note from the President

## Sam Venning

Another year is upon us and 2012 is certainly set to be a busy year for the PLWHA Victoria team. The Strategic Plan 2010-13 (available on the PLWHA Victoria web site) continues to define the aims and objectives for established programs and new initiatives. The PLWHA Victoria board conducted a review of the Emergency and Distress Fund last year and is preparing to refine this program to better support our members in developing the skills and resources needed to maintain financial independence, with the goal of reducing the number of people depended on welfare or living in poverty.

In 2012 we look forward to working closer with the Department of Health and our community partners, guaranteeing our central mission of advocating for, informing and representing all people living with HIV in Victoria.

### Positive Women Victoria move to Coventry House

I am very happy to announce that Positive Women Victoria collocated in January with PLWHA Victoria and Straight Arrows into the shared office at Coventry House. I would like to take this opportunity to thank Suzy Malhotra, Tania Philips and Rebecca Matheson for managing the smooth transition for Positive Women Victoria into their new offices.

The colocation has ensured that the three organisations are able to collaborate and share resources in a way that benefits all positive people. 2012 has brought about a joint Health Promotion Plan between all three organisations. This includes new projects such as the "Newly Diagnosed" and "My Journey

Kit" resources, a shared stall at Midsumma Carnival and a renewed Memorandum of Understanding for all three organisations, to be collaborative partners in the PLWHA Victoria Positive Speakers Bureau program. All staff are increasingly working together, sharing information, resources and planning for future projects already.

As some of you may know, the planning for the colocation of all three organisations started in 2007; it is tremendously exciting that the vision which started five years ago has been realised through Coventry House. Visitors to Coventry House will see a united PLHIV sector with the three organisations working towards a common vision. I encourage all members and community partners to take time to visit the new building and have a tour of the offices, if you have not done so already.

### Executive Officer

At the end of 2011 the board decided to make an important change in staffing arrangements. The PLWHA Victoria Board of Directors decided not to extend Jane Hughes' contract in the role of Executive Officer beyond the probationary period. Jane's employment concluded early December 2011.

Board members, staff and volunteers come to PLWHA Victoria from diverse backgrounds with a rich set of skills, experience and interests. In line with PLWHA Victoria's Strategic Plan, Jane continued to place a strong emphasis on improving health outcomes for HIV-positive Victorians, with a particular focus on communities from culturally and linguistically diverse backgrounds. Our organisation has always been mindful of cultural



Photo: Andrew Henshaw  
Pictured: Sam Venning

sensitivities when planning health promotion programs and Jane's interest in this area helped enhance PLWHA Victoria's work. We are thankful to Jane for her contribution to the agency and we wish her well in her future endeavours.

The board has appointed Suzy Malhotra in the role of Acting Executive Officer. The board is engaged in the process of recruiting the Executive Officer and will promptly inform members and community partners when the position has been appointed.

I'd like to thank the many people who have supported PLWHA Victoria board and staff as we transition to a new Executive Officer.

### ChillOut Festival

Finally I would like to remind you all that the ChillOut Festival, Daylesford, Labour Day long weekend 9-12 March 2012 is fast approaching. ChillOut celebrates diversity and creates a wonderful environment for families and friends to relax in the unique setting of Daylesford. PLWHA Victoria has supported this festival for many years now, with our annual stall on Carnival Day. If you visit ChillOut, make sure you stroll by the PLWHA Victoria stall, pick up a show bag and say hello to our dedicated team.

# HIV services come together for Carnival

## Shannen Myers

The opening event of the annual GLBTI arts and cultural festival, Midsumma Carnival attracted record numbers this year with an estimated 120,000 people descending on Birrarung Marr on 15 January to show their support and enjoy the wide range of entertainment and activities.

Carnival has been a tradition for the team of PLWHA Victoria for many years; this year we invited key HIV community organisations to join forces and represent people living with HIV in the community. These included Straight Arrows, Positive Women Victoria, Multicultural Health and Support Service, Royal District Nursing Service, the Positive Living Centre and the Education and Resource Centre at The Alfred.

Together we gave away HIV information, safe sex packs and over 1000 show bags. The stall also provided a chill out space for members and their guests to take time away from the busy crowds and scorching high temperatures.

'Carnival was a perfect opportunity to bring together the key HIV organisations and show that a collaborative approach is the best

approach for the care and support of people living with HIV in Victoria' said Suzy Malhotra, Acting Executive Officer from PLWHA Victoria. 'It's a big day for the community and it's appropriate that we are there to represent the PLHIV community.'

Straight Arrows was a key partner in this year's event with all staff attending the day. '2012 marked the first Midsumma Carnival for our team, we enjoyed being able to interact with our HIV community partners away from the busy office environment. We (Straight Arrows team) enjoyed every minute of carnival and will certainly be back in 2013'.

Asvin Phorugngam, Senior Community Worker from Multicultural Health & Support Service (MHSS) added, 'Our organisation is always keen to partner with PLWHA Victoria and other HIV organisations to represent the CALD community in Victoria. We believe it is important to attend events such as Midsumma Carnival to provide education and a united voice for all positive people.'

