



The Network News

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OREGON HIV/AIDS CASE MANAGEMENT

XVI INTERNATIONAL AIDS CONFERENCE

In partnership with the International AIDS Society, kaisernetwork.org was the official web caster of the XVI International AIDS Conference (AIDS 2006) that took place in Toronto, Canada.

Web casts, transcripts, and pod casts of these and other conference sessions are now available:

Opening Session

http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1791

Priorities in Ending the Epidemic, featuring Bill Clinton and Bill Gates

http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1793

Media and AIDS: Spreading Information Faster than the Disease

http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1835

Plenary: Prevention - Proven Approaches and New Technologies

http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1801

A World Without AIDS: The Long Road to Effective HIV Vaccines

http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=1822

Kaisernetwork.org's Extensive Coverage of AIDS 2006 also included:

French, Spanish and English-language audio pod casts of select sessions

Daily narrated video highlights of the conference

Interviews with newsmakers and journalists to summarize conference developments

Summaries of the news coverage in the Kaiser Daily HIV/AIDS Report

Visit <http://www.kaisernetwork.org/aids2006>, where you can access these materials and our complete Guide to Coverage.

kaisernetwork.org, a service of the Kaiser Family Foundation healthcast@kaisernetwork.org

We are planning in upcoming issues to highlight individuals who are working with HIV/AIDS in Title II areas. If you know of someone or a group that is making a difference in a part of the state outside the Portland EMA, please contact me with their information and story. Thank you.

Rick Stoller, 503-230-1202, stollerr@ohsu.edu



Next Meeting:
September 12, 2006
“Poverty & HIV”
State Office Building
800 NE Oregon
Portland
Room 120-C
8:30 to 10:30 a.m.



Attorney Sarah Patterson whose column normally appears in this space is on vacation and will return to this page in September.

Crystal Risk: Meth Use Increases Immune System Receptor for HIV Infection

<http://www.aidsmeds.com/news/am20060806.html> (8/6/06)

A new study has found that methamphetamine increases production of a receptor on immune system cells, potentially increasing the risk of HIV infection. The research, conducted at the University of Buffalo, is the first to demonstrate that meth can cause biological changes that render the users more susceptible to infection if they are exposed to the virus.

From AIDSmeds.com 8/9/6

HIV InSite Launches Section for Patients and the Public

HIV InSite has launched a new section for patients and the public. The new section includes content for patients just diagnosed as well as tips on making treatment decisions. Other patient and public resources such as "Ask HIV InSite" and "HIV Basics" are also contained in this section. Topics covered include getting tested, living with HIV/AIDS, and a range of information on specific populations. The section provides a wealth of information and serves as a great referral resource for providers with patients who have questions about HIV.

To access the section go to: <http://hivinsite.ucsf.edu/InSite?page=pb-00-00>

From HAB Information E-mail/August 3

HIV/AIDS Advocates Call on Health Officials To Monitor More Closely, Increase Funding for HIV/AIDS Among Women

Access this story and related links online: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=39403

The rapid spread of HIV/AIDS among women -- the so-called "feminization" of the pandemic -- has prompted some HIV/AIDS advocates to call on health officials to focus their attention on the disease among women, Botswana's Mmegi reports. Women account for nearly 60% of all HIV cases in Africa, and more than 75% of HIV-positive people ages 15 to 24 in South Africa, Zambia and Zimbabwe are female, Mmegi reports. In south and southeast Asia, 35% of HIV-positive people are women, according to Mmegi. Gender discrimination, social limitations, gender-based violence, lack of access to education, employment and decision-making power -- particularly in Africa and Asia -- contribute to the feminization of the pandemic, according to Mmegi. When HIV-positive women in many developing countries try to access medical services, they often suffer human rights abuses, including coerced sterilization and refusal of treatment and contraception, Mmegi reports. Poverty also is a leading factor in the spread of the disease, according to Mmegi. According to the World Health Organization, twice as many HIV-positive women in low-income countries need HIV/AIDS treatment as women in high-income countries. Mary Robinson, executive director of the Ethical Globalisation Initiative and former president of Ireland, said she is frustrated that women's rights were not given more attention at the XVI International AIDS Conference. "Women's rights activists and [nongovernmental organizations] are talked down to rather than actively included in the discussions," Robinson said, calling on women's rights advocates to urge health officials to focus on the issue at the XVII International AIDS Conference in Mexico City in 2008. "We need to improve the conditions under which women can exercise their sexual and reproductive rights," Sara Araya of Chile-based NGO Vivo Positivo, said, adding, "[Y]oung women are most vulnerable but have less access to health services (than men)." According to y occur if we have legislation. Otherwise, women's rights will remain where they are now... on paper" (Palitza, Mmegi, 8/22). *From Kaiser Daily HIV/AIDS Report 8/24/6*



ASK DEBBY:

HIV and Depression

Depression can affect anyone. As many as one in three persons with HIV may suffer from depression. Screening for depression and other mental health issues is a vital component of the clinical management of persons with HIV and should be part of an annual health maintenance check-in. The symptoms of depression can also be signs of serious medical conditions so it is important to see a medical provider for an accurate diagnosis. There are numerous reports linking depression to poor adherence to medications, particularly in women. With the diagnosis of depression, one strategy might be to consider starting treatment for the depression 1 – 2 months prior to starting HIV meds; this can improve the chances of adhering to the treatment regimen. Improvement can take time; it can take 4-6 weeks before there is a noticeable difference. Treatment can be use of antidepressants and/or psychotherapy.

