CHOICES

THE NEWSLETTER OF HAWAI'I ISLAND HIV/AIDS FOUNDATION 06

Melting the Winter Blues

by Rebecca Minnich

If the sight of twinkling holiday lights causes fear instead of cheer, you're not alone. Countless people with HIV suffer from seasonal depression. But there's hope—and healing—to be found .

Winters are mild in Tennessee," says Dan Jones, 42, his Southern drawl sugarcoating the harrowing depression that has frequently marked his 20 years living with HIV. "But the trees lose their leaves; the sun hardly comes out; it rains a lot; and there's just no color anywhere." Indeed, Jones' seasonal blues are as predictable as the autumn rain.

"It always comes on around mid-November, reminding me of Thanksgiving 1981," he explains, "when my parents found a letter I'd written to a friend about my sexuality. Everyone was screaming about it in the car on the way to Grandma's house for Thanksgiving dinner. When we got there, we had to smile and pretend nothing happened." Jones' parents threatened to take him to church to straighten him out. He escaped to Memphis instead—but can't escape the memories.

As Jones was dealing with the family drama, he also suffered his first bout of pneumocystis pneumonia (PCP). Then his father died. The one-two punch made his already wintry symptoms unbearable. "I started having trouble staying on my HIV meds," Jones recalls. "I'd go on and off them, and my doctor would yell at me, put his finger in my face and say, 'Look, if you don't take these meds, you're going to die.' I was so depressed I said, 'Fine—let the virus kill me.' I figured, what did I have to live for?"

We don't have to be in the North for this

Greater expectations

Depression isn't the only bummer people with HIV often brave as the days grow shorter—and holiday checkout lines grow longer. During the holiday season, society expects you to ramp up your social activity to maniacally festive highs and empty your wallet to prove your love and generosity. You may also have to spend time with family members who at best annoy you and at worst emotionally destroy you.

If you aren't Christian or a part of the social, economic and cultural mainstream, it can seem as though your own life and culture is invisible, pushed aside to make room for a gingerbread family Christmas. The pressure to do and be more than you're capable of can be particularly oppressive if you've lost your get-up-and-go to HIV. It's enough to make you want to crawl under the comforter until January 2—and deny your emotional turmoil, deep-sixing it till summer returns.

But it is possible to do something about depression, whether it's a mild case of winter blues or an all-out major depressive episode. When you're trapped under a mountain of doldrums, taking the steps laid out here continued on page 6

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CHOICES

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Hawai'i Island HIV/AIDS Foundation

Mission Statement

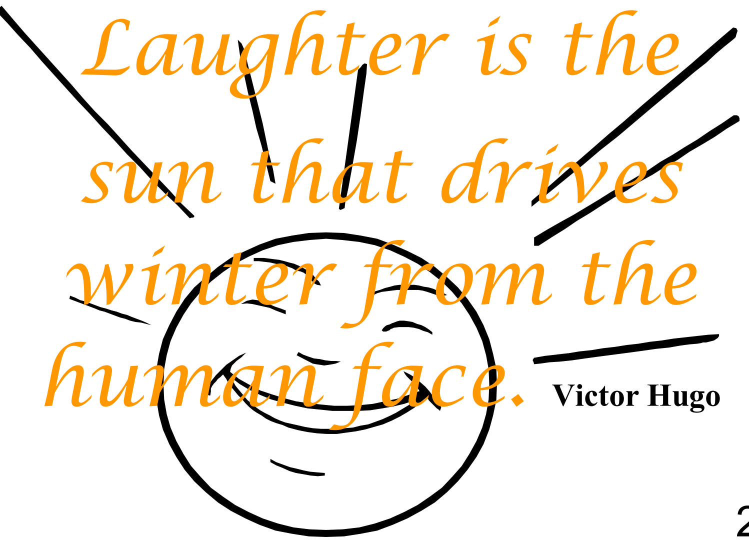
The Hawaii Island HIV/AIDS Foundation is a non-profit organization dedicated to assisting those affected by HIV/AIDS to maximize their quality of life, and to ending the spread of HIV. We also utilize the lessons learned in the HIV epidemic to care and advocate for others in the fight against related diseases.