Volunteers from PLWHA Victoria managed the cloak room at T-Dance, with all proceeds donated to the Emergency and Distress Fund, a service that provides support for people living with HIV, who are experiencing immediate financial hardship.

'On behalf of the board and staff of PLWHA Victoria I would like to extend our sincere thanks to the Midsumma management team, for their continued support of positive people and the work of our organisation', said Suzy.

PLWHA Victoria team now turns their sights to the ChillOut Festival in Daylesford on Labour Day long weekend 9-12 March 2012. We look forward to seeing members, partners and friends there.





Staff and volunteers setting up the Midsumma stall and waiting for the crowds to arrive. Photo: Shannen Myers



Midsumma Carnival attracts record crowds. Photo: Shannen Myers



Dimitri and Michelle handing out lollies donated by the Education and Resource Centre at the Alfred. Photo: Shannen Myers

## Three HIV/sexual health conferences come to Melbourne in October 2012

This year, Australia will host the 13th International Union against Sexually Transmitted Infections (IUSTI) World Congress for the first time in over 14 years. The event will also incorporate the 2012 Australasian Sexual Health Conference, and will be held back-to-back with the 24th Australasian Society for HIV Medicine (ASHM) HIV/AIDS Conference. The three events will take place at the Melbourne Convention and Exhibition Centre in October 2012.

The IUSTI World Congress is an annual event that attracts a wide range of international speakers and guests. IUSTI Congress Convenor Professor Christopher Fairley explains that, 'Following Australia's success in winning the bid to host the IUSTI World Congress in 2012, we saw this as an ideal opportunity to combine the 2012 World IUSTI Congress with the 2012 Australasian Sexual Health Conference. We are very excited about this opportunity, as the combined program will allow for an increased focus on international issues, while still maintaining a focus on issues specific to the Australian context.'

The combined events will see a number of distinguished Australian and International keynote speakers coming to Melbourne in October 2012. Conference organisers are expecting around 200-300 international delegates in attendance for IUSTI 2012, in addition to around 550 Australian delegates that attend the Australasian Sexual Health Conference each year.

The 13th IUSTI World Congress will be held 15-17 October 2012. The 24th Australasian HIV/AIDS Conference will be held 17- 19 October.

For further details see [www.iusti2012.com](http://www.iusti2012.com) and [hivaidconference.com.au](http://hivaidconference.com.au).

AFAO - <http://www.afo.org.au/news/three-hivsexual-health-conferences-come-to-melbourne-in-october-2013>

# Growing need for Christmas Hamper Appeal

At the time of year when many organisations are slowing down and getting ready for the holidays, the staff and volunteers at PLWHA Victoria are gearing up preparing for the Annual Christmas Hamper Appeal.

Each year generous companies, organisations and individuals donate luxury items such as clothing, food, books and beauty products for those living with HIV who spend their Christmas in hospital or at home alone. Unfortunately the need for support during this time of year is increasing as the team prepared 60 hampers, 20 more than last year for those identified in need of care and support.

Suzy Malhotra, Acting Executive Officer stated, 'each year surprises me, we receive more requests for hampers and this is balanced with our sponsors and community partners, donating to match the increasing need.'

'The Christmas Hampers Appeal means a lot to our organisation, we believe it is important to let people know during what is a hard time of year for many, that the community cares and is thinking of them over the Christmas period.'

Josh who was diagnosed with HIV in 2010 spent eight days in hospital, only to be discharged on 23 December. Unable to travel to see his family for Christmas and with no time to prepare for celebrations, Josh received a hamper upon his return home. 'I was very shocked and overwhelmed to receive a hamper, overwhelming when you discover that people care and truly want to support you. Cannot say thanks enough', Josh said.



PLWHA Victoria team celebrating another successful Christmas Hamper Appeal for 2011. Photo: MCV

On behalf of the board, staff and members we would like to extend a special thanks to the community and major sponsors, volunteers and board for helping us make the Christmas Hamper Appeal a success year in and year out.

#### Proud supporters:

- Peter Alexander
- Hampstead Dental
- Positive Living Centre
- Anglicare Victoria
- Chemist Warehouse

- Colgate
- DTs Hotel
- Affordable Trade Services
- MCV
- Sircuit – Give Dance Party
- Anna Georgiou
- Metta Scents

If you would like to be involved in the 2012 Christmas Hamper Appeal, please contact Suzy Malhotra on 03 9863 8733 or [info@plwhavictoria.org.au](mailto:info@plwhavictoria.org.au)

# TOP TIPS | New resource for living well with HIV



A new resource providing important information for people living with HIV has just been released in four languages.

The booklets have been developed by the Australian Federation of AIDS Organisations (AFAO), and are translations of an existing AFAO resource “Top Tips For Living Well with HIV: A Plain English Guide”, with some revisions.

Available in Amharic, Arabic, Thai and Vietnamese, the booklets provide important information for people living with HIV about the day-to-day management and treatment of HIV. They include tips relevant to the lives and health of people living with HIV, along with information and contact information for organisations referred to in the tips. Each tip is written in a brief format for readers to refer to and find more information if they would like.

