

POSITIVE PEOPLE'S LIVES ARE AT RISK AGAIN

The introduction of antiretroviral medication was literally a lifesaver. Without medication back in the late '80s we saw multiple deaths at a rate that had most of us at a funeral almost on a weekly basis. Unless you experienced those days you will never know the ravages it had on our community - and to some extent, still does on those who live today with the scars from back then.

We hope we will never see them again - ever, but unless Pharmac, the government's drug funding agency, moves to counter issues being expressed by our leading physicians we may well be back in those dark days.

For well over two years now, physicians have been encouraging Pharmac to let them treat their HIV+ clients with Optimised Background Therapy (OBT). This would mean that Pharmac would have to amend the current special authority criteria to doctors prescribing antiretroviral medication, to allow them to prescribe more than three drugs which they are currently restricted to.

Currently in New Zealand there are an estimated 60 patients who have multiple drug resistance (MDR). This means their medication is failing them. Each year we can expect to see at least another 10 positive people develop resistance to their medication. To overcome this situation, physicians have been able to prescribe more than three drugs. Three have been funded by Pharmac and the fourth or fifth has been free from the pharmaceutical companies. It is quite common for a pharmaceutical company to provide their medication free once Medsafe has approved the drug. Medsafe is the



Ministry of Health division that authorises the sale and use of all drugs in New Zealand after it is satisfied with the safety and efficacy of the drug. For most pharmaceutical companies, this practice of offering their drugs free is only for the limited time between Medsafe's approving the drug and Pharmac's agreeing to start paying for it.

Recently, New Zealand physicians have been able to prescribe more than three drugs because they have had a choice of at least two other drugs freely supplied by the pharmaceutical companies. One drug is Raltegravir, or by another name, Isentress. The other drug is Darunavir, or by another name, Prezista.

Recently, Merck Sharp and Dohme completed a funding agreement with Pharmac to make Raltegravir available under the subsidised scheme. This effectively put Raltegravir into the list of drugs funded by Pharmac from which only three can be prescribed to any one positive patient. This has reduced physicians' ability to prescribe

OBT which can be for more than three drugs.

This situation will worsen when Pharmac eventually agrees to fund Darunavir, making only three drugs available for physicians to prescribe. The manufacturers of Duranavir cannot be blamed for wanting it funded. They lodged an application with Pharmac back in 2007 and have been negotiating ever since to get it funded. When it is, physicians will have no options remaining and have to restrict prescribing to just three drugs. This could be anytime soon and when this happens positive people with MDR will have their options reduced and risk resistance developing in their systems all over again.

Faced with this potential reality we could see lives put at risk.

Pharmac must allow physicians to prescribe Optimised Background Therapy.

By Bruce Kilmister



WORLD HEALTH ORGANISATION RECOMMENDS HIV+ PEOPLE START MEDICATION EARLIER

In 2006 the World Health Organisation (WHO) recommended all HIV+ people start medication when their CD4 cell count, a blood measurement within the immune system, falls below 200 cells /mm³. A healthy person who does not have HIV might have a CD4 blood cell count of 1200 - 1500 / mm³. When the count fell to 200, the development of AIDS defining illnesses were usually quick to follow. The

WHO is now recommending people start medication when their blood count has dropped to about 350/mm³. There is also a school of thought that medication be started at a much higher threshold of 500/mm³. Either way, the best time to start medication has been defined as much earlier than previously thought.

Sadly, too many people are not testing for HIV in New Zealand, leaving their immune system to fall to dangerously low levels - and that's when illness attacks. Too many people

are not aware they have HIV until they have arrived in hospital with some AIDS defining illness that could have been avoided by a simple blood test. Statistics at Body Positive show New Zealanders are not testing regularly or frequently.

"People who are sexually active should test for HIV at least once or twice a year. If symptoms present then they should go for a test immediately", says Bruce Kilmister of Body Positive Inc.

SUPPORTERS OF BODY POSITIVE |



GILEAD

For more information contact us in complete confidence.

Call toll free from anywhere in New Zealand

Contact:

0800 HIV LINE
(0800 448 5463)
Or 09 309 3989

Website:

www.bodypositive.org.nz

Postal Address:

PO Box 68-766
Newton
Auckland 1045

Opening Hours:

10am-5pm, Mon-Fri

E: office@bodypositive.org.nz

Fax: 09 309 3981

positively POSITIVE

Positively Positive is a newspaper for all people living with HIV/AIDS in New Zealand. Contributions are welcomed, but inclusion is subject to editorial discretion and is not automatic. Receipt of manuscripts, letters, photographs or other material will be understood as permission to publish, unless the contrary is clearly stated.



