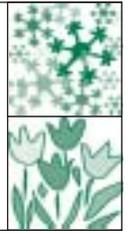




Moore News Quarterly



A Medical Newsletter For Patients

Hepatitis C: What's the Worry?

By Lisa M. Wolf, R.N.

What is Hepatitis C?

Many people with HIV infection are discovering that they're also infected with the hepatitis C virus (HCV). Having these two viral infections at the same times is called HCV/HIV co-infection, and it raises questions for both patients and providers. The biggest question is whether hepatitis C infection is a health problem that needs to be addressed now or is an annoyance that can be put off until later. The best answer is: it depends. Hepatitis C infection can range from a minor concern to a serious health problem. Where HCV ranks on each patient's "problem list" must be thoughtfully evaluated and considered.

Hepatitis C is an infection caused by the hepatitis C virus. It is an infection found in the blood that may sometimes damage the liver. About one-third of HIV-infected individuals also have hepatitis C infection because both viruses are transmitted in the same way. Most HCV infections result from blood-to-blood contact that occur through, for instance, needle sharing, transfusion of blood or blood products before 1992, sharing instruments used in tattooing or body piercing and, possibly, inhaled cocaine use. Sexual transmission of HCV is possible, especially among persons with multiple, unprotected-sex partners, but it is much less common than with HIV.

HCV is detected in the blood by a simple antibody test. The antibody test describes whether a person has been exposed to HCV. About 85% of persons who have a positive antibody test have chronic HCV infection, which is confirmed through viral load testing. This test is able to detect the amount of HCV in the bloodstream; it is similar to viral load testing for HIV infection.

Although the HCV virus circulates in the bloodstream, it does its damage in the liver by causing scarring and decreased liver function in some persons. Among those who

do not have HIV infection, the process of disease progression to liver scarring may take 20-30 years. In co-infected individuals progression can be faster: Scarring can occur in 10-15 years. Each person must be evaluated individually in order to gauge disease progression and make a recommendation for treatment.

Treatment

Treatment of HCV has two main goals: eradication of the virus and prevention of disease progression. At the backbone of all hepatitis C treatment is a medication called interferon (IFN). It is a medication taken by injection several times a week or in a new formulation that may be taken by injection once a week (PEG-IFN). As with HIV infection, HCV infection is best treated with combination therapy. Often, a twice daily oral medication, ribavirin, is taken in combination with IFN injections.

Some people with HIV co-infection may need hepatitis C treatment in order to be able to tolerate highly active antiretroviral therapy (HAART). Because most medications are processed by the liver, many people with HCV infection have difficulty tolerating HAART. Sometimes hepatitis must be treated first in order to "soothe" the liver. Only then can HIV be managed effectively.

Should I Worry?

Rather than worry, take action. Anyone who has HCV/HIV co-infection should be evaluated by an expert. A complete evaluation will lead to a custom-tailored recommendation for each person. For a variety of reasons, the current treatment with interferon is not for everyone. A thoughtful evaluation will help place hepatitis C in the proper place among your other medical and social concerns.

The Johns Hopkins AIDS Service has a team of experts in various clinic locations who can evaluate and treat HCV/HIV co-infection. All primary care providers can make a referral directly to this service. 📍

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Managing Medication Side Effects

By Michelle Forrest-Smith, Pharm.D.

It's very important to take your medications in order to improve your health and avoid resistance, but unpleasant and difficult side effects can make it hard to keep taking medicines. Listed below are some suggestions for managing side effects.

Rash:

- Monitor, Monitor, Monitor! Look at your rash several times during the day to see if it gets better or worse.
- Think about whether your rash occurs after you wear new jewelry, use a new soap or skin product, or have contact with plants, such as poison ivy/oak, or animals.
- If your rash is itchy, consider taking an over-the-counter antihistamine, such as Benadryl (may cause drowsiness).
- **Call the Moore Clinic or your care provider if:**
 - ♦ You have a fever with your rash, it affects your eyes, mouth, or genitals, or your skin starts to peel.
 - ♦ Your rash spreads, oozes, swells, or does not get better in 2 days.

Nausea and Vomiting:

- Eat plain crackers and drink clear soft drinks.
- Don't take medicines all at once; take them over a period of 15 to 30 minutes.
- If your medications can be taken with food, take them after you've finished eating.
- If you vomit up your medicines, wait 20 to 30 minutes before retaking your dose.
- **Call the Moore Clinic or your care provider if:**
 - ♦ You have a fever or abdominal pain.
 - ♦ You vomit more than 6-8 times in one day or your symptoms last longer than 2-3 days.
 - ♦ You vomit your medicines more than twice.