President of AFAO, Ian Rankin, points out why these resources are so valuable. “It is important for people living with HIV to keep up to date with the current information on the management of HIV. These resources help provide this information in a clear and simple way while still giving the opportunity to find out more about a particular topic if required.”

Robert Mitchell, President of the National Association of People Living with HIV/AIDS (NAPWA) commends the development of the website ([www.hivoptips.org.au](http://www.hivoptips.org.au)) and booklet saying they are important resources for all people living with HIV. “Health and well-being tips are important for everyone, but these resources help explain why some of these issues

are particularly significant for people living with HIV. The booklet is also a very valuable tool, as it is important for all people living with HIV have access to this information, including those that speak languages other than English.”

The four translations of “Top Tips For Living Well with HIV” are available from People Living with HIV/AIDS Victoria via contacting 03 9863 8733 or download from [www.plwhavictoria.org.au](http://www.plwhavictoria.org.au)

# Increased risk of anal cancer for all groups with HIV

| AIDSMAP

Gay men are not the only group of HIV-positive people who have an increased risk of anal cancer, according to North American research published in the online edition of *Clinical Infectious Diseases*. The researchers found that incidence of the cancer was also significantly higher in non-gay HIV-positive men as well as HIV-positive women when compared to individuals in the general population.

'We confirmed that HIV-infected MSM [men who have sex with men] experienced the greatest risk of anal cancer,' write the authors. 'We also found that both HIV-infected other men and women had substantially higher rates than HIV-uninfected men and women, and that HIV-infected other men and women had similar rates.' They believe that their findings may have implications for anal cancer screening strategies.

Thanks to improvements in HIV treatment and care the prognosis of many HIV-positive people is now near normal. However, HIV-positive people appear more likely to develop certain malignancies, including anal cancer, compared to HIV-negative people.

Understanding the incidence of anal cancer in the different populations affected by HIV can help develop strategies to prevent the cancer.

Therefore investigators from the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) analysed findings from 13 US and Canadian studies. Their aim was to determine incidence of anal cancer in HIV-positive people, who were divided into three

categories – MSM, other men and women.

Rates of anal cancer in these HIV-positive people were compared to those observed in HIV-negative men and women. Analyses were also conducted to see if there were temporal trends in anal cancer incidence, and if any specific risk factors for the malignancy in HIV-positive people could be identified.

A total of 34,000 HIV-positive people (55% MSM, 19% other men, 26% women) and 110,000 HIV-negative controls (90% men) were included in the study.

Data gathered between 1996 (the year effective HIV therapy first became available) and 2007 were examined by the investigators.

Incidence of anal cancer in MSM was 131 per 100,000 patient years. Among HIV-positive other men incidence of the malignancy was 46 per 100,000 years, and incidence in HIV-positive women was 30 per 100,000 person years. Incidence was therefore significantly higher in HIV-positive MSM compared to other men ( $p < 0.01$ ). However, incidence rates for HIV-positive other men and women did not differ significantly.

Over the same period, the incidence of anal cancer in HIV-negative men was just 2 per 100,000 person years. There were no cases of the malignancy in HIV-negative women.

The investigators calculated that the risk of anal cancer was 80-times higher for HIV-positive gay men



Photo: Stock.XCHNG

compared to HIV-negative men (RR = 80.3; 95% CI, 42.7-151.1). HIV-positive other men were almost 27 times more likely to develop anal cancer compared to HIV-negative men (RR = 26.7; 95% CI, 11.5-61.7).

'Our finding of high anal cancer incidence rates in HIV-infected MSM, other men, and women suggests the need for enhanced primary and secondary prevention efforts among all HIV-infected persons, as opposed to a targeted approach,' write the authors.

Incidence of anal cancer increased significantly in HIV-positive gay men between 1996-99 and 2000-2003 ( $p < 0.03$ ). However, new cases of the malignancy then stabilised. A similar trend was observed in HIV-positive other men and women. The investigators suggest that the initial increase was a function of the improved prognosis of HIV-positive people, which allowed long-term cell changes caused by high-risk strains of human papilloma virus to become cancerous. In contrast, the level of cancer rate was attributed to the beneficial effects of antiretroviral treatment on the immune system.

HIV-positive MSM were significantly more likely to develop anal cancer than other HIV-positive men (RR = 3.3; 95% CI, 1.8-6.0). The risk of the cancer was near identical for HIV-positive other men and women.

Other risk factors for the malignancy included older age (RR per additional ten years = 1.3; 95% CI, 1.1-1.5).

A higher baseline CD4 cell count was protective against the development of the cancer (RR CD4 cell count above 500 cells/mm<sup>3</sup> vs. 200 cells/mm<sup>3</sup> = 0.2; 95% CI, 0.1-0.3).

There is currently disagreement about the value of anal cancer screening for HIV-positive people. However, the investigators suggest that this is likely to be cost effective.

#### Reference

Silverberg MJ et al. 'Risk of anal cancer in HIV-infected and HIV-uninfected individuals in North America'. Clin Infect Dis, online edition. DOI: 10.1093/cid/cir1012

#### Source

Michael Carter, 'Increased risk of anal cancer for all groups with HIV' 8/2/2012, <http://www.aidsmap.com/Increased-risk-of-anal-cancer-for-all-groups-with-HIV/page/2234922/>

# Finding HOPE

## PLHIV workshop

HOPE is a ten-session group-based activity that will help you to gain a better understanding of: your health, experience of employment and personal goals; stress in everyday life and the workplace; ways to cope with stress; and how to work with the supports available to manage your overall health.

