

Retirement after 20 something years is around the corner



Bruce Kilmister will retire from Body Positive at the end of this year. Bruce first enlisted with Body Positive as a Member then shortly after volunteered as a Board Member. He was Chairman for many years and when it was decided to employ Bruce on a part time basis (that's all we could afford in the early days - \$500 per month) he stepped down from the position of Chairman in to the role of Chief Executive Officer.

Making sure the voice of People living with HIV has been the foremost driving philosophy for Bruce who is a strong believer in the 1995 Paris Convention on HIV / AIDS GIPA principles. GIPA stands for the Greater Involvement of People Living with HIV / AIDS in decision making at all levels. Today it is often referred to as MGIPA being More Meaningful Involvement etc.

As Chief Executive Officer at Body

Positive Bruce has been responsible for the development and roll out of all of the services the Members now enjoy and finding the funding to keep the place running has been the biggest hurdle he says. Having established a contract with the Ministry of Health was a significant step forward in the history of Body Positive and we have Dr Miller to thank for that in his report on reviewing all HIV services in New Zealand. "However that contract is insufficient to do the work we need", says Bruce, "as the number of People living with HIV increases every year".

Bruce will retire but stay on a consultancy contract for 6 months so Body Positive will be able to access him to ensure a smooth transition and strong ongoing momentum. "I'm a phone call away and I will be in often" says Bruce. "I wont be disappearing."

The Body Positive Board will interview and announce any new appointment.



**WORLD
AIDS DAY**

DEC 1

Would you like to help reduce Body Positive's printing/postal bill and save a few trees as well??



To receive the Positively Positive Newsletter via e-mail instead of in the post, simply e-mail your name & current e-mail address to:
office@bodypositive.org.nz or call us to update your details.

For more information contact us in complete confidence.

Call toll free from anywhere in New Zealand

0800 HIV LINE

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Opening Hours:

10am-5pm, Mon-Fri

Website:

www.bodypositive.org.nz

Fax: 09 309 3981



+BODY POSITIVE+

• NEW ZEALAND •
Tinana Ora Aotearoa

Unique Health Care Challenges for Older Adults with HIV



Dr. Meredith Greene, fellow in the Division of Geriatrics at University of California, San Francisco, has spent her career working out how to integrate HIV services and geriatric care. "Traditionally, those areas haven't overlapped a lot," she explains—yet as individuals with HIV live longer with increasingly more effective and tolerable HIV therapies, she recognizes the importance of tailoring medical care services for older HIV-positive adults to their unique medical needs.

Individuals with HIV may be at a greater risk of developing age-related health conditions such as cardiovascular (heart) disease, chronic pulmonary (lung) disease, osteoporosis (bone density loss), and cognitive impairment (changes in memory and thinking) than similarly aged peers without HIV.

HIV disease or its treatment may actually contribute to these conditions, explains Greene. She points to recent findings from the Veterans Aging Cohort Study, which demonstrated that individuals living with HIV were 50% more likely to experience heart attacks than similarly aged veterans who did not have HIV, even after adjusting for traditional risk factors such as smoking, substance use, and diabetes.

This link between HIV and other co-occurring disorders makes HIV more difficult to manage and treat. According to Greene, the difficulty in caring for adults over age 50 living with HIV often-times stems from a syndrome created by multiple, interacting chronic health conditions on top of HIV, called "multimorbidity."

Treatment regimens in the presence of multimorbidity may quickly become daunting, as each chronic condition likely requires its own set of prescriptions and instructions. Having to manage and use a complex set of many medications, termed "polypharmacy," becomes worrisome as drug-drug interactions and adverse drug reactions are more likely. And with each additional health condition, drug-disease interactions must also be considered. "Kidney or liver disease might make certain drugs less of an option for someone," Greene explains. "For example, if someone has kidney problems, they might not be able to take tenofovir [a widely prescribed HIV drug that can impair kidney function] or have to take a lower dose."

Often-times, multiple chronic conditions in an aging individual create health effects that are more detrimental than would otherwise be expected, making it even more critical for HIV care providers to take into consideration all of their patients' clinical needs in addition to HIV concerns.

Greene refers to this philosophy of medical care as a "whole-person approach," where providers coordinate care for patients across domains and disciplines. This approach forms the basis of an extensive project undertaken by Greene and other colleagues at UCSF and the San Francisco General Hospital, called the Patient Centred Medical Home (PCMH). This model of care aims to provide coordinated, high-quality health services and care for older people living with HIV.

