



# HIV Update

San Francisco

A publication for KPSF members from Health Education

NOVEMBER 2007

## As That Time of the Year APPROACHES

By Fred Muhlheim

Here it is mid-October when we can have glorious warm weather, the first of the winter storms, or both. Over the weekend the days were luxuriantly warm. Yesterday, Tuesday, just over the Golden Gate heading north on the 101, it was raining a bit. It was a nice gentle rain, and coming down the Waldo Grade the tree cover was showing fall. Looking left, there was enough red and yellow in the tapestry to think for a second I was back east. And then, in a second straight ahead, there were lots of red tail lights. Somehow a car had crashed into the barrier and was perpendicular to the flow of traffic. As traffic slowed, I saw that the highway patrol had already arrived and that it wasn't horrible. In seconds the accident was past and the day moved on.

Thinking back later in the day, the challenges of this time of the year came to mind. For me along with the change of season and the shortening of days, emotions, reflections and feelings tend to surface more. Sometimes they are really strong and can be both happy and sad. This year I'm enjoying the fall landscape and really liking the color orange — a color that has never been a personal favorite. I'm never happy with the shorter days. Now in my early sixties, I realize that my life is short-

ening as well and I'm not always comfortable with that recognition.

And then, along come the holidays. As I look forward to Thanksgiving, probably my favorite holiday, I sometimes get caught in a rift of feelings of personal thankfulness and feelings of disillusionment. My life is good and I'm truly grateful to be living here in San Francisco, but it haunts me that the war is still in full swing and that we as a nation should be using our resources to help create greater equity in housing, nourishment and medical care for all residents of the planet, rather than squandering them on a war that shouldn't be. In December, I feel the push-pull of lov-

ing the warmth and closeness of gatherings with friends and chosen family. I'm having a hard time dealing with what sometimes

feels like almost overwhelming pressure to celebrate and over-consume on so many levels.

Living with the virus for over 20 years has brought along a few lessons that help brighten this time of the year for me. I've come to realize that HIV disease is an equal opportunity invader. All you have to be is human. The virus doesn't care what your sex is, where you come from, your race,

**"...every day I'm on the planet is a precious gift."**



On the right, Fred Muhlheim holding banner.

your place on the economic ladder or your sexual preference. This helps me remember to focus on keeping human values priority #1. Looking back at those 10 years between the early eighties to the mid-nineties when people around us were dropping like flies, helps me stay conscious of how fortunate I am to have the benefit of today's HIV therapies. It makes it easier to keep my commitment of taking the best care of myself that I can physically (including remembering to exercise) and spiritually. Most importantly it reminds me that every day I'm on the planet is a precious gift. This helps me prioritize the things I want to accomplish and use those days the best I can. It also allows me to take that walk in the park or out on the beach instead of attending a holiday activity that may not be appealing.

Wishing you a healthy and joyful fall and holiday time. Embrace the season! Seize the day!

Fred Muhlheim moved to San Francisco from New York in 1973 and knew right away that this was home. He has been a member of the HIV/AIDS Advisory Board for the last ten years.

## Talking to your Doctor About DRUGS



By *Emalie Huriax, MPH*

**F**or those who use drugs, from alcohol to methamphetamine, discussing drug use can be a sensitive topic, especially if the drugs are illegal. It is important to have an open dialogue with our medical providers about activities that may impact our health — like use of drugs. For those living with HIV, discussing drug use with our providers is even more important because of potential interactions other prescription drugs, alcohol and street drugs may have with our medications.

Here are some tips that may help make “drug talk” with your provider feel easier and safer.

### **Before you decide on a medical provider, interview him or her.**

At your first visit with a new doctor or other medical provider, interview the provider about his or her experience, understanding, and comfort level talking about substance use issues, sex, or any other topics you might want to discuss during a medical appointment. You should feel comfortable with the responses the provider gives. If you don't, carefully consider if this is the provider for you. Asking others living with HIV to refer medical providers they like is a great way to get solid referrals to providers who might be right for you.