### Why participate in HOPE?

HOPE can help you better manage your mental health. By better managing your health, it will be easier for you to get and keep a job and whilst participating fully in life. HOPE is designed for job seekers who experience mental health issues and in this instance for PLHIV.

### Who is running HOPE?

The program is delivered by a trainer and a peer educator (who has experience of mental illness). HOPE is an evidence-based program that has been developed by St. Vincent's Health. Social Firms Australia (SoFA) is coordinating the HOPE program in conjunction with PLWHA Victoria.

### How long are the sessions?

Sessions are two hours once a week, including a short break.

### Where is HOPE being provided?

A PLHIV specific HOPE is being run at Coventry House.

### Is there a cost?

HOPE is a free program; there is no charge to attend.

### How to get involved?

If you receive support from an employment service or clinical team please discuss this program with your support person or contact Josie at SoFA on 03 9445 0373.

# My Journey Kit | Stefanie Christian

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Sharing stories is a powerful way to inform, inspire, nurture and heal. Positive Women Victoria is creating a Women's Journey Kit.

The kit will share the stories of women on the journey of living with HIV and all that it brings.

We will be using the lived experiences of positive women as a collective voice that will help support, nurture and be a part of the healing process for other women living with HIV. These experiences will be gathered and made into a beautifully presented "Women's Journey Kit" and used as a resource for other positive women along their journey. The kit will follow our lives from diagnosis to the end of our journey.



Photo: Stefanie Christian

If you want to be a part of this project and have your stories encourage and support other women living with HIV, contact Positive Women Victoria on 9863 8747 or [info@positivewomen.org.au](mailto:info@positivewomen.org.au)

***The project will be unfolding over the next few months, so keep your eyes open.....***

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## PRE-HAART HIV positive diagnosis?

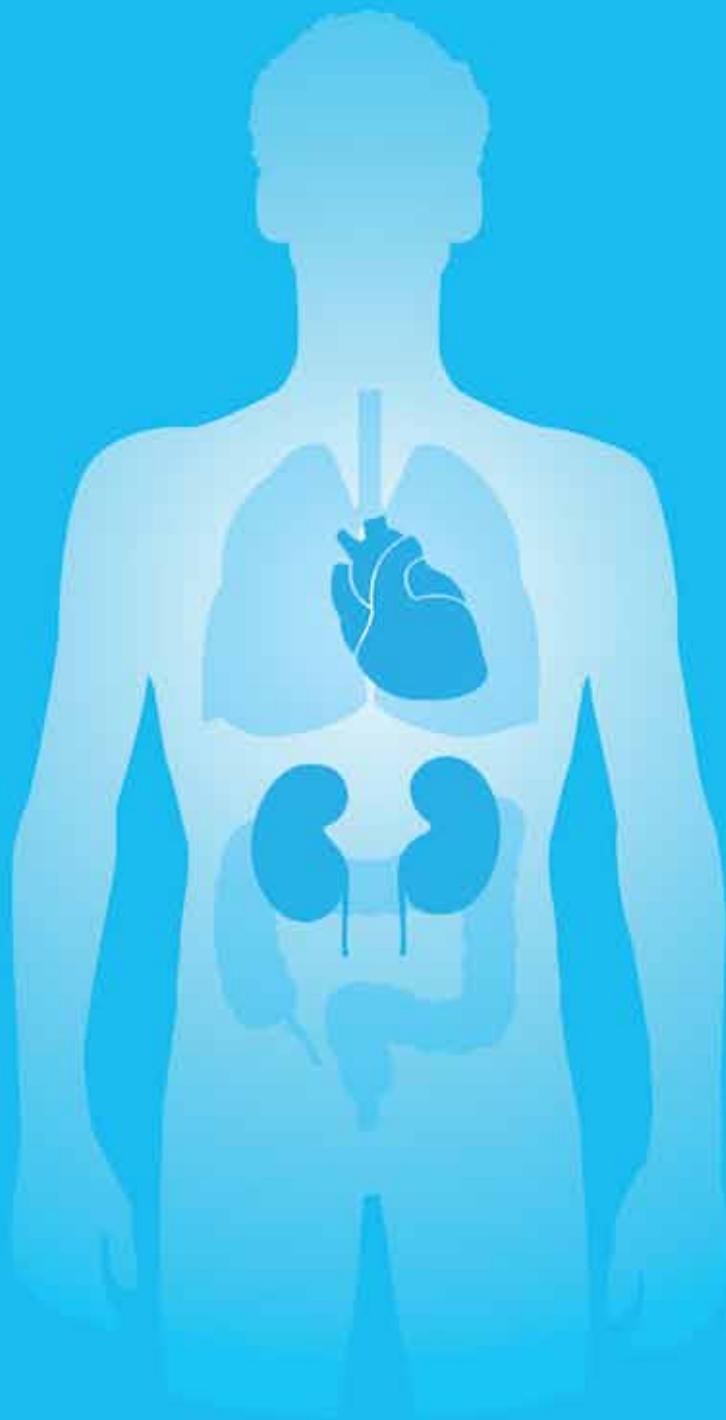
Have you been living with HIV since before 1995?

