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HIV Weekly - 9th January 2008

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A new year

January is the time of year when many people decide to make changes about the way they live their lives.



Often people decide to try and live a healthier life. There's information on [aidsmap.com](#) about how to [start and sustain an exercise regimen](#), [what a good diet consists of](#), and how to stop [smoking](#).

People often feel a bit down in the dumps or even develop depression in the dark winter months, and if this is the case you might find NAM's booklet on [HIV and mental health](#) useful.

A new year can sometimes prompt people to reconsider their job or the general direction in which their life is heading. If you want to talk to somebody about your options, try contacting [THT Direct](#) on 0845 1221 200, they have trained advisers who can provide basic information on most of the issues people living with HIV encounter, or they can get an expert from THT to contact you with specialist advice. If THT can't help, they'll provide a referral to an organisation that can.



New 2008 edition of the HIV Treatments Directory



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Anti-HIV treatment

Response to anti-HIV treatment

Thanks to [anti-HIV treatment](#) many people with HIV are living longer, healthier lives. In fact many doctors now think that, with the right treatment and good care, a person with HIV will be able to live a more or less normal lifespan.



But not everybody does well on anti-HIV treatment and some people with HIV do still become ill or even die because of HIV. Doctors are eager to find the reasons for this.

[The results of a big study that looked at the response to anti-HIV treatment in over 20,000 people has just been published.](#) A total of 1844 of these people developed at least one AIDS-defining illness and 1005 people died.

The main factor associated with a risk of AIDS or death was starting treatment with a low [CD4 cell count](#). [Late diagnosis of HIV is a big concern in the UK and many other countries.](#)

The researchers also found that people who [started treatment](#) with a CD4 cell count of 350 or above had a lower risk of illness or death than those who started with a CD4 cell count below 200. Treatment guidelines in [Europe](#) and the [US](#) were recently changed to recommend that anti-HIV treatment should be started when a person's CD4 cell count is 350 (the previous level was 200). UK HIV treatment guidelines that are due out later this year are expected to make the same recommendation.

People with a history of injecting drug use also had a higher risk of illness and death. The exact causes of death weren't given in the research and it's possible that illness caused by other infections, such as [hepatitis](#), overdose or trauma contributed to at least some of the deaths in this group.

Adherence – taking your anti-HIV medicine

Taking your anti-HIV treatment properly is key to its success. The



This directory is your essential guide to the latest information on all the key developments in treatment and care. The hiv treatments directory is your own medical companion and offers you around the clock answers to your questions on HIV.

Order your copy now at the special price of £12.95 (for individuals directly affected by HIV - standard price for professionals £64.95)

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NAM Forum

Electronic patient records

Speakers:

Dr Mary Poulton
and Paul Clift

When?

28th January 2008
7-9pm



Where?

University of London Union
Rooms 3 C & D
3rd Floor
Malet Street
London WC1

Entry is free. Questions from the audience are welcome. If you have any special requirements please contact NAM prior to the event on 020 7840 0050. Refreshments will be provided.

technical term for taking your treatment is [adherence](#).



Anti-HIV treatment is becoming easier to take, for example treatment that consists of just one pill, once a day called [Atripla](#) was recently approved in the UK and Europe.

But simple issues like forgetfulness and stresses and strains of everyday life can mean that people forget to take their medicines completely or take them so late that it's as bad as not taking them at all.

Missing the odd dose won't make much of a difference, but if you're constantly missing doses then there's a risk of [drug-resistant](#) HIV developing. This could mean that the drugs you're currently taking as well as similar anti-HIV drugs don't work.

Because taking anti-HIV treatment is currently a life-long commitment, researchers are quite keen to find out how they can support people to make sure that they take their pills properly.

[US researchers recently published a study looking at the impact of counselling sessions on adherence](#). The study included two groups of patients, one of which received 15 structured counselling sessions, while the other group of patients did not receive any counselling.

The counselling provided people with an opportunity to look at quality of life issues, examine how they coped with life, where they received support, their risk behaviours, access to medical care, treatment adherence and participation in treatment decisions.

It was a big study involving over 3800 patients.

After the counselling was finished, the patients who received counselling were much more likely to report good adherence to their treatment than the other patients. But this improvement was short lived and about two years after the counselling was started there was no real difference between the two groups of patients.

Drug interaction – efavirenz and phenytoin

If you're taking anti-HIV treatment it's important to let your HIV doctor or pharmacist know about any other medicines (or any other drug, legal or otherwise) that you are taking.



This is because anti-HIV treatment can interact with other

medicines and drugs. If such an interaction occurs it can mean that you either don't have enough of an anti-HIV drug in your blood, risking [resistance](#), or too much of a drug, increasing the risk of [side-effects](#).

[Doctors have reported an interaction](#) between the very popular anti-HIV drug [efavirenz](#) (*Sustiva*) and the anti-epilepsy drug [phenytoin](#).

The interaction between the two drugs meant that the man didn't have any detectable efavirenz in his blood and his HIV [viral load](#) was therefore poorly controlled. This happened because both efavirenz and phenytoin are processed by the body using the same liver enzyme. The doctors overcame the problem by replacing phenytoin with another anti-epilepsy drug.

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Travel

Some countries impose restrictions on entry and residence for visitors who are HIV-positive. It



makes good sense to check if a country you are planning to visit has any restrictions. An updated guide to such restrictions has recently been published and is available [here](#).

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New from NAM

NAM's online bookshop

Please visit NAM's brand new online bookshop at www.aidsmap.com/bookshop



You can now purchase all our publications online, including:

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- HIV & AIDS Services Worldwide
- HIV & AIDS Treatments Directory
- HIV Reference Manual
- HIV Treatments Training Pack
- Living with HIV
- Patient Information Booklets (15 titles)
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