### **Write down your questions before you get to your medical appointment.**

If you have concerns or questions about your drug use in between



*Emalie Huriax, MPH*

visits to your medical provider, write down topics and questions you would like to discuss at your next medical appointment. Writing concerns or questions down will help you remember what you want to discuss and keep you on track when other topics come up at your visit.

### **Remember, what's discussed at your medical appointment is confidential.**

Any illegal drug use that you discuss with your provider is strictly between you and your provider — he or she will not report it to anyone, including the police. You may request that your provider not include discussions about drugs in your medical chart if you are concerned about your drug use being documented.

### **Start the conversation.**

Most providers are very interested in discussing all aspects of your health with you, but may worry about bringing up sensitive topics out of fear of alienating you or because he or she doesn't know the best way to do so. This can be intimidating for both patients and providers. Start the conversation and let your medical provider know right away that you would

like to discuss your drug use. Take initiative to prioritize what your provider talks about with you at your visit. You might say, “I have some questions about my drug use and staying healthy. Can we set aside some time today to discuss my concerns?” If other topics come up, redirect the conversation to the issues you want to make sure to discuss.

### **Discuss potential interactions between the drugs you've been prescribed and the recreational drugs you use.**

As described in the previous article, some recreational drugs may interact with HIV treatments. It is important for your medical provider to know what recreational drugs you use and to work with you to develop a treatment plan that will serve you best.

### **Ask for support to make positive change.**

When we discuss our drug use with medical providers, we are often directed to stop using substances. If this is not realistic for you, ask your provider for support to make positive changes, such as strategies to reduce drug use or to maintain condom use when you're drunk or high. Your providers should support the goals you have for keeping yourself and others healthy.

### **Call your provider out.**

If you start to discuss your drug use with your medical provider and you feel judged or not listened to, say something. You should get the most out of each and every medical appointment to support your health and wellness.

## Don't be afraid to fire your provider.

If you don't think your provider is taking your concerns seriously or is judging you, it might be time to consider finding a new clinician who will discuss sensitive subjects openly and nonjudgmentally with you. You should feel supported by your medical provider when you request health information and strategies to make positive change.

Emalie Huriaux is a Health Program Coordinator for the San Francisco Department of Public Health, AIDS Office. She has worked for nearly a decade as an outreach worker, HIV and hepatitis C counselor, health educator and community organizer, specifically with programs focused on drug user health, sexual health, and healthcare for the homeless. Emalie currently works with drug and alcohol programs to support HIV prevention efforts in these settings and provides technical assistance to a number of HIV counseling, testing, and linkage sites throughout San Francisco.

## HIV Anti-retroviral MEDICATION INTERACTIONS with Recreational Drugs

By Rob Guzman, MPH

Many patients are concerned about how use of recreational drugs and alcohol may negatively interact with anti-retroviral HIV medications (ARV). While there is not strong evidence to show that any particular drugs directly influence the progression of HIV disease, there is a high potential for adverse reactions to the recreational drugs or to HIV medications when combined with recreational drugs. *Additionally, some drugs, such as methamphetamine, may decrease adherence to medication regimens, which can lead to development of drug-resistant strains of HIV.* New ARVs may be approved with very little known about interactions with recreational drugs, and such interaction studies are not required in the approval process.

An overview of interactions for some frequently used drugs are below. Please keep in mind that this is not a complete list and there may be harmful interactions that have not yet been discovered.

**Alcohol:** Several ARVs (protease inhibitors, Zerit) may adversely affect the liver, and alcohol may increase the risk of liver damage. Heavy alcohol use may also impact ARV adherence. One study found that abacavir levels increased 41% due to alcohol consumption. Abacavir is also found in combination drugs

Trizivir and Epzicom. Alcohol also increases blood levels of the PI Am- prenavir.

**“...there is a high potential for adverse reactions to the recreational drugs or to HIV medications when combined with recreational drugs.”**

**Cocaine, crack:** No known interactions between ARVs and cocaine.

**Crystal Meth, Speed:** Meth is one of several drugs that is cleared by the same pathway as many ARVs, particularly protease inhibitors. PIs result in drugs using this pathway achieving increased blood levels. This can mean that users can achieve the same effects with taking less meth. It also means that meth blood levels may rise to a dangerous level, resulting in an overdose. Meth's impact on ARV adherence may result in increased HIV viral loads. There is also some

evidence that meth affects cellular immune responses and increases cytokine levels, which may increase immune activation. However, the clinical effects of these interactions are unknown.

