



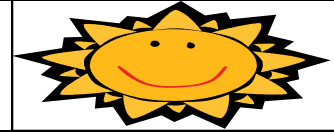
# The Network News

July  
2006  
Issue # 77

OREGON HIV/AIDS CASE MANAGEMENT

Thanks to Sarah Breidenbach for showing her video "Machismo Mata" and leading a discussion of HIV in the Latino Community.

**Please note there is no network meeting in August.**



## Nutrition & Diet Tips for People With HIV

The nutrition that goes into your mouth, from both food and nutrient supplements, can have a powerful impact for those wishing to live long and well with HIV. By improving your nutrition, you can help your body fight HIV while at the same time improving your quality of life, whether it's eliminating symptoms, improving your energy level, or increasing your overall feelings of well-being. The fundamental reason that nutrients can have such powerful effects is simple. Nutrients provide the building blocks for both the body's physical structure - its cells, tissues, and organs - and its function, including its immune response and all other aspects of its daily functioning. That would be important for anyone, but for someone living with HIV, it's particularly crucial.

AIDSmeds.com has one of the best Web-based overviews of nutrition & diet tips for people with HIV, written by Lark Lands, a longtime HIV disease treatment writer and educator. As with all of our lessons, it's a comprehensive overview, but easy to read. Check it out...

Nutrition & Diet Tips for People With HIV  
<http://www.aidsmeds.com/lessons/nutrition1.htm>  
From Aidsmeds.com newsletter 7/12/06

Next Meeting:

September 12,  
2006

"Poverty & HIV "

State Office Building  
800 NE Oregon  
Portland  
Room 120-C

8:30 to 10:30 a.m.

## IN MEMORIAM

Long time activist Bill Hancock died on June 29, 2006. His death was peaceful and he was surrounded by family and friends. Bill will be remembered for many things: His advocacy for access to health care and patients rights. His untiring public policy work for CAP and on behalf of those living with HIV/AIDS. Being one of the first residents to leave Our House alive and recovered (1996). His wonderful, wry sense of humor. His work as Executive Director of the Saturday Market from 1980-1991. His copious amount of friends. The basic decency and goodness he brought to his work and his life. He will be remembered for those things and many more. He won't be forgotten. He will be missed. Thanks Bill.

## FDA APPROVES FIRST ONCE-DAILY, SINGLE-PILL HAART REGIMEN

The U.S. Food and Drug Administration has granted approval for a once-daily, single-pill HAART regimen consisting of 600 mg efavirenz (Sustiva, Stocrin) + 200 mg emtricitabine (FTC, Emtriva) + 300 mg tenofovir (Viread). The new medication, which will be marketed under the brand name Atripla, is the first approved in the United States that combines antiretrovirals from two different drug classes. When distribution begins later this month, Atripla will sell at the same price as efavirenz and tenofovir/FTC (Truvada) sold separately.

[http://www.thebodypro.com/kaiser/2006/jul13\\_06/atripla.html?mb65h](http://www.thebodypro.com/kaiser/2006/jul13_06/atripla.html?mb65h)



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



## **Landmark Public Health Project Promises Expansive View of HIV Patient Care in Oregon**

People living with HIV/AIDS in Oregon have a rare opportunity to participate in a groundbreaking project that will provide vital information about the status of HIV-positive persons in care in the state and throughout the country. The Oregon Medical Monitoring Project (OR MMP) expands upon current HIV case reporting to thoroughly assess the health status, behaviors, and treatment of people living with HIV/AIDS in Oregon.