Vision

To build a healthier, stronger, and more sustainable community that supports all its members with a focus on HIV issues.

Core Values

Responsiveness: To people with HIV/AIDS and their families and to the prevention education needs of the community.
Accountability: To our consumers, funding sources, and the community at large.
Integrity: To provide services to the entire community in a humane, loving, non-judgmental manner.
Diversity: To embrace the philosophy of "inclusiveness".
Collaboration: To establish and maintain partnerships within the community that maximizes resources and decreases duplication of services.
Leadership: To set the highest standards for responsibility to our mission, vision and values, and be recognized as a positive, inspirational role model in our community.
Advocacy: A collective public voice to speak on behalf of those affected by HIV/AIDS.



U.S. increases funding for overseas abstinence programs

A new set of guidelines from the Office of the U.S. Global AIDS Coordinator details how federal AIDS funds for the international President's Emergency Plan for AIDS Relief are to be spent next year, and programs that promote abstinence are slated for significant funding increases, *The Baltimore Sun* reports. According to the document, which was provided to the *Sun* by an unnamed federal AIDS official who believes the Administration's focus on abstinence hurts overseas HIV prevention efforts, two thirds of U.S. funds earmarked to prevent sexual transmissions of HIV will go to programs promoting abstinence before marriage and monogamy after marriage.

The new regulations will hamper condom distribution programs in poor countries and initiatives that teach at-risk groups about safer sex by reducing funding for them, say concerned AIDS officials. Programs that aim to prevent mother-to-child HIV infections and infections among injection-drug users also could be hurt by the shift in funding, they add.

Mark Dybul, the deputy U.S. global AIDS coordinator, told the *Sun* that the new guidelines ensure that global AIDS spending meets the legal requirements of PEPFAR, which states that one third of all HIV prevention funding be spent on abstinence programs. Because only one quarter of AIDS spending in 2005 went to abstinence programs, a greater percentage must be spent on abstinence and monogamy programs in 2006 to make up for this year's shortfall, he says. (Advocate.com)

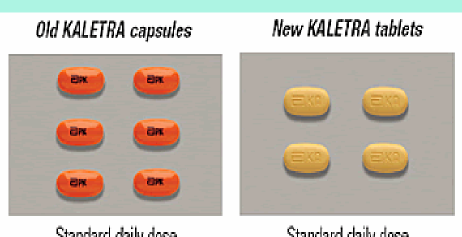
Oral HIV Test in Trouble?

by Staff

December 9, 2005—San Francisco health officials have discovered 47 false positives after examining the results of 6,000 OraQuick Advanced HIV tests. The oral swab test, approved by the Food and Drug Administration (FDA) in March 2004 for quick, 20-minute HIV results, is currently under FDA consideration for home use.

NEWS

FDA Approves New Tablet Formulation of Abbott's HIV Protease Inhibitor Kaletra (Lopinavir/Ritonavir)



FDA approval of the Kaletra tablet formulation was based on data from pharmacokinetic studies in 141 non-HIV-infected, healthy individuals. The studies demonstrated that Kaletra tablets provide similar drug levels in the blood to the capsule formulation. In these studies, Kaletra tablets were generally well tolerated."

Kaletra tablet benefits include:

- Fewer tablets per dose as part of a treatment regimen in adults.
- While the total daily dose of Kaletra (800 mg lopinavir/200 mg ritonavir) is unchanged, the number of Kaletra pills adult patients need to take is reduced from six capsules to four tablets per day.
- Kaletra tablets can be taken with or without food.
- Kaletra tablets do not need to be refrigerated before or after dispensing. Exposure to high humidity outside the original container for longer than two weeks is not recommended.

Kaletra Tablet Availability

"Kaletra tablets will be available at pharmacies across the country in the next few weeks. Abbott is planning for a full conversion from capsules to tablets to reduce the potential for patient and pharmacist confusion between the two formulations by March 2006.

"Patients should finish taking their current supply before starting a new prescription. Patients should never take Kaletra tablets and capsules together, and follow the directions from their doctor, exactly as written on the label.