**Ecstasy, E, X, MDMA:** Ecstasy also uses the same pathway as meth and many ARVs. At least one death has been blamed on an overdose taken by a person who was taking the PI ritonavir. Ecstasy users should take precautions by using \_ to \_ of a pill, although this is certainly not foolproof as drug levels in various ecstasy tablets can vary dramatically.

**GHB (Gamma hydroxybutyric acid):** Blood levels of this already dangerous drug may increase by a factor of 5–10 when used with PIs.

**Heroin:** PIs may decrease blood levels of heroin by half, causing a user to take more and potentially overdose. Methadone, which is used to treat heroin addiction, has several interactions with various ARVs that may require adjustment to either methadone or ARV dosing or both.

**Ketamine:** Blood levels are potentially increased by PIs, Sustiva, and delavirdine. Users should try taking \_ or less of their usual dose.

**Marijuana:** PIs may increase levels of THC, the active ingredient in marijuana, but not to dangerous levels.

**Viagra, Levitra, Cialis:** While these are not taken to get high, these drugs are often used in combination with recreational drugs. PIs and Sustiva delay the clearance of Viagra and other erectile dysfunction drugs, which can increase side effects and may adversely affect blood pressure and cause chest pain. Patients should be prescribed lower doses

of these medications if they are on these ARVs. Viagra should never be mixed with poppers (amyl nitrite), with or without ARVs, as the combination can result in a dangerous drop in blood pressure.

It is important to talk with your doctor about your use of recreational drugs. Please see the article elsewhere in this issue on how to do so.

In general, try to avoid using any recreational drugs when starting new medications to avoid adverse reactions and to be sure that any side effects are due to the new medica-

tions rather than interactions with recreational drugs. Please talk to your doctor about referrals to drug or alcohol treatment if you need help reducing your substance use.

**Rob Guzman is a Program Coordinator with the San Francisco Department of Public Health, HIV Prevention Section. He is currently in charge of recruiting gay and bisexual men for studies of drugs to treat methamphetamine dependence. He has been working in HIV counseling, prevention, and research for 15 years.**

## The New York Patient:

# Final Follow-Up Sources & Superinfection

By Steven S. Muchnick, Ph.D.

In three articles in the *Update* in 2005 and 2006, I wrote about a man whom I dubbed The New York Patient (hereafter “NYP”) who had become HIV-infected some time from May 2003 through late 2004 and progressed to full-blown AIDS in four to 20 months (depending on when he was infected) — much more quickly than is typical. The May 1, 2007, issue of *Journal of Infectious Diseases* includes an article and editorial about NYP, the probable source of his infection, namely, two men from Connecticut (a long-term couple dubbed “CT1” and “CT2”) who had unprotected sex with him in late 2004 while using methamphetamine, and CT2’s identification as the first clearly documented case of superinfection, that is, infection with two strains of HIV at different times at least several months apart (a phenomenon that many researchers had thought possible but there was no definite evidence of it until this case).



Steven S. Muchnick, Ph.D.

Genotypic and phenotypic analyses of CT1, CT2, and NYP’s HIV were performed in late 2004 and early 2005, respectively, and showed enough similarity to leave no doubt that CT2 and probably NYP had become superinfected. This is important because superinfection can lead to one’s being infected with divergent strains of HIV, which can make it virtually impossible to construct a successful treatment regimen.

While one or two cases of superinfection do not appear to be a reason for behavior change in and of themselves, this is a cautionary

tale for anyone who believes that behavior change is unnecessary if we are to get the HIV epidemic under control both in the U.S. and around the world. There continue to be many good reasons to be more careful and to encourage others who have a chance of being or becoming infected to get HIV tested. The reasons include everything from not taking chances with your health to feeling better about yourself. New HIV infection rates and the fraction of men who do not know they are infected are still both far too high. They both could and should be zero. Wear your rubbers when you go out, whether it’s raining or not.