For the first part of the project, the PCMH team outlined the types of questions and assessments most relevant for older adults living with HIV. For instance, because older adults living with HIV are at an increased risk for bone thinning and bone loss, the PCMH model of care includes an assessment of falls (which often-times cause bone fractures in patients with bone density loss). Other assessments include screenings for depression, anxiety, and post-traumatic stress disorder; questions about social support and loneliness; and memory exams.

Greene did stress the importance of considering "function" first and foremost. How well a person is able to complete activities of daily living—like managing medications, getting dressed, or going shopping—is key as providers assess how well a patient is doing overall.

"Someone might have HIV, heart disease, and kidney disease but still be able to go out and play tennis every day. And then someone who's the same age and who has the exact same conditions might be having a lot of trouble with activities of daily living and might be in a nursing home. One of the fundamental geriatric principles is that everything comes back to functional status," explains Greene.

Which again highlights the importance for providers to be able to assess their patients' health and wellness as a whole—and evaluate the treatment of HIV in this context. This requires a multidisciplinary approach that coordinates the efforts of a number of health care staff. "Because we're trying to make it interdisciplinary, we're really trying to approach different people to get that 'whole person' care. You have to think of all the different psychosocial issues and health issues. It takes a team to think through and bring every discipline's perspective to really benefit the patient," notes Greene.

"That's something that the San Francisco AIDS Foundation has been doing with the 50-Plus Network: bringing together some of the local agencies that have had a traditional focus on aging or a traditional HIV focus, so we can strategize how these different agencies can be working together, and how people can be linked to services that they need."

The PCMH project, which has been ongoing since 2011, is now focused on evaluating participants' experience, to ensure participants are satisfied with the services they receive as part of this novel model of care. "PCMH is called 'patient centred' for a reason. We want it to be something that works for patients," says Greene. A final step will also be to fully integrate the services, assessments, and elements of the PCMH project into the individual clinics so they can be successfully continued even after funding for the project ends.

Source: www.betablog.org

New Body Positive Executive Director Appointed



New Body Positive Executive Director, Mark Fisher

The Board of Body Positive is pleased to announce that Mark Fisher has been appointed to the role of Executive Director to replace current CEO Bruce Kilmister who is retiring.

Mark is a highly regarded and hugely capable leader with significant experience internationally in the HIV sector. Before moving to New Zealand in 2013 Mark was a Director at The Ontario HIV Treatment Network in Toronto Canada for 8 years and prior to that spent 10 years working at Ontario Public Health Laboratory.

Mark comments: "I want to make a significant difference in the field of HIV in terms of advancing treatment and care and quality of life of people living with HIV and in the awareness and prevention of new infections. I utilize my background in technology and passion for the HIV Community to manifest change. Being grounded in the public health and not-for-profit sector I rise to the challenge of working within limited budgets whilst making a significant impact that is soundly based on scientific evidence and community values. Where I excel is crafting solutions and solving challenges".

Mark's appointment comes as the organisation is midway through its current strategic plan and provides Body Positive with an opportunity

to continue refining its services including the provision of contemporary advocacy and support initiatives to people living with HIV in Aotearoa/New Zealand.

Ashley Barratt, Body Positive's Chairperson, says the Board is delighted to be able to secure Mark's services to continue the important work with Body Positive provides for people living the HIV across the country. The Board also wishes to acknowledge the continuing support for Body Positive from those across the HIV-positive community and our support partners, especially our core funder the Ministry of Health, and also from other agencies across the HIV sector including the New Zealand AIDS Foundation, Positive Women and INA (Maori, Indigenous and South Pacific HIV/AIDS Organisation).

The Board acknowledges the enormous contribution that Bruce Kilmister has made to the HIV Positive community through his role as CEO of Body Positive. Ashley comments: "Bruce has worked tirelessly for the HIV community over the last 20 years and is greatly admired for his ability to assist the community at a personal level as well as working with government and sector organisations".

Mark takes up the role of Executive Director on 1 December.