As one of 26 sites selected to participate in the national Medical Monitoring Project (MMP), Oregon has an opportunity, for the first time, to gather accurate statewide estimates of the quality and quantity of medical care for HIV. MMP is the first nationally representative sample of medical care for patients with HIV that links review of medical records with patient interviews. Some of the goals of OR MMP are to:

- Help health and prevention planners estimate how many people are receiving care for HIV
- Determine barriers to care
- Examine morbidity still experienced by HIV-infected persons in the HAART-era
- Measure adherence to, acceptance of, and adverse effects of therapy

Oregon State Public Health has begun the process of contacting selected medical facilities in the state about participation in OR MMP. It is essential that all selected facilities and people living with HIV/AIDS participate; the validity of the project findings depends upon it. Each facility that participates opens the door for their patients to be represented in project results, for their voices to be heard, and for their needs to be better understood. If you are a case manager of a person selected for OR MMP or if you work with a selected facility, we encourage you to support full participation in this project.

Information gathered for OR MMP will be used to help people living with HIV/AIDS. Results will be shared with HIV prevention community planning groups, Ryan White CARE Act advisory and planning councils, and with providers of care for people living with HIV/AIDS. Oregon will have much needed data that can be used to make policy decisions (local and national) and to advocate for and decide how money and treatment services can best be used to benefit people living with HIV/AIDS in the state.

This project is sponsored by the Centers for Disease Control and Prevention, National Institutes for Health, and the Health Resources and Services Administration.

If you would like more information about this project please contact Kari Greene with the State Public Health Division at (971) 673-0187 or [kari.greene@state.or.us](mailto:kari.greene@state.or.us)

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](mailto:stollerr@ohsu.edu)



## **ASK DEBBY:**

*Debby Parish who normally is in this space will be back next month with another Ask Debby Column*

Dietary supplements and herbs are very popular; the supplement industry has become a thriving business. Reasons vary but include the belief that the supplements have health benefits, distrust of prescription medicine and the belief that 'natural' products are safer.

Unfortunately, despite their wide use, there are many unknowns about nutritional supplements. The companies are not required to test for effectiveness, drug interactions, safety or quality of the product as they are required to do with prescription products. There is no guarantee you are buying what is on the label, in fact there have been numerous reports of products not containing the labeled ingredients at all or at lower concentration. It is important to buy from a reputable and knowledgeable source. Many products have 'studies' supporting their use, but in most cases the study design does not hold up to strict scientific requirements so the results are subject to doubt.

Another unknown is the potential for drug interactions. HIV medications have high potential to be involved in drug interactions, so it is very important to know if there is a potential to interfere with your treatments or to increase the potential for toxicities. Most herbs and supplements have not been evaluated for drug interaction potential. Some examples of known drug interactions are St. John's Wort, can interfere with HIV medications (the combo should not be used) and garlic supplements might change levels of HIV medications too.

There are many reasons that people reach for nutritional supplements, including general health support. Many studies have supported the use of a multivitamin in HIV disease. But it is possible to get too much of some vitamins including fat soluble vitamins (Vitamin A, for example), iron, zinc and vitamin B6....more is not necessarily better, talk to someone who is knowledgeable before you make decisions to start a vitamin routine.

Liver support is another reason people reach for nutritional supplements. A very common herb used for this is Silymarin (milk thistle). There may be a drug interaction potential between HIV meds and milk thistle, but it is not thoroughly understood yet.

Other agents are reported to have immune support or anti-viral activity. Examples are Lysine for cold sores (herpes), Olive Leaf, Echinacea and Cat's Claw. Most experts do not recommend Echinacea in HIV disease because of the concern about possibly increasing viral load. The safety, efficacy and drug interaction potential is largely unknown about Olive Leaf and Cat's Claw in HIV disease.

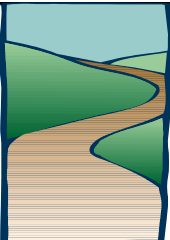
Side-effect management of HIV medications is another reason people purchase supplements including Glutamine, probiotics, NAC and DHEA, in hopes to prevent or treat conditions such as diarrhea, peripheral neuropathy and weight loss.

A few nutritional supplements have been found to have toxicities such as Kava Kava (liver toxicity), Ma Huang (active ingredient is Ephedrine) and heavy metals can be present in some Chinese herbs.