**Steven S. Muchnick, Ph.D., is a member of the KPSF HIV/AIDS Advisory Board and the Update’s Editorial Board. He is also a member of the S.F.D.P.H. AIDS Research Section’s CAPS and Positive Partners Study’s Community Advisory Boards. He can be reached at [smuchnick@sbcglobal.net](mailto:smuchnick@sbcglobal.net)**

**I**f you are feeling blue during the holidays, this is not uncommon.  
**Y**ou may wish to contact the following people at Kaiser for help:

**Ed Chitty 833-4258**  
**Frank Sclafani 833-8720**

**If they are unavailable, please contact  
the Department of Psychiatry at 833-2292  
*You are not alone!***

## Ask Darren

*Darren,  
I was wondering if you knew  
of any alternative treatments  
for neuropathy. I have been  
dealing with this for years  
and none of the medicines  
my doctor prescribes seem to  
help much. I'm willing to try  
anything at this point.*

*Thanks,  
Jeff*

Hey Jeff,  
You are not alone. Many people on HIV medications experience Peripheral Neuropathy and as you know, it can be very uncomfortable causing biting nerve pain in the feet, legs, arms or hands. It can also make it difficult to balance. Unfortunately, many conventional treatments are not always effective in dealing with the problem.

The bad news is there is no way to cure Peripheral Neuropathy from a holistic perspective either, but there are some tools that may help you manage the pain and discomfort. For example, many people have found that taking B vitamins can be helpful. Any health food store will have a "B Complex" supplement, which will contain all of the vitamins in the B family. Gentle, restorative yoga has been touted by many as



*Darren Main*

being helpful.

Perhaps the best-known complementary treatment is Chinese medicine. Dean Militello is a well-known traditional Chinese doctor in San Francisco's Castro area and has specialized in HIV issues. Acupuncture is often associated with the nervous system, and according to Militello, "many people with neuropathy of all types seek this treatment."

But how effective is acupuncture? "In the past ten years, a good percentage of my practice has been patients with neuropathy from HIV and other viruses, diabetes, injuries, and side-effects of medications," he said. "Almost always we see some success. Sometimes, we have great success, a near complete reduction of symptoms." However, Militello points out that, "In difficult cases, we may only get a modicum of relief." His personal observations seem to back up what research has also demonstrated. "The preliminary evidence has been, on the whole,

quite positive for the treatment of neuropathy with acupuncture. Unfortunately, the money to fund better studies has been slow in coming, though this is certainly an area that should be looked at more closely."

According to Militello, Chinese medicine is not just for people with neuropathy. "Acupuncture and traditional Chinese medicine have benefited millions of people for millennia. It is still one of the most widely used and sophisticated systems of medicine on the planet. As a medicine, it has always been pre-occupied with the human body's ability to maintain health and adapt to situations through proper rest and nourishment. It has been my experience, in the clinic, that HIV positive patients are greatly benefited by an enhancement of rest and nourishment to maintain immune function, body weight, mood and energy."

If you would like to learn more about Chinese medicine and acupuncture for HIV, you can contact Dean Militello at his website: [www.acumedsf.com](http://www.acumedsf.com)

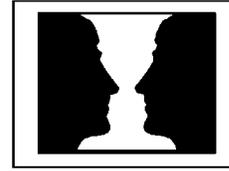
**If you have a question about holistic health and HIV, please feel free to email Darren at [ask-darren@darrenmain.com](mailto:ask-darren@darrenmain.com). Please also feel free to visit my website, [www.darrenmain.com](http://www.darrenmain.com) for other resources for living well with HIV.**

## Participate in a Research Project...



**The RED Plus Study** is a randomized trial of a counseling intervention which focuses on the thoughts, attitudes, and beliefs that HIV-positive men who have sex with men employ when they decide to have unprotected

sex. We are recruiting HIV-positive men, 18 years old or older, who have had anal sex in the past six months. The participation commitment is three visits over the course of one year and participants are reimbursed for their time in cash at each visit. For more information, please call **(415) 502-8500**.