Welcome Mark Fisher to Body Positive

A brief welcome for Mark will be held at Body Positive House in Auckland on Monday 1st December at 10am, followed by light refreshments

If you would like to attend, please RSVP by 26th November at the latest (numbers will be limited)
RSVP to Ron via 09 309 3989 or office@bodypositive.org.nz

Body Positive would like to invite all members to join us for a festive Christmas celebration

Wellington - Saturday 6th December at Shorland Park

11am onwards: Similar to last year's party, a BBQ and pot-luck lunch (please bring a dish to share). We are asking everyone to bring along a wrapped Secret-Santa gift to the value of \$5.00

Auckland - Friday 12th December at Body Positive House

4-6pm: A Farewell to Bruce Kilmister

6-9pm: Complimentary drinks a delicious Christmas dinner



Learning about additional HIV prevention methods doesn't undermine gay men's intentions to use condoms



Health promotion interventions can combine information about condoms and alternative biomedical prevention methods without undermining attitudes and intentions to use condoms, according to an experimental study published in the September issue of *AIDS & Behavior*.

“Our results are inconsistent with risk compensation theory, which posits that use of a biomedical prevention approach will lead to less positive attitudes, intentions, and use of condoms,” comment the authors.

Typically, health education messages encourage individuals to take a single course of action, without considering alternative options. However a ‘combination prevention’ approach may involve advocacy of more than one possible course of action. There has been little previous research on how receiving multiple prevention messages affects attitudes and intentions to use condoms. Condoms remain a particularly cheap and effective way of preventing HIV transmission in those who are happy to use them.

The researchers therefore conducted an experiment in which HIV-negative gay men would watch information videos about different prevention topics. Four HIV-prevention videos were developed, each one focusing solely on either

condoms, PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis) or rectal microbicides. Each video had a similar style, delivering a similar range of factual information about the method’s financial cost, effectiveness at preventing infection, mode of operation, side-effects and impact on sexual pleasure.

Study participants were randomised to see either a single video, a combination of two videos, or all four videos together.

Afterwards, the researchers asked men about their likelihood of using the prevention method(s) they had just been given information about. In addition, the respondents were asked about the advantages and disadvantages of sex with and without condoms.

A sample of 803 HIV-negative gay men was recruited through targeted Facebook advertising in the United States. Of note, men in this sample reported relatively high rates of condom use – four in five said they had always used condoms with casual partners in the past year.

The researchers wanted to check that hearing about alternative prevention options wouldn’t make people feel less favourably towards condoms. The results were very reassuring – there were no significant differences in participants’ intention of using condoms, or their assessment

of condoms’ costs and benefits, according to the videos that had been seen.

This was also the case for intentions to use PEP, PrEP or rectal microbicides. Seeing information about additional options either made no difference to men’s intention to use a specific method (e.g. a microbicide), or it was associated with a greater intention to use them (PEP, PrEP).

The results were consistent for men who reported unprotected sex with casual partners, and men who did not.

“In summary, our results suggest no differences in attitudes and intentions towards condom use or unprotected sex when MSM [men who have sex with men] received brief messages about condoms and multiple biomedical prevention approaches,” the researchers conclude. The results should encourage those who plan to disseminate information about biomedical prevention options, they comment.

Source: www.aidsmap.com

Editors Note:

PrEP is not funded in New Zealand, nor is it likely to be in the near future. Condoms remain the cheapest and most effective means to stop the transmission of HIV.

GET TESTED FOR HEPATITIS C AT BODY POSITIVE IN AUCKLAND & WELLINGTON

For an appointment - call us on
09 309 3989 (Auckland) or 04 801 5484 (Wellington)

Every person living with HIV should be tested for Hepatitis



Uncovering cases of early HCV infection in HIV-positive men

Hepatitis C virus (HCV) infects the liver, causing inflammation. Over time as HCV-related inflammation continues, parts of this vital organ degrade as healthy tissue is replaced with useless scar tissue. This can lead to an increasingly dysfunctional liver. In turn, complications can develop, including serious infections, internal bleeding, kidney dysfunction and a greatly increased risk for liver cancer.

Increasingly effective and tolerable therapies for HCV are being licensed in Canada and other high-income countries. The earlier HCV is detected, the easier it is to treat. This is one reason that regular testing for HCV is important. Another important reason is that once HCV infection is diagnosed, HCV-positive people can take steps not to spread this infection.

Among HIV-positive MSM

For more than a decade, an outbreak of hepatitis C virus has been occurring among men who have sex with men (MSM) in Western Europe, North America and Australia. Most of these men are HIV positive and HCV appears to have been spread through sex.