Diarrhea:

- Drink plenty of fluids to prevent dehydration (water, ginger ale, broth, or sports drinks like Gatorade).
- Eat more fiber, such as wheat or whole grain breads, rice, and bran cereals or try taking fiber supplements, such as Fiber-Con, Metamucil or Citrucel on a daily basis.
- If you still have diarrhea, try other over-the-counter medications, such as Kaopectate or Imodium.
- **Call the Moore Clinic or your care provider if:**
 - ♦ You have a fever, abdominal pain, or bloody diarrhea.
 - ♦ Your diarrhea lasts more than 3 days.
 - ♦ Your skin, mouth, and eyes are unusually dry and sticky.
 - ♦ The skin on the back of your hand sticks together if pinched. 📌



Tried and True Tips for Managing Medication Side Effects

By Adam Davis, Shivaun A. Celano, Pharm.D., and Sheri Mancini, R.N.

We asked a patient who has had trouble with side effects to share what he has learned about dealing with them. His suggestions follow:

Nausea and Vomiting:

- I take my pills with applesauce to help them go down easier.
- I eat a small meal or snack to settle my stomach
- Jello calms my stomach and goes down easy, even if I am not hungry.
- Closing my eyes and breathing slowly calms my stomach.
- Vomiting is difficult to control because I can't stop it once it starts, but to help prevent it, I relax, eat small bites, and take my time eating.

Diarrhea:

- I believe rice helps -- white or brown. Eating 3 pieces of plain toast helps slow down diarrhea (but doesn't stop it).
- I take medicines and eat earlier in the evening to help prevent diarrhea in the morning (makes my stomach not so full when I go to bed).
- If I am starting new medicines or restarting old, I often have diarrhea in the mornings, so I use Lomotil or Imodium early in the evening. If I wake up at night, I take another dose.
- I try to avoid spicy or fried food.

Fatigue:

- I try to get more rest.
- I take a one hour nap after work.
- I don't worry if I sleep later than I used to.
- I've negotiated to do fewer chores at home, for instance, I cook dinner every other night instead of every night.
- I go to bed earlier if I have to get up earlier.
- I try to pace myself and relax before going to work.
- I break tasks down, doing a little at a time.
- I try to exercise a little, such as taking walks.

My best advice: Get to know your own body and what it needs, and be kind to yourself. 📌

**Questions About HIV?
About Your Treatment Regimen?**
Check out Dr. Gallant's Question & Answer Forum
<http://www.hopkins-aids.edu>
Click on *Expert Q & A*





AIDS Mythology

By Joel E. Gallant, M.D., M.P.H.

Since the beginning of the epidemic 20 years ago, a number of theories and rumors have circulated about AIDS, its cause, and its treatment. Some of these rumors have come and gone; others have persisted. Many people who believe in these theories never discuss them with their doctors, out of fear that members of the "medical establishment" won't be sympathetic. Others avoid medical care altogether because of their beliefs. In later issues, I'll discuss a few more of these myths, why they're not true, and why some of them are actually dangerous.

Myth #1: HIV Does Not Cause AIDS

Shortly after HIV was discovered in the mid 1980's, a lone scientist made a name for himself by stating that AIDS was not caused by HIV but by a variety of other causes, including malnutrition, drug use, and even treatment with AZT. Few people believed him, since it was clear even before HIV was discovered that AIDS behaved like a sexually transmitted infectious disease. But since we didn't know much about the HIV virus at the time, we couldn't absolutely prove that he was wrong, and he gained a few followers.

As time went on, however, the evidence that HIV was the one and only cause of AIDS became overwhelming. We saw photographs of the virus attacking and entering T-cells. We learned how it "hides" in resting T-cells, preventing it from being eliminated. We learned of cases in which healthcare workers who were stuck with needles containing HIV-infected blood quickly developed HIV infection and later became sick with AIDS. We learned that when we give people powerful anti-HIV drugs, we quickly lower the amount of virus in the blood, which results in a rapid rise in T-cell count and improved health. When we started using combination therapy and protease inhibitors in the mid-90's, we saw a dramatic drop in AIDS deaths and opportunistic infections. That drop would not have been possible if HIV weren't the cause of AIDS, since the only thing that protease inhibitors do is reduce the amount of HIV in the blood.