The common classes of medications used in the treatment of depression are:

SSRI's (selective serotonin reuptake inhibitors)

TCA's (tricyclic antidepressants)

Others (Effexor, Wellbutrin, Remeron, Cymbalta)

Here are some of the advantages/disadvantages of the medication class:

TCA's (amitriptyline, nortriptyline, imipramine)

Advantages

Also used in peripheral neuropathy, insomnia and diarrhea
Can help with weight gain

Disadvantages

Side effects of dry mouth, blurred vision,
urinary incontinence, constipation, refractory arrhythmia
with overdose

SSRI's (Prozac, Zoloft, Paxil, Celexa, Lexapro, and Luvox)

Advantages

Fewer drug interactions and side effects compared
with TCA's, increased safety with overdose

Disadvantages

Sexual dysfunction
Use with Protease Inhibitors (PIs) may increase
SSRI levels – start with low doses

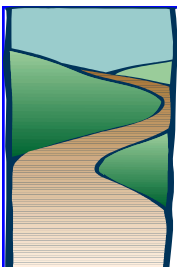
The drug-drug interactions between PI's (such as ritonavir) and antidepressants can result in an increase in the antidepressant levels. This can be managed by starting with low doses of the antidepressant medication and slowly titrating up as tolerated (adjust dose monthly) until the desired outcome is reached.

St Johns Wort should be avoided with HIV meds because it can compromise the HIV treatment by lowering the level of the antiretroviral medications.

HIV patients co-infected with hepatitis C (HCV) are placed at an even greater risk of depressive symptoms. Also, HCV treatment with interferon can cause exacerbation of existing mental health conditions or can even cause symptoms in absence of any history. One strategy might be to consider beginning anti-depressant therapy before HCV treatment is initiated to reduce the chances of developing severe depression during the course of treatment.

**Ask Debby is graciously provided by Debby Parrish RPh, MPA:HA
a pharmacist who specializes in HIV**

Comings and Goings



CAP's AIDSWalk is coming up on September 24th. You can either come by yourself or with a team and organizational banner...this is a great time to show your support for the people in Portland who are impacted by HIV/AIDS.

If you haven't done so, please register at their website <http://aidswalk06.kintera.org/faf/home/default.asp?>

OREGON PRESCRIPTION DRUG PROGRAM

(<http://www.oregon.gov/DAS/OHPPR/OPDP/index.shtml>)

Many Oregon seniors may obtain affordable medicines under the Oregon Prescription Drug Program, which offers important benefits that Congress left out of Medicare. Oregon's program has year-round enrollment that's free and easy. And because the State of Oregon negotiates price discounts, participants can save up to 60 percent on their prescriptions.

To be eligible, you must be 54 or older, have income no more than 185% of the Federal Poverty Guidelines (an annual income less than \$18,130), and be without private health insurance with prescription coverage for at least 6 months. If you meet these requirements, the Oregon Prescription Drug Program lets you join a buying pool that includes state agencies, local governments and school districts -- a group with enough buying power to negotiate substantial discounts on prescription drugs.

After filling out a simple, half-page application, an eligible participant receives a drug-program card in the mail at no cost, which he or she may use to get substantial discounts at more than 550 Oregon pharmacies. If your clients have signed up for a Medicare Part D Prescription Plan, they may continue using their Oregon Prescription Drug Program card. By collecting receipts and sending them into your Part D plan, clients can count these out-of-pocket expenses toward their Medicare "True Out-of-Pocket Expense."

Medicaid Documentation Requirements

Oregonians applying for Medicaid programs will be asked to provide evidence of citizenship beginning Sept. 1st, according to Oregon Department of Human Services officials. The requirement is part of a new federal law, the Deficit Reduction Act, passed earlier this year by Congress. Current recipients who are re-enrolling will be given a "reasonable opportunity" to produce required documents, generally 45 to 90 days from the re-enrollment date. Individuals not currently enrolled in Medicaid will be expected to provide the required documents before they may begin receiving benefits. Federal rules supporting the new law allow Medicaid applicants to provide a variety of substantiating documents ranging from passports and birth certificates to certificates of citizenship or naturalization, official U.S. military records, certain tribal records, as well as certain medical, insurance and long-term care admission records that are at least five years old. Persons receiving Medicare and Supplemental Security Income benefits are exempt from the documentation requirement because their citizenship is already documented. DHS will assist Oregon-born persons by checking the agency's database of birth certificates going back to 1903 and available electronically from 1920. For persons born in other states, DHS will provide information about how to order birth certificates and, in specified hardship cases, would pay the cost of obtaining the document.

Medicare Part B Premiums

Monthly premiums for Medicare Part B are projected to increase 11.2 percent, from \$88.50 to at least \$98.40 next year. Officials say that the estimated rise in premiums is due to increased use by doctors of services such as lab tests and physical therapy (Associated Press, July 11, 2006).

Column provided by Sandra Sciacchetti, Statewide Benefits Coordinator, Cascade AIDS Project. (503) 223-5907 Ext. 235, (800) 687-9845, Fax: (503) 223-7087

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Comments and questions about this publication should be directed to: Rick Stoller at stollerr@ohsu.edu, or call (503) 230-1202, FAX (503) 230-1213, 5525 SE Milwaukie Ave. Portland, OR 97202 This issue, and issues from Feb 2002 on, can be found electronically at <http://egov.oregon.gov/DHS/ph/hiv/services/news.shtml>