Eat More Fish to Cheat Death By: Tamar Haspel,

If you're like most American men, you're missing out on a powerful nutrient that can improve your health and add years to your life

Forget that icelandic men eat practically no vegetables, and that they affectionately refer to their local liquor as Black Death. Chances are, you could learn a lot from them about healthy eating. You see, the men in Iceland live longer than those anywhere else on the planet -- an average of 78.7 years, to be exact. That beats the second-place Japanese by a couple of months, and the likes of you by more than 4 years. The natives claim that the secret to their longevity is their Viking blood. Science points to their dinner plates.

Every year, the people of Iceland eat 29,000 tons of fish, which equates to 200 pounds of fish per capita, more than any other nation, except for a few tiny, unpronounceable island states. (No offense to our loyal readers in Tokelau and Niue.) That's 200 pounds of live weight, but even after you subtract for bones, heads, guts, and leftovers gone bad, it's more than 6 ounces of fish every day, for every man, woman, and child -- eight times the amount the average American eats. It's not difficult to connect the dietary dots.

What is it about fish? Scientists believe it's the fat. Nutritionists usually recommend that you avoid the fat in beef and pork, but the fat in fish is, well, an entirely different animal. That's because it's rich in omega-3 fatty acids -- healthy polyunsaturated fats that are essential for many biological functions. In fact, you need them to live. "Omega-3 fatty acids are part of the membrane of every cell in the body; they're also the building blocks of hormones that govern much of the body's physiology," says David Katz, M.D., director of the Prevention Research Center at the Yale school of medicine.

A quick primer on omega-3 fatty acids:

- There are three types: eicosapentaenoic acid, docosahexaenoic acid, and alpha-linolenic acid, known respectively as EPA, DHA, and ALA.
- EPA and DHA, the omega-3 fatty acids that are most easily used by your body, are found in significant amounts only in marine life, particularly cold-water fish (because they carry more fat for insulation).
- ALA, on the other hand, is obtained from plant-derived foods, such as flaxseed, canola oil, soybeans, pumpkin seeds, and walnuts.

An important detail: "For ALA to provide any health benefits, your liver must convert it into EPA and DHA," says Bruce Holub, Ph.D., a professor of nutritional sciences at the University of Guelph, in Ontario. "The estimated average efficiency of conversion is around 10 percent to 15 percent." That means for every gram of omega-3s you take in from fish sources, you need about 6 grams from plant foods to glean an equivalent amount of EPA and DHA. And that may be why fish consumption is related to longevity.

In the 1970s, scientists observed a very low death rate from heart disease in Greenland Eskimos, despite the high fat content -- nearly 40 percent of total calories -- of their diet. This became known as the "Eskimo Paradox," since it contradicted previous findings that a high-fat diet increased cardiovascular-disease risk. In subsequent investigations, Danish researchers found that the pivotal factor was the source of the fat.

Turns out, there was a strong correlation between the Eskimos' low incidence of heart disease and their high consumption of fatty fish, a finding that was later echoed in studies of other fish-eating cultures -- in Japan, Alaska, and the Mediterranean. And that established a direct link to the life-extending benefits of omega-3 fatty acids, particularly EPA and DHA, since they're mostly absent in plant and land-animal food (unless you count lamb and pig brain).

Medical Weighing CD4 Counts by Bob Lederer

There's more than one way to rate the strength of your Immune system

You're always hearing that your CD4 count measures how well your immune system is doing with HIV. But there's another measurement to consider: the CD4 "percentage." This number tells you what percentage of your lymphocytes (infection- and cancer-fighting white blood cells) is made up of CD4s. The percentage tends to be more stable than the CD4 count—which can drop during short-term events like a yeast infection, a vaccine or serious stress. As long as the percentage is safe, temporary dips in count shouldn't cause alarm. Here's how four HIV docs surveyed by POZ use CD4 percentages in decision-making:

STARTING MEDS: All say CD4 percentage, CD4 count and viral load should be considered. Many docs suggest starting meds—if a patient is ready to handle them—after repeated CD4 counts below 300 to 350. As for percentage, a recent study suggests that people with HIV are at risk for illness if it dips below 17%. "If this appears on two or three reports, I strongly recommend starting meds" regardless of CD4 count, says New York City's Lloyd Bailey, MD. Antonio Urbina, MD, also a New Yorker, and Chicago's Beverly Sha, MD, start at 14%. Lisa Sterman, MD, of San Francisco, doesn't look for a set CD4 count or percentage, because she finds that each patient has a variety of numbers and health characteristics to consider. "And for women, who tend to have lower CD4 counts," Sterman says, "percentages are more important."