Scientists in Amsterdam have been monitoring a group of HIV-positive men who have been sexually exposed to HCV. The scientists regularly took blood samples from the men for analysis and interviewed them about their behaviours. The men were in the study for about four years. The scientists found a substantial delay between the time that exposure to HCV occurred and the development of antibodies to HCV in the men's blood. Due to this delay, they recommend that when doctors and nurses screen HIV-positive MSM for HCV, they consider tests that detect HCV's genetic material (RNA) rather than use tests that solely rely on antibodies.

Study details and results

In 2009, researchers recruited 63 men between the ages of 35 and 47 years, all of whom were HIV positive but HCV negative. Most of the men were taking potent combination anti-HIV therapy

(commonly called ART or HAART). Over a period of four years, the following events occurred:

- Doctors diagnosed early (acute) HCV infection in all 63 men.
- Common strains (or genotypes) of HCV detected were 1a, and 4d. Other genotypes detected included 1b, 2b and 3a.
- Screening for HCV—checking blood samples for the presence of antibodies or HCV's genetic material (RNA)—occurred about every six months.
- HCV antibodies were **not** detected in 41% of the men during the first three months of this infection. During that time HCV RNA was detectable, which is how the scientists knew that the men were infected.

Therapy, cure and reinfection

A total of 43 men decided to take HCV treatment—a long-lasting form of interferon called pegylated interferon (peginterferon) with or without the broad spectrum antiviral drug ribavirin. Of these men, 31 were cured. Among these 31 men there were cases of HCV reinfection, as follows:

- 16 men were reinfected once
- one man was reinfected twice
- one man was reinfected three times

Thus, a total of 21 reinfections occurred in 18 men.

HCV reinfection spontaneously resolved in only two of these 18 men.

Focus on antibodies

All 63 men in the study eventually developed antibodies to HCV. The development of these antibodies took between 47 and 125 days to occur after the men were infected with HCV. The time taken for these antibodies to develop was not influenced by any of the following factors:

- age
- current CD4+ cell count
- lowest-ever CD4+ cell count
- genotype of HCV

Among the men whose treatment resulted in a cure of HCV, their antibodies to this virus subsequently disappeared.

Among the men whose immune systems managed to spontaneously resolve HCV infection, levels of antibodies to HCV fell to a low level but never disappeared.

Liver enzymes vs. RNA

In the everyday world of patient care, doctors sometimes assess the level of the liver enzyme ALT (alanine aminotransferase) in the blood. This can be useful because during periods of liver injury caused by HCV, ALT levels can rise. These elevated ALT levels can indicate the need for further medical investigation.

The Dutch scientists investigated the men's initial HCV infection. During these initial infections HCV RNA was detected in blood samples from all the men. Analysis of the blood samples also found that ALT levels were high (twice the upper limit of normal) in 72% of the men.

However, during subsequent cases of HCV infection, surges in ALT decreased and only 44% of the men had elevated ALT detected.

Implications

The scientists made the following points:

- As some (41%) participants did not produce antibodies to HCV until as long as three months after becoming infected, they suggested that the preferred method for screening HCV infection should be with an HCV RNA test.
- Although occasional testing of blood samples for elevated ALT levels may help uncover some cases of HCV infection, the scientists noted that ALT levels can be within the normal range during acute infection. Also, they stated that ALT levels are not always elevated during cases of HCV reinfection. Furthermore, they noted that higher-than-normal ALT levels “do not always indicate recent HCV infection.”

A review

Associate professor of hepatology Thomas Reiberger, MD, from the University of Vienna, reviewed the findings of the Dutch scientists in the journal *Clinical Infectious Diseases*. He noted that while screening the blood samples of patients for HCV antibodies can be useful, the findings from the Dutch work suggest that in some cases such antibodies may not appear for several months after HCV infection has occurred. In such cases, acute HCV infection might be missed if antibody tests alone are used for screening. He agrees with the Dutch scientists that RNA testing should be used to screen HCV infection.

An advantage with relatively frequent screening (using RNA tests) of HIV-positive men at high risk for HCV is that visits for screening can help reveal very early cases of HCV infection. During such visits, doctors and nurses can counsel and educate patients about the following:

- protecting themselves from reinfection with HCV
- protecting others from getting this infection
- the benefits of early HCV treatment

Source: www.catie.ca



**WORLD
AIDS DAY**

DEC 1

Collectors will be on the streets across
New Zealand on Friday 28th November
Please give generously if you can

Volunteer to help with the World AIDS Day street appeal on
Friday 28th November by donating a few hours of your time -
it's a lot of fun and a great way to meet new people!