+BODY POSITIVE
• NEW ZEALAND •

TAKE CONTROL

TAKE THE TEST

HIV RAPID TEST
60 seconds, *Free & Fast*
FREE PHONE 0800 HIVLINE

www.bodypositive.org.nz/takecontroltakethetest

Body Positive Inc.
1/2 Poynton Terrace, Newton

MAC

K Road Clinic
283 Karangahape Road, Newton

'Mother' Helping out the Under 35's at Body Positive



Karen Ritchie, known locally as "Mother", is co-facilitating a support group once a month with the Social Worker at Body Positive, Craig Webster. The group is unique in that it is exclusively for people living with HIV/AIDS under the age of 35. The group is called "Get Connected" and concentrates on the needs of the younger members of our community. Historically there was concern over the supposed reputation of Body Positive becoming an old men's club. The board at Body Positive moved fast to identify the concerns of the young and the resolve was to give them their own space and facilities. Once a month, and sometimes in between, this group meets and enjoys a fun get together – usually on the last Sunday of each month. Whatever issues are raised become the topic of the day and if information is required this is researched and available for the next meeting.

Interested people should telephone Body Positive for information on (09) 309-3989

SUPPORTERS OF BODY POSITIVE |



GILEAD



Body Positive Clinical Services



Clinical services keenly sought after

Body Positive offers a range of clinical services to people living with HIV/AIDS (PLWHA). One of these clinics is run from the K' Road Clinic and offers treatment for those PLWHA who suffer from lipoatrophy, a side effect from taking some of the early HIV antiretroviral drugs. These early drugs contributed to a condition called Lipodystrophy, which is a redistribution of the fat in the body. Fat loss from limbs and buttocks is quite common and while clothing can disguise this, the loss of fat from the face can be quite disfiguring. There have been several products available in the market that counter this effect. Most of these products though had a short life and after some months (up to 18) would generally dissipate into the body bringing back that

"AIDS Look". Bruce Kilmister, CEO of Body Positive, attended an International AIDS Society conference in 2008 and discovered a product called Aquamid. This product is manufactured in Scandinavia and used extensively around the world in the cosmetic industry. It had been recommended to him as a solution for facial wasting lipoatrophy. All of the information was encouraging and best of all, reports said the product remained in the face permanently. This would solve the problem other treatments had of requiring expensive treatments every couple of years. "The first thing we did was to invite the Australian agents and physicians across to New Zealand to tell us about it", Kilmister says. "Once we were satisfied with the literature of the product we asked local physician Dr Alison Copland to upskill her training to include treating our clients with this new product. We were also delighted to find Dr Pier Marzinotto, recently arrived in New Zealand, had been treating his Italian clients for some years with this product."

To date, Body Positive has secured more than a quarter of a million dollars in funding to treat more than 75 people with this problem. There are approximately 200 PLWHA who suffer from this concern and we are keen to help them all. Kilmister says "Money is the problem and whilst this treatment is fully funded under the national health schemes of Britain, Canada and now Australia, it is unfair New Zealanders are not able to secure this treatment through our



public health service. We have to find every dollar for this. The Wellness Fund has contributed significantly to this clinic but now the Wellness Fund has had to cut back because of its own funding issues and we are back looking for ways to raise this money."



Dr Pier Marzinotto



Dr Alison Copland

Simon Speight - Podiatrist



For more than 18 months now Simon has operated his "outreach" clinic at Body Positive to bring treatment to those people living with HIV/AIDS (PLWHA). One of the side effects of antiretroviral medication is that it can cause significant issues for podiatry treatment. Fungal issues and ingrown toenails are issues quite common to PLWHA. The most effective means to deal with these issues is regular professional care. Simon has attended the HIV+ Men's Retreat for the last four years and offered his help in keeping positive people well. For treatment phone Body Positive.

Sam Ritz - Psychiatrist

Sam Ritz is a fully qualified psychiatrist employed by the Waitemata District Health Board. Sam has very generously offered his support to Body Positive and facilitates a clinic there once a month to assist people living with HIV/AIDS (PLWHA). Psychiatric services are difficult to access through the public health system so this makes Sam's offer all the more generous. Sam comes originally from South Africa so he has a first hand knowledge of how AIDS can ravage a community and devastate individuals. Access to Sam's clinic is generally through a referral from the client's local doctor but enquiries can be directed to Body Positive in the first instance.



Body Positive would like to give special thanks to the following for their recent donations and kind support:

- Teddy DVD Sales
- Chris Banks
- Aaron W.

- Dots Sister Bucket Collection
- Raymond Toa
- Stefan Knight

- Centurian Sauna Customers
- Neil D.
- Long Yang Club
- Grafton Pharmacy

SUPPORTERS OF BODY POSITIVE |



GILEAD

Premature Aging of the Brain seen in HIV Patients



With AIDS growing among seniors, decline in brain function is a serious concern, researchers say.