Positive Health (counselling service at VAC/GMHC) is recruiting men for a group to be held over 8 weeks starting in April 2012.

We will provide a confidential space for people with a long-term HIV diagnosis to talk about how the virus has shaped their lives. This group will meet on Friday mornings at the VAC, 6 Claremont Street, South Yarra.

For more information or to book in for the group please contact Trish Thompson or Judith Gorst on: 03 9865 6700 or email [prehaartgroup@vic aids.asn.au](mailto:prehaartgroup@vic aids.asn.au)

# IMAGINE THE QUALITY OF LIFE YOU COULD HAVE IF YOU QUIT



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the better your  
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## Vitamin D supplements benefit bone metabolism of younger patients taking tenofovir

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Vitamin D supplementation is associated with an improvement in a key marker of bone health in HIV-positive young adults treated with tenofovir, US research published in *Clinical Infectious Diseases* shows.

Treatment with vitamin D3 led to a significant fall in parathyroid hormone levels, an important regulator of calcium which has a significant role in bone metabolism. The use of the supplement had a beneficial effect even when patients had sufficient vitamin D levels at baseline.

However, taking vitamin D had no significant impact on parathyroid hormone levels in patients who were not taking tenofovir.

The study only lasted 12 weeks, so the investigators were unable to show if their findings had any impact on bone health.

'Further study with longer follow-up and direct measurements of bone mineral density is needed to define the effect of vitamin D treatment on bone health in youth using tenofovir.'

HIV treatment guidelines around the world recommend tenofovir (Viread, also in the combination pills Truvada and Atripla) in first-line antiretroviral therapy. The drug is potent, easy to take and has a generally mild side-effect profile.

However, treatment with tenofovir has been associated with a deterioration in kidney function and alterations in bone mineralisation, calcium balance and bone mineral density.

The impact of tenofovir on bone metabolism could be because of its impact on parathyroid hormone levels.

Large numbers of HIV-positive patients have insufficient levels of vitamin D. In HIV-negative individuals this has been associated with poorer kidney function and higher levels of parathyroid hormone. Vitamin D supplements have been shown to have a beneficial effect on both markers. However, the benefit of vitamin D supplements for patients with HIV is controversial.

Investigators from the US Adolescent Medicine Trials Network (ATN) 063 study hypothesised that vitamin D supplementation would have a beneficial effect on parathyroid hormone levels and other markers of bone metabolism in HIV-positive young adults taking tenofovir-based regimens.

They designed a randomised, double-blind placebo controlled trial involving 203 HIV-positive 18 to 25 year olds. All were taking stable antiretroviral therapy and had a viral load below 500 copies/ml. A total of 118 were taking a combination that included tenofovir.

Patients in the intervention arm received 50 000 iu/ml of vitamin D3 at baseline, and again at week four and week eight. Individuals in the control arm were provided with a matching placebo. The effect of the therapy on vitamin D sufficiency, parathyroid hormone levels and other markers of bone metabolism were evaluated at week 12.

Similar proportions of patients (approximately 52%) in both the treatment and control arms had insufficient levels of vitamin D at baseline.

Among all participants, parathyroid hormone levels were higher among those with insufficient vitamin D ( $p = 0.024$ ). Moreover, higher levels of parathyroid hormone were significantly associated with tenofovir therapy ( $p < 0.001$ ).

Supplementation had beneficial effects on vitamin D sufficiency. At week 12, 95% of patients in the treatment arm had vitamin D concentrations above the sufficient level of 20 ng/ml. In contrast, the proportion of patients in the placebo arm with vitamin D sufficiency was unchanged from baseline.

Vitamin D therapy for patients taking tenofovir was associated with decreased parathyroid hormone levels and bone turnover.

'These changes...were not seen with vitamin D in the no-tenofovir group, or with placebo in either the tenofovir or no-tenofovir groups', observe the investigators.

Multivariate analysis confirmed that vitamin D therapy was associated with a significant decrease in levels of parathyroid hormone for those taking tenofovir, but not for individuals taking alternative antiretroviral drugs ( $p = 0.023$ ).

Vitamin D supplementation had no beneficial effects on parathyroid hormone levels for patients taking

non-tenofovir regimens, even when they had vitamin D insufficiency at baseline.

In contrast, the impact of the supplement on parathyroid hormone levels for patients taking tenofovir was independent of baseline levels of vitamin D. Significant reductions in parathyroid hormone levels were seen after supplementation in patients with vitamin D insufficiency at baseline ( $p = 0.031$ ), and also in patients with sufficient levels of the vitamin ( $p = 0.053$ ).

Despite these benefits, parathyroid hormone levels were still higher at the end of the study among patients treated with tenofovir compared to those who were not taking this drug (44.5 pg/ml vs. 31.1 ph/ml,  $p < 0.001$ ). Vitamin D supplementation appeared safe.