Volunteer collectors are needed in major centres across the
country — in Auckland, Hamilton, Wellington, Christchurch
and Dunedin.

To sign up, please visit: www.worldaidsday.org.nz

Positive[®] Health

Positive Health Scheme announces some changes

Over 150 Members of Body Positive have signed up for the POSITIVE HEALTH scheme which assists members by paying medical and pharmacy bills. The scheme also pays for massage, podiatry, and a few other healthcare benefits as well.

Changes announced will;

1. **Set a ceiling fee for GP consultation fees.**
Body Positive does not want to restrict Members on which doctor they would like to see, but has had to introduce a ceiling subsidy on how much will be paid to any

GP. Currently this ceiling is \$40, so if your doctor charges \$45 then you can authorise him to bill us \$40 and you must pay the \$5 difference.

2. **High User – Premium Accounts.** Currently the premium for the Positive Health scheme is set at \$5 per week. This will remain the fee unless a Member reflects a high use of their card, and will then be asked to move to a Premium Account (High User), and increase the set fee to \$10 per week.
3. Massage to members will be available up to

4 times per annum, but those few members who wish to access more massage may do so with an additional fee of \$30 per massage (\$50 in Wellington). This is about \$100 cheaper than commercial massage in the market.

Those Members in receipt of a WINZ benefit should check that their Disability Allowance to ensure all their medical expenses are covered. For assistance call us at Body Positive and we will review this with you.

By Bruce Kilmister

Have a chat with the board...

The Board of Body Positive meets in Auckland every second month. You as a member are invited to these meetings to join in the conversation. Whether you have a question, an opinion on an issue or maybe a great suggestion — time has been made for you to come along and have a chat.

Next Board Meeting:

Saturday 13th December 2014

Chat Time: 11am

Please advise the board secretary via
board.secretary@bodypositive.org.nz if
you would like to attend by
Monday 8th December 2014



Members Recipe

Pear and Raspberry Muffins

Ingredients

- 2 cups self-raising flour
- 1 cup brown sugar
- 2 large eggs
- 1/2 cup canola oil
- 3/4 cup buttermilk (see tip below)
- Zest 1 lemon
- 1 tsp vanilla extract
- 1 cup tinned pear pieces, chopped
- 1 cup frozen raspberries
- 2 tbsp rolled oats for topping
- 2 tbsp raw sugar for topping

Directions

1. Preheat oven to 170C fan-forced (190C conventional). Line a 12-hole muffin tin with paper cases.
2. Mix flour with brown sugar in a large bowl and set aside.
3. Whisk eggs with oil, buttermilk, lemon zest and vanilla.
4. Gently stir into flour mixture until just combined. The mixture will be thick and slightly lumpy. Do not over-mix or your muffins will be tough.
5. Fold through pear and raspberries.
6. Place in 12 muffin cases. Sprinkle oats and raw sugar over the top.
7. Bake 20 to 25 minutes until a skewer inserted comes out clean.
8. Remove from oven and cool on a wire rack.

Tip: Although buttermilk is normally available in most supermarkets, if you can't find any you can also make it yourself by adding one tablespoon of white vinegar or lemon juice to 250ml milk. Allow to stand at room temperature for five minutes, then it's ready to use.

If you have a favourite recipe that you would like to share with the other members of Body Positive, please e-mail it to: ron@bodypositive.org.nz as we would love to include them in a future editions of the Positively Positive Newsletter.

Muffins are so cheap and easy to make - use this recipe as a base, substituting different fruits to change the flavour.

Remember, the best muffins are gently mixed by hand.



Diary Dates

November

Tue	11	Massage	
Wed	12	Club Phoenix	
Fri	14	Members Pot-Luck Lunch	

Tue	18	Massage	
Wed	19	Club Phoenix	
Fri	21	Members Pot-Luck Lunch	

Tue	25	Massage	
Wed	26	Club Phoenix	
Fri	28	World AIDS Day Street Collection	
Fri	28	Members Pot-Luck Lunch	

December

Mon	1	World AIDS Day	
Tue	2	Massage	
Wed	3	Club Phoenix	
Fri	5	Members Pot-Luck Lunch	
Sun	7	Y+ Under 35's Group	

Tue	9	Massage	
Wed	10	Club Phoenix	
Fri	12	Members Pot-Luck Lunch	

Tue	16	Massage	
Wed	17	Club Phoenix	
Fri	19	Members Pot-Luck Lunch	

Tue 23 Body Positive CLOSED for Holidays



January

Mon 5 Body Positive REOPENS for 2015



For detailed updates check out the online calendar at www.bodypositive.org.nz

Body Positive Brain Teaser

Dingbats

Dingbats are word puzzles that makes you look at things differently. They can be words, phrases, songs, books, movies... In fact any well known phrase that you can twist can be used.