SWITCHING COMBOS: For Sha and Sterman, changes in viral load, not CD4s, suggest regimen changes. Urbina adds, "If CD4 count and percentage drop, I look for a hidden infection like TB or syphilis [to explain the drop], rather than switching."

STARTING PREVENTIVE MEDS: As the immune system deteriorates, people with HIV become vulnerable to opportunistic infections like pneumocystis carinii pneumonia (PCP). Prophylactic (preventive) treatments are available. Federal guidelines (and most AIDS docs) call for starting PCP prophylaxis at CD4 counts below 200 or CD4 percentages below 14. Preventive treatments for other infections are recommended only at lower CD4 counts.

MAKE ME LAUGH The next time something strikes you as funny, let out a good long laugh, say researchers at the Universities of Maryland and North Carolina. Their studies show that 15 minutes of laughter each day can prolong your life by stimulating blood flow and promoting cardiovascular health.Laughter actually has similar health benefits "to what we might see with aerobic activity but without the aches, pains, and muscle tension associated with exercise," says scientist Michael Miller, So laugh it up. Your heart may thank you for it.

from page 8

- Pack your meds first, making sure to include a two-day backup supply, in case you're snowed in or get stuck in an airport.
- Pills should go in a carry-on bag and not be checked with luggage.
- Use tricks to remind yourself to take your pills. Write yourself notes, or travel with a mini travel alarm clock in your pocket set to go off at dosing time.
- Don't skip meals! Airlines barely feed anyone these days, so bring your own food and water. Don't expect to find food that meets your needs in airports or on the road.
- Drink plenty of water, especially on airplanes, where high altitudes and dry air sap body fluids faster than you can say bronchitis.
- If you're flying several hours, book ahead for a special meal, if possible.
- If you're leaving the country, see your doctor about preventive medicine and extra vaccinations for infectious diseases. You may also want to call the federal Centers for Disease Control and Prevention (CDC) in Atlanta at 404. 332.4555 for travel advisories or go to www.cdc.gov/travel.
- Get plenty of sleep before, during and after the trip.
- If you see a psychotherapist, get an emergency or on-call phone number, in case you need to talk.
- Members of 12-step programs should note the times and locations of meetings at your destination city before leaving home. Check the websites of groups like AA, NA and Al-anon.

may not seem easy, but doing so could bring light to a long, dark winter. It may also save your life.

Judith Rabkin, PhD, professor of clinical psychology and psychiatry at Columbia University, says, “Most people with HIV live with a chronic, low-grade depression,” adding that Jones’ poor med adherence is common, too. Rabkin considers depression “a significant predictor of antiretroviral nonadherence” and a crucial reason people must monitor their moods. This is especially true during the holidays, when chaotic changes to your daily routine can further complicate adherence, in turn elevating the risk for developing HIV drug resistance. But when depression ices your heart and mind, it can obliterate your ability to respond even to serious threats like treatment failure.

That’s why, almost on a whim, Jones adopted Oscar, a pesky miniature schnauzer. He says it was one of the smartest moves he ever made: “My depression was so bad I didn’t want to leave the house. But a dog needs to be walked, and he just wouldn’t let up on me until I took him out.” The walks with Oscar got a little longer each day, and Jones slowly regained his strength. “If it weren’t for him, I wouldn’t be here. That daily routine of getting up and walking him keeps me going. He’s made the winter much easier on me.”

Having someone or something to care for can add purpose to life and keep you going. But Jones also takes the antidepressant Lexapro, which, he says, “helps a little.” In addition, he gives credit to the online HIV communities he’s found at websites like AIDSMeds.com. “I’m building a new family for myself,” he says.