'Our results confirmed our hypothesis that vitamin D treatment would reduce parathyroid hormone in youth on tenofovir-containing regimens,' comment the authors.

They speculate that treatment with the vitamin may correct a functional vitamin D deficiency associated with use of tenofovir, even in patients with apparently normal levels of the vitamin.

These results suggest that vitamin D supplementation may offset a potential effect of tenofovir on regulation of calcium balance and bone metabolism.

## Reference

Havens PL et al., 'Vitamin D3 decreases parathyroid hormone in HIV-infected youth being treated with tenofovir: a randomized, placebo-controlled trial. Clin Infect Dis, online edition. DOI: 10.1093/cid/cir968, 2012

## Source

Michael Carter, 2012, 'Vitamin D supplements benefit bone metabolism of younger patients taking tenofovir', 9/2/2012, <http://www.aidsmap.com/Vitamin-D-supplements-benefit-bone-metabolism-of-younger-patients-taking-tenofovir/page/2224532/>



The HIV & Sexual Health Connect Line is a Victorian information and referral service for those with questions or concerns about HIV and other sexually transmissible infections (STIs).

The HIV and Sexual Health Connect Line is staffed by professional community and health promotion workers who have an understanding of the medical and social implications of HIV/AIDS and other sexually transmissible infections.

Our staff offer information in a confidential and non-judgemental manner and provide referrals to appropriate treatment and support services.

**Opening Hours: Mon-Fri 10am - 6pm**

**Telephone: 1800 038 125**

**TTY: 1800 555 677 (for those with a hearing or speech impairment)**

**Interpreter: 13 14 50**

## Eat, Drink and Be Positive

## Sleep Tight Tips

Many people with HIV have problems sleeping. This can be due to being uncomfortable, illness, worry, anxiety, depression, treatment side-effects, and drug or alcohol use. Not getting enough sleep can cause health problems such as fatigue, but there are a number of practical dietary suggestions for fighting fatigue and improving your sleep.

**Drink plenty of water** – a dehydrated body functions less efficiently.

**Be careful with caffeine** – one or two caffeinated drinks (like coffee, tea) per day boosts energy and mental alertness. However, heavy caffeine users (more than six drinks per day) are prone to anxiety, irritability and reduced performance.

**Eat breakfast** – food boosts your metabolism and gives the body energy to burn. The brain relies on glucose for fuel, so choose carbohydrate-rich breakfast foods such as cereals or wholegrain bread.

**Don't skip meals** – going without food for too long allows blood sugar levels to dip. Try to eat regularly to maintain your energy levels throughout the day.

**Don't crash diet** – low kilojoule diets, or diets that severely restrict carbohydrates, don't contain enough energy for your body's needs. The reduced food variety of the typical crash diet also deprives the body of nutrients such as vitamins, minerals and trace elements.



Photo: Stock.XCHNG

**Eat a healthy diet** – increase the amount of fruit, vegetables, wholegrain foods, low fat dairy products and lean meats in your diet. Reduce the amount of high fat, high sugar and high salt foods.

**Don't overeat** – large meals can drain your energy. Instead of eating three big meals per day, try eating six mini-meals to spread your kilojoule intake more evenly. This will result in more constant blood sugar and insulin levels. You'll also find it easier to lose excess body fat if you eat this way.

**Eat iron rich foods** – women, in particular, are prone to iron-deficiency (anaemia). Make sure your diet includes iron rich foods such as lean red meat.

**Lifestyle changes** – in many cases a few lifestyle changes are enough to bring back good sleep and fight of fatigue. Having a regular

bedtime may also help, as might not going to bed until you feel ready to sleep. If you cannot get to sleep after about 30 minutes, get up rather than tossing and turning and getting frustrated, which often makes the problem worse.

**Talk to your doctor** – do not be frightened to mention sleep problems to your doctor. If there is an underlying medical cause, such as depression, physical illness, or treatment side-effects, it is important that your doctor knows as soon as possible so appropriate action can be taken or treatment offered.

### References

Michael Carter, 2011, "Sleep", 6/2/2012, <http://www.aidsmap.com/Sleep/page/1045148/10> April 2011

Better Health Channel, "Sleep hygiene", 6/2/2012, [http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Sleep\\_hygiene](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Sleep_hygiene), August 2011

## Reader Recipes

### Kent's wholemeal banana cake

2 tbs margarine  
 2 tbs milk  
 3/4 cup raw sugar  
 1 egg  
 3 ripe bananas, mashed  
 1 1/2 cups plain wholemeal flour  
 3 tsp baking powder  
 Preheat oven to 200°C.  
 Lightly grease a 15 x 23cm loaf tin.

With an electric beater, beat margarine and raw sugar until well combined. Add egg and mashed bananas and beat until combined.

Combine the wholemeal plain flour and the baking powder and gently fold into the banana mixture. Add the milk and fold to combine.

Spoon mixture into greased cake tin and bake in the preheated oven for 45 minutes or until cooked and a skewer inserted into the centre comes out clean.

Stand cake in the tin for 5 minutes before turning it onto a wire rack to cool.