As an example, the answer to the first Dingbat is "Three Wise Men"

YYY MEN 01	DOSH = √TOTALBAD 02	HCNUH 03	SMART 04
GOOD NIL NIL NIL NIL 05	PIT 06	BALD PAR 2 07	TOWEL 08
TIME T E M 09	 10	 11	UR KICK KICK √(2x33) 12

Last editions solution

3	9	7	8	1	6	2	5	4
8	4	1	2	5	7	3	9	6
2	6	5	9	3	4	7	1	8
5	3	8	6	9	2	1	4	7
4	7	9	5	8	1	6	3	2
1	2	6	4	7	3	5	8	9
7	5	4	3	6	9	8	2	1
6	8	2	1	4	5	9	7	3
9	1	3	7	2	8	4	6	5

1. Three Wise Men
- 2.
- 3.
- 4.
- 5.
- 6.

- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Under 35's Group

As a younger HIV+ person you may feel an added sense of isolation because of your age. Y+ is a monthly social group for HIV+ people aged 35 and under, giving younger people an opportunity to connect and socialise with other people around your own age.



Call 09 309 3989 for details or visit www.bodypositive.org.nz

Positive Health Scheme

The Positive Health Scheme helps assist members to pay for their medical fees and associated healthcare costs.

**Positive[®]
Health**

For more details on the scheme or to join, please contact Body Positive on 0800 HIV LINE

A healthcare scheme for People Living with HIV

WINZ Clinic

Remove the anxiety you experience in dealing with WINZ.

Body Positive operates a monthly WINZ Clinic for anyone at our premises with qualified, sensitive, understanding and supportive WINZ staff.



Friday Members Lunch

Body Positive hosts a 12noon Pot Luck lunch every Friday at Body Positive House in both Auckland & Wellington - Members are asked to bring a plate to share



Foot Doctor

A professional podiatrist runs a clinic at Body Positive House in Auckland on a monthly basis.

Phone now for an appointment
09-309 3989



Budgeting Service

Need help with your money? Body Positive has developed a computer software programme that helps you to identify concerns and issues with your personal budget and recommend ways to help.

Contact us in complete confidence.



6 on 6

The next 6 on 6 will start soon. This facilitated peer support group is for anyone who has issues around their HIV status. It is particularly useful to recently diagnosed people and is open to both men and women.

If you would like to register your interest in attending or want more information call us on 09-309 3989



Vitamins & Supplements

Body Positive Auckland has a fantastic Swisse brand Men's and Woman's Multi Vitamins available for members at the low cost of only \$16 for 30 days supply (Usually over \$30!)

Drop by BP House or call 0800 HIV LINE

An extensive range of other vitamins & supplements are also available, please see www.bodypositive.org.nz for full details.



Recycled Medication

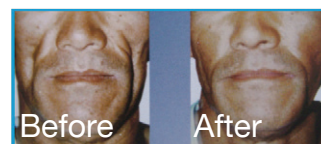
If you have unused medication or no longer need left over medication, please either return it to your prescribing physician or drop it into us or send it to: (We will pass it onto physicians)

Body Positive Inc.
PO Box 68-766
Newton Auckland 1045



Facial Lipodystrophy Treatment

A fantastic facial filler treatment is available through Body Positive to reverse the effects caused by Lipodystrophy.



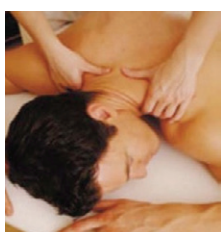
Please contact Body Positive on 0800 HIV LINE for more information.

Massage Therapy

Massage Therapy is available at Body Positive House in Auckland & Wellington every week.

\$40 per session or free with a Positive Health ID Card (Limit: 6 free sessions)

Contact us to book an hour to pamper your body.



Club Phoenix

Weekly Drop In every Wednesday at Body Positive House Auckland from 6pm for people living with HIV/AIDS

Hot and cold non-alcoholic beverages are provided with some easy listening music. Come and share your thoughts, experiences and sense of humour or just come in for a social chat in this relaxed and friendly environment.