Unfortunately, those who had decided that HIV didn't cause AIDS ignored the new evidence. They clung to their belief, using the same arguments they'd used ten years before. What was once a hypothesis became a cult. They claimed that drug use causes AIDS...but plenty of people with AIDS have never used drugs, and plenty of people

who have used drugs have never developed AIDS. They claimed that AZT causes AIDS...but many people have died of AIDS without ever taking AZT. They claimed that AIDS in Africa was due to malnutrition...but many of the first people to die of AIDS in Africa were members of the middle and upper classes who had plenty to eat. They continued to claim that no one has ever seen the HIV virus...long after it had been photographed infecting T-cells.

The belief that HIV doesn't cause AIDS is not only wrong; it's dangerous. It can lead people to engage in high-risk behaviors or abandon their therapy. People who are convinced by these arguments may see no reason to practice safe sex, since they don't believe that AIDS is a sexually transmitted disease. Some of the original followers of this cult have become sick after refusing to take antiretroviral therapy. A few of them changed their minds and started treatment, but they didn't get as much publicity as they did when they were still cult members.

Good scientists have to be able to admit when they're wrong. Those who cling to this theory despite the mountains of evidence against it have given up on science in order to embrace a bizarre and potentially dangerous cult. 📌

Announcements

- Kelly Lowensen was named Nurse of the Month by the *Baltimore City Paper*. Congratulations Kelly!
- The next *Lunch and Learn* program for patients and staff will be held on Tuesday, August 21, 2001. For more information, please contact Patrice Henry at 410-955-1165.
- The Moore Clinic's phlebotomy staff will be moving to Carnegie 240, one floor below the Moore Clinic, sometime in July. Keep an eye out for this change.





A Warm Welcome to the New Staff of the Moore Clinic

By Linda Watkinson, M.S.

Have you noticed new faces in our clinic? Please help us welcome our new staff members.

- Our new Clinic Manager is Heather Campbell, M.H.S., who will oversee day-to-day clinic operations, such as patient flow. If you have a question about clinic services, Heather is the person who you'll want to talk to. She welcomes the opportunity to work with everyone in making Moore Clinic the best it can be.
- Lisa Wolf, R.N., is our new Nursing Supervisor. Lisa can assist you with your treatment plan and answer questions about your medical care. Some of you will remember Lisa when she was a nurse in Moore Clinic a couple of years ago. She is happy to return because patient care is what she really wants to do.
- Social worker Brian Shird, who has been a mainstay in the Clinic, has taken a different position in the Social Work/Case Management program. He is now Case Manager of the Moore Options Program. He is working on meeting each and every one of his clients. He will see clients in his office in Carnegie 158 as well as in the clinic.
- Jennifer Brengle, B.S.W. is our new Social Worker. Jennifer comes to us from HERO where she worked as a case manager in a program for children with severe medical problems. She has experience with HIV and will be in clinic most of the time. If you see Jennifer, introduce yourself and say hello.
- Our two new Patient Services Coordinators, who will be there to greet you at the front desk, are Telisa Graham and Rinnay Johnson. Telisa officially joined our team in May after working as an intern in the Moore Clinic from March through May. She participated in a special program that trains Patient Service Coordinators. Telisa likes working with patients and helping people. Rinnay Johnson came to the Moore Clinic from the Oncology Center and also worked for Health Care for the Homeless. Rinnay is excited about working in the Moore Clinic and feels that she is a "people person." Telisa and Rinnay will register you for your appointments and coordinate your return visits. 📍



Hepatitis Support Group

Day: Tuesdays 1:00 pm-2:00 pm

Contact: Chuck Spoler, M.S., C.C.D.C.; 410/614-8353

Men's Support Group

Day: Wednesdays 4:00 pm-5:00 pm

Contact: Jack Bonner, R.N.; 410/955-6414 or 410/955-6328

Thursday Group

Day: Thursdays 12:00 pm-1:30 pm

Contact: George Larson, L.C.S.W.-C; 410/955-1171

Women's Support Group:

Day: Wednesdays 1:00 pm-2:00 pm

Contact: Olivia Radcliffe, R.N., M.S.; 410/614-5014

Positive Choices (ACTG Clinical Trials)

410/955-2898

The Garey Lambert Research Center

Contact: Charlie Raines, C.R.N.P., M.S.N.; 410/614-4487

Community Happenings:

See the *Patient Advocate*, published monthly and available in the Moore Clinic

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