**The Duo Project** is a study for gay men

in couple relationships where at least one person is taking HIV medication. Call the **Duo Project** toll free @ **(877) DUO-6292** or **(877) 386-6292** today to take part in an interview and **earn cash!!!**

### There's no place like HOME!

**DEPRESSED?** Feeling down, sad or blue? The UCSF Health Outcomes for Mood Enhancement (HOME) study is designed to find out if treatment for clinical depression improves people's ability to take their HIV medications.



We're looking for people who are 18 and older, are HIV+, living in San Francisco, and are able to participate in this 9 month-long study. Participants with depressive disorders are randomized into directly observed anti-depressant therapy or for referral to affiliated clinics. Compensation up to \$100 a month. To find out if you qualify, call us at **(800) 392-0292**.



**The Focus Project** is an intervention using Mindfulness-Based Stress Reduction (MBSR) to help HIV-positive people with the challenges of taking HIV medications. The study is a UCSF research project located at the Center for AIDS Prevention Studies. Compensation is provided. You must be at least 18 years old, HIV+, and taking HIV medications. Call **(415) 597-9350** for more information.

### STAYING WELL Project

**ARE YOU HIV+ AND NOT ON MEDS?**



We are seeking participants for a UCSF study on the effects of meditation-based stress management and education groups on physical health and well-being. A study for those not on antiretroviral (HIV) medications, with CD4 t-cell count above 250 and viral load above 100. Compensation provided. Please call **415-353-9744** for more information.

# Community Resources

## Positive Life: A Woman's Group

*Please join us!*

*Drop In*

**Our Group's Goals are to learn to live with HIV in healthy ways**

- To nurture our self-improvement skills
- To learn to better cope with everyday situations
- To learn to manage conflict within ourselves and with others

**LAST MONDAY OF THE MONTH  
5:00 – 6:00 pm**

Kaiser Permanente San Francisco  
Medical Offices  
2238 Geary Blvd at Divisadero  
Sapphire Room, Fourth Floor SW

...

If you have questions, call  
**Karin Heller, LCSW**  
Group Facilitator  
Kaiser Permanente, San Francisco

## Visit an HIV-Focused Website

**Comprehensive News, Views & Information about HIV AIDS**

Check out the following:

**www.POZ.com**

Website in English & Spanish  
Also available in print

**POZ ASO Directory**

for services and organizations in your area.

**www.projinf.org**

**www.thebody.com**

**www.treathiv.com**

**I**f you prefer to receive **HIV Update** via e-mail rather than snail mail, contact Bonnie at **bonnie.gradstein@kp.org** and let her know your e-mail address. You will be added to a confidential e-mail distribution list and receive your following issues online. **HIV Update** will also be available on **kp.org**. Call Bonnie if you have questions. **(415) 833-3452**.

## HIV UPDATE

*Kaiser Permanente  
San Francisco*

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The views expressed by the individual writers are not necessarily the views of Kaiser Permanente. We welcome your comments. Letters may be published. Names can be withheld upon request.

## Kaiser Permanente San Francisco HIV SERVICES

### Appointments & Advice Dept. of Medicine and HIV Specialty Team

English 833-2200  
Spanish 833-2203  
Cantonese 833-2239

### Benefits, Disability, Financial Assistant

Orlando Jimenez 833-3475  
Gabriel Liew 833-4238

### Complaints

833-3725

### Chemical Dependency Recovery Program (CDRP)

Vickie Triplett, MFT 292-5030

### Dept. of Psychiatry Mental Health Services

833-2292

### Health Education

Classes & Information 833-3450

### Clinical Health Educator

Fetah Nasrudin 833-4638

### HIV/AIDS Advisory Board

833-8720

### HIV Program Coordinators

Ed Chitty, RN, ACRN 833-4258  
Phooley Nguyen, Pharm.D 833-0162

### HIV Support Groups

Frank Sclafani, MFT 833-8720

### HIV Update Newsletter

833-3452

### Nutritionist/HIV Specialty Team

Andrea Alloway, MS, RD 833-2301

### Pharmacist

Tony Phengrasamy, Pharm.D 833-8719

### Research

HIV Clinical Trials 833-3480