Snap out of it? Yeah, right

We’ve all played the Grinch from time to time. When we’re surrounded by joyous holiday revelers, frantic shoppers and saccharin television morality tales in Technicolor animation, what once might have filled us with anticipation and excitement instead turns sharp and metallic and downright ghastly. “The holidays can be especially painful if families don’t get along or if money problems mean not being able to buy gifts,” says psychotherapist Karen Godfredsen, the mental health clinic director at the AIDS Resource Center of Wisconsin, in Milwaukee. She adds that when the time comes to play Secret Santa in the workplace or to provide family and friends with the best gift ever, it’s possible to strain your bank account and meds-stretched budget beyond immediate repair. Steve Tibbetts, a licensed independent clinical social worker in Minneapolis, agrees, saying, “With depression, there’s a powerful impulse to spend money you don’t have.” He adds that overspending is one of many unhealthy responses to the negative self-image HIV can sometimes bring.

Your blues ain’t like mine

One culprit seems to wreak more misery on HIV-ers than the average person: seasonal blues. Tibbetts knows the warning signs all too well. “What happens in winter is, people get into a bad cycle without realizing it,” he says. “Inactivity, irregular sleeping and eating—it all exacerbates depression.” Tibbetts, who has 20 years of experience in HIV mental health services and grief counseling, says that about half his HIV positive clients in the Twin Cities become more depressed in wintertime. Godfredsen adds that half her clients also become more depressed during winter: Milwaukee winters last nearly half the year, and temperatures frequently dip to 15 below.

“People are often trapped in their homes then, ” Godfredsen explains. When a 4:30 pm sunset makes even a walk in the park seem formidable, she says her clients begin to despair. She explains, “The coping strategies they use to deal with their HIV on warmer sunny days are no longer available to them in wintertime—even something as simple as sitting on the front porch chatting with the neighbors or meeting their friends for lunch.” The season also can have a physical impact. “The cold is extremely hard on people with weakened immune systems, particularly those who deal with chronic pain,” she says.

Recognizing depression in yourself—and sorting out the causes and severity—can be challenging (see “Mood Indigo,” below). Some people may not immediately recognize winter depression, because it can feel a lot like fatigue. Dr. Rabkin says, “With HIV positive people, fatigue and depression are connected.”

One obvious sign of depression is a change in diet. Diana Johansen, a clinical dietitian at the Oak Tree Clinic, says that with HIV, there is no “one size fits all” eating pattern. Some people eat a lot more, specifically sweets, later in the day, though Johansen says, “The most common symptom is appetite loss or skipping meals.” Not only does this worsen problems like wasting and lipodystrophy, it’s bad for the head. Letting blood sugar levels drop too low reduces the supply of the feel-good chemical serotonin.

“Isolation is also a danger sign,” continued on page 7

adds Godfredsen. “There is a tendency when when winter comes to shut yourself in the house, when actually, it’s probably the worst thing you can do.”

Dan Jones now thinks he let too much time go by before seeking help. “People often don’t mention depression, let alone seasonal depression, to their HIV doctor,” echoes Tibbetts. “They’re afraid their doctor won’t know anything about their problem.” But when it comes to winter depression and HIV you can’t afford to keep mum or go it alone. And there’s no time like the present. If HIV advocates are right, dealing with depression now—rather than later—is a must. In 2006, the Ryan White Care Act—which covers not only medical care and mental health care for people with HIV—may next year be shifting a significant portion of funds away from the cities where many longtime PWAs live. Cash-strapped state governments have also proposed drastic cuts to their Medicaid programs. Both the private-insurance industry and the proposed (and possibly on-hold) Medicare drug benefit program are increasingly threatening greater restrictions on people’s access to mental health care and the newest medications for depression and anxiety. At a time when policy makers are thinking only about cuts to most social services and insurance companies struggle to rein in costs, HIV advocates may end up fighting a losing battle simply to maintain this year’s status quo concerning accessibility and funding for mental health services. These issues mean that people with HIV who have access to a social worker or case manager may want to explore their options.

S.A.D. about you

A particularly severe form of winter depression is a condition called seasonal affective disorder, or S.A.D. In the 1990s, Michael Terman