Premature aging is striking the brains of people infected with the virus that causes AIDS, new research suggests.

It's not clear if the virus or the drugs that treat it - or both - are contributing to the aging. But one thing is clear: the blood flow in HIV patients is about the same as that in uninfected people who are 15 - 20 years older.

"The graying of the AIDS patient community makes this infection's effects on the brain a significant source of concern," study author

Dr. Beau Ances, an assistant professor of neurology at Washington University in St. Louis, said in a university news release.

"Patients are surviving into their senior years, and a number of them are coming forward to express concerns about problems they're having with memory and other cognitive functions," Dr Ances said.

In the study, researchers used MRI scans to study the blood flow in the brains of 26 HIV-infected people and 25 other people who weren't infected. The average age and education level of the participants were similar.

The researchers found reduced blood flow in the brains of younger HIV-infected patients who were infected recently, not just the older ones.

The study was released online in advance of publication in the 01 February print issue of the Journal of Infectious Diseases.

Estimated 40 Million down to 34 Million

New figures released by the World Health Organisation and UNAIDS estimate the number of new HIV infections has declined each year by about 17 percent from 2001 to 2008. However, for every five people infected, only two start treatment.

According to the 2009 AIDS epidemic update released in Shanghai, China on 24 November, about 2.7 million people were newly infected with HIV last year, compared with about 3.3 million in 2001.

The massive human suffering caused by the HIV and AIDS epidemic has not gone away. "Those hit hardest by the epidemic, including the poor and marginalised, must have their fundamental right to

essential health care and life, free from fear or stigma and discrimination, respected," World AIDS Campaign Executive Director Marcel van Soest said.

The UN report noted about four million people were receiving AIDS drugs at the end of 2008, compared with three million the previous year. Nonetheless, an additional five million people need treatment and are not receiving it.

Low Vitamin D Levels in Alpine HIV Study

A new study adds to the evidence that vitamin D deficiency is common in people living with HIV. The new data, from an Italian study reported last week at the 12th European AIDS Conference in Cologne, Germany, and summarised by the National AIDS Treatment Advocacy Project (NATAP), underscores the potential importance of testing for and treating low vitamin D levels to thwart the increased risk of bone deterioration and immune system dysfunction in those infected with the virus.

Circulating 25-hydroxyvitamin (25(OH)D) levels in the blood are considered the best indicator of vitamin D status. Oswald Moling, MD, and his colleagues repeatedly measured 25(OH)D in 102 people living with HIV in the winter and spring receiving care at the Ospedale Generale in Bolzano—an Alpine area of northern Italy where exposure to sunlight is reduced in winter and, as a result, vitamin D levels diminish.

According to NATAP's report, only 18 of these 102 people (roughly 18 percent) had vitamin D quotients matching the recommended level of at least 30 ng/mL (75 nmol/L). Thirty-five percent had levels below 10 ng/mL (25 nmol/L). These findings were notable in that 18 people living with HIV also had low phosphorous levels—a vital nutrient to bone health that is poorly absorbed by the body if vitamin D levels are insufficient.

People with low vitamin D in the study took vitamin D supplements—1400 to 2000 IU of 25 (OH)D daily or 10,000 to 14,000 IU once weekly. Unfortunately, only 48 percent with a first vitamin D reading below 30 ng/mL regained a normal level through supplementation.

The investigators, NATAP writes, believe research is showing that vitamin D is "not only a predictor of bone health but is also an independent predictor of risk reduction for infection, autoimmune, cardiovascular and psychiatric diseases and cancer."

★ HIV SERVICES AVAILABLE AT BODY POSITIVE ★

- Safe, comfortable Drop-in Centre
- HIV Rapid Testing Service
- Full Sexual Health Check Up
- Counselling for HIV+ People
- Budgeting Service
- Food & Vitamin Bank
- Treatments Information
- General Doctors visits
- Specialist HIV Physician
- Facial Lipoatrophy Treatment Clinic
- Work & Income [WINZ] monthly clinic
- Peer Support Counselling
- Social Support
- Weekly Massage
- Podiatrist Service
- Monthly Hairdressing
- Pot-luck Lunch every Friday
- Pot-luck Dinner monthly on third Wednesday
- Annual HIV Treatments Update Seminar
- Annual Retreat for HIV+ men from all over New Zealand
- Social Workers to assist your needs with Work & Income [WINZ], Housing, Employers, Medical, Dental



To enquire about any of our services,
Freephone - 0800 HIV LINE (448 5463)
Auckland - 09 309 3989



SUPPORTERS OF BODY POSITIVE |



GILEAD