In summary, talk to someone knowledgeable about both nutritional supplements and HIV disease before making the decision to start taking supplements, 'natural' is not necessarily safe. A review article entitled *Herbs, Supplements and HIV* by Project Inform can be found at: <http://www.thebody.com/pinfo/pdfs/herbs.pdf>

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

### Comings and Goings



Shannon Nanna is leaving QUEST to complete her doctorate degree in Clinical Psychology. She'll be working at Color-Goldwater Hospital in New York City, which has a HIV residency unit. Her dissertation topic is: *"RELATIONS BETWEEN OPTIMISM, SOCIAL SUPPORT, CD4 COUNTS, PSYCHOLOGICAL ADJUSTMENT TO ILLNESS, AND OVERALL SATISFACTION WITH LIFE FOR WOMEN LIVING WITH HIV"*. We'll miss you a lot Shannon.

### BENEFITS UPDATE

#### New Medicaid Requirements

On July 1, federal law requires Medicaid patients to prove that they are citizens or qualified legal residents of the United States. The accepted documents are: U.S. passport or an official birth certificate plus photo identification, such as a state-issued driver's license. Persons exempt from this requirement are senior citizens and people with disabilities who also receive Medicare or SSI.

**Born in Oregon, no documents?** The Oregon Department of Human Services may be able to access your birth records, or, if you would like to order a birth certificate, contact Oregon Vital Records, Center for Health Statistics, 971-673-1190; [www.oregon.gov/DHS/ph/chs](http://www.oregon.gov/DHS/ph/chs)

**Born outside Oregon, no documents?** Obtain your birth certificate through state or county vital records offices, depending upon the state in which you were born. For help, contact the Oregon Health Action Campaign hot line: 1-866-458-4457. Information is also available at: [www.vitalcheck.com](http://www.vitalcheck.com)

#### OHP Standard Premiums

Beginning June 1, clients on the OHP Standard program who have been certified eligible based on income at or below 10% the federal poverty level are exempt from paying premiums. The exempt clients are no longer billed premiums for the remaining months of their certification period.

In the past, clients were disqualified from OHP Standard coverage if their premiums were more than one month past due. Beginning June 1st, clients with income above 10% of the federal poverty level will not be disqualified from coverage based on past-due premiums. They will need to pay all past-due premiums in full as a condition of being found eligible at recertification. Please note that because the federal approval is effective June 1, clients will still be disqualified effective May 1st for not paying past-due premiums by April 20th.

#### Medicare D

People who lose creditable coverage - coverage that's at least as good as Medicare Part D - can sign up anytime without penalty. People who turn 65 can sign up for drug coverage without paying a penalty for three months after their birthday. However, there is a push to eliminate the late-enrollment penalty. The deadline for switching Medicare Plan D was May 15th except for those with income under 135% of FPL. They can change plans at any time. For those with incomes above 135% of FPL, plans can be switched from November 15th to December 31st

The Office of Medical Assistance Programs (OMAP) has removed Medicare Part D plan names from the OMAP Medical Care ID. If you are enrolled in a Medicare Part D plan, field 8a of your Medical Care ID will say: Enrolled in Medicare Part D. This does not change client's Medicare Part D enrollment. Clients are still enrolled in the plan they have chosen. When clients go to the pharmacy, make sure they take their Medicare Part D Plan's card or proof of enrollment.

Six large pharmaceutical companies have agreed to continue their patient assistance programs (PAP's) for low-income Medicare beneficiaries who are enrolled in the Medicare prescription drug benefit. Four of the companies have announced that they will continue their PAPs for low-income beneficiaries in some form, and also have indicated that their PAPs will continue. Pfizer said in a statement that the company is "actively investigating a collective, multi-company approach for providing assistance" to low-income beneficiaries. Meanwhile, several other pharmaceutical companies have ended their PAPs for Medicare beneficiaries this year and have not yet reinstated them, the reports.

Column provided by Sandra Sciacotti, 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](mailto: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>