### Hannah's thai chicken rissoles

2 tbs sweet chilli sauce, plus extra to serve  
 500g chicken mince  
 50g rice vermicelli  
 1 carrot, grated  
 1 zucchini, grated  
 2 tbs chopped fresh coriander  
 1 egg white  
 1 cup rolled oats

Soak noodles in boiling water for 10 minutes or until soft, and drain well. Cut into smaller pieces using scissors.

Place chicken, noodles, egg white, oats, zucchini, carrot, sweet chilli sauce and coriander into a bowl, and mix with your hands to combine.

Divide mixture into 8 equal portions and shape into patties. Line a baking tray with foil, arrange patties on tray and spray both sides lightly with olive oil spray. Cook under a preheated grill on medium-high heat for 5 minutes each side or until cooked through.

Serve with extra sweet chilli sauce and steamed Asian greens.

### Alva's avocado and corn salad

2 firm large ripe avocados, halved, stones removed, peeled, finely chopped  
 1 x 410g can corn kernels, drained  
 3 shallots, ends trimmed, thinly sliced  
 1/4 cup chopped fresh coriander  
 2 tbs fresh lemon juice

Combine the avocado, corn, shallot, coriander and lemon juice in a medium bowl.

### Jeremy's bolognese stuffed eggplant

4 (about 350g each) eggplants, halved lengthways  
 4 cups bolognese sauce  
 1 cup frozen baby peas, just thawed  
 200g feta, crumbled  
 2 tbs olive oil  
 Salt & freshly ground black pepper  
 Fresh oregano leaves, to serve

Preheat oven to 180°C. Use a teaspoon to scoop the flesh from the eggplant halves, leaving a 1cm-thick border.

Place the bolognese sauce, peas and feta in a large bowl and stir to combine. Spoon the bolognese mixture evenly among the eggplant cavities. Place the stuffed eggplant in a large baking dish or roasting pan. Drizzle with oil and season with salt and pepper. Bake in oven for 1 hour or until eggplant is tender. Sprinkle with oregano leaves.

Email your recipes to  
[poslink@plwhavictoria.org.au](mailto:poslink@plwhavictoria.org.au)



**Get all your questions answered!**

**Hepatitis Infoline:** Call to talk to an Educator about hepatitis B or C  
**Information:** We can answer questions and mail information to you  
**Support:** We can provide support for a range of issues and concerns  
**Referral:** We can refer you to other organisations and services

**Hepatitis Infoline 1800 703 003**

Translating and Interpreting Service 131 450 

**Hepatitis Victoria**  
[info@hepvic.org.au](mailto:info@hepvic.org.au)  
[www.hepvic.org.au](http://www.hepvic.org.au)

# Positive Women Victoria | Update

Positive Women Victoria offers peer-support, information, advocacy, newsletters, and social events for women living with HIV in Victoria.

## New Location

Positive Women Victoria are very happy to announce that we have relocated over Christmas, and are now sharing office space with PLWHA Victoria & Straight Arrows at Coventry House.

We are still unpacking boxes and settling in, however we are sure that this will be a great move forward for Positive Women Victoria. Please see new address and contact details below.



The Positive Women Victoria team, in the new office at Coventry House. Photo: Wolf Graf

## New Staff

We are very happy to welcome Tania Phillips as our new Executive Officer. Tania comes to us with a background in community development, women's issues, international development, strategic planning and management.

We are also very happy to announce that Steph is now working alongside Michelle to offer women peer support. Steph will be in the office 10 hours a week, Wednesday between 10am – 3pm, Friday 10am – 1pm and every 2nd Thursday when Michelle is at PLC.

## Peer Support

Michelle & Steph are available to catch up with women at our office, at the PLC (by appointment) or they can meet you at a convenient location.

Please call our office on 9863 8747 between 10am – 3pm Tuesday – Friday to talk to either Michelle or Steph.

Michelle will still be at the PLC every second Thursday on the following dates:

- **Thursday 8 March**
- **Thursday 22 March**
- **Thursday 5 April**
- **Thursday 19 April**

## Positive Women's Pantry

Positive Women Victoria now have "women specific" items available for HIV positive women, which can be picked up from Michelle at the PLC on the dates above. Some of the products we have available are deodorants, shampoo/conditioner, panty liners, and sanitary pads & tampons.

## Office Hours

Positive Women Victoria are open Tuesday – Friday from 10am – 3pm.

New address:

Suite 1, 111 Coventry Street

Southbank VIC 3006

Telephone: 03 9863 8747 or you can email [info@positivewomen.org.au](mailto:info@positivewomen.org.au) for more information.

# Advanced Care Planning Information Sessions

Advance Care Planning is about preparing for loss of capacity. The purpose is to make your wishes known in case you lose the ability to make decisions in the future. For example if you were injured in an accident or develop an illness like dementia where you are unable to speak for yourself. Advance Care Planning is about appointing who you would want to make medical decisions on your behalf and making your values and preferences known to guide future decision making.

Community information sessions are held at the Ashley Ricketson Centre, Caulfield Hospital on the date's listed below:

• **Wednesday 14 March**  
**10.30am-12.00pm**

• **Tuesday 5 June**  
**2.30pm-4.00pm**

• **Thursday 10 December**  
**10.30am-12.00pm**

• **Monday 3 December**  
**10.30am-12.00pm**

The session will consist of an interactive talk, question time and morning/afternoon tea.

Advance Care Planning Kits will be available at the door.

Cost: Free

Please RSVP on 03 9076 6642 to Carol, Sharon, or Mandy

## Advance Care Planning Information Sessions 2012

Plan ahead for a time when you may be too sick to speak for yourself.



- *Who would you trust to make medical decisions on your behalf?*
- *Would they know what you would want?*

Wednesday 14th March	10.30am - 12.00pm
Tuesday 5th June	2.30pm - 4 pm
Thursday 10th September	10.30am - 12.00pm
Monday 3rd December	10.30am - 12.00pm

**Where:** Ashley Ricketson Centre  
Caulfield Hospital, Gate Two  
260 Kooyong Road, Caulfield

**RSVP:** 9076 6642

*Family and friends welcome*

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# Education & Training Program February to June 2012

## Rapid HIV Testing

**Tuesday 6 March 9:30am to 12:00pm**

Rapid testing for HIV is available in many countries around the world, recently Australia has released new HIV testing guidelines which outline a role for HIV rapid testing in Australia. This has the potential to change the way HIV testing is conducted over time and improve the rates of testing. Dr Mark Stooze Head of the HIV/BBV Research Program in the Centre for Population Health at the Burnet Institute along with Alisa Pedrana PhD Scholar, will describe alternative models of HIV testing, including community-based and rapid testing for HIV that operate internationally and locally. They will provide an overview of evaluation outcomes of these services, including testing outcomes, service provider and consumer acceptability. This session will also include a panel discussion covering community and health care provider experiences/input. FREE Registration.

## Sexual History Taking

**Wednesday 11 April 9:30am to 11:00am**

This session is designed to aid in setting the scene for discussing with a client their sexual history. For some health/community workers new to the sector this can be confronting and some clients can be uncomfortable discussing such a personal topic. Good interviewing techniques can provide a foundation to undertake such an interview confidently and ensure you and your client are at ease with the topic and content that arises. Such skills will assist in having a thorough sexual history on which future care, education, prevention and harm reduction can be implemented. This session would suit nurses and other professionals who discuss sexual history with clients within the BBV/STI field. FREE Registration.

## Drug and Alcohol Misuse and BBV Treatment and Care Seminar

**Wednesday 20 June 9:30am to 12:00pm**

This session will provide an understanding of the issues surrounding engagement of clients with BBV's in their care where the use of drugs and alcohol need to be considered. Dr Benny Monheit will present current medical and psychosocial implications of treating clients with HIV or Hepatitis C/B treatment who are concurrently undergoing treatment for their drug and alcohol use. A range of psychosocial issues experienced by this group and challenges for health care providers in maintaining engagement and access to care will be covered. A panel discussion of health/community workers will cover the challenges of working in this area, best practice, interventions and strategies that have been successful with clients and how they measure success/outcomes. This session would suit health professionals and community workers working within the BBV/STI field. FREE Registration.

## Motivational Interviewing Practice Workshop – 2 Day

**Thursday 28 and Friday 29 June 9:00am to 5:00pm**

This 2 day practicum will provide an understanding of the principals of Motivational Interviewing (MI) an approach which assists clients to make positive behaviour changes. This program focuses on offering the opportunity to learn, with a focus on the practice of the core skills of technique. The program is suitable for health professionals and community workers and is aimed primarily at those working in the HIV/AIDS sector. No previous knowledge of MI is required although a level of counselling experience will be advantageous. FREE Registration.

## 'Getting to Know' SERIES:

### Getting to Know Sexually Transmissible Infections (STIs)

LEVEL: Introductory

**Wednesday 15 February 9:30am to 12:30pm**

An introduction to Sexually Transmissible Infections (STI's) including current epidemiology, clinical signs, modes of transmission and available treatments. This session will also examine strategies for talking about sexual health with clients and sexual health promotion initiatives. An essential workshop for anyone who wants to gain a basic understanding of STI's for their professional role. FREE Registration.

### Getting to Know HIV/AIDS

LEVEL: Introductory

**Wednesday 9 May 1:00pm to 4:00pm**

Participants will be provided with a comprehensive introduction to HIV/AIDS including epidemiology, transmission, testing, stages of infection, current treatments and related social issues. This session will include a mix of presentations and case studies providing a clinical overview. Suitable for those who may want to gain an introductory knowledge of HIV/AIDS as well as those who may have recently commenced working in the area. FREE Registration.

Bookings are essential for ALL sessions via email [ercd@alfred.org.au](mailto:ercd@alfred.org.au)

For any questions call 03 9076 6993



## Acknowledgement

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



## Save the Environment!



If you wish to do your bit for the environment and receive Poslink via email, please send your name and email address to:

[poslink@plwhavictoria.org.au](mailto:poslink@plwhavictoria.org.au)

Poslink is also available online to download at:

[www.plwhavictoria.org.au](http://www.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  Full Membership  
tick 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
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Please fax or post your membership application to:

PLWHA Victoria  
Suite 1, 111 Coventry St  
Southbank VIC 3006



I do not wish to be contacted by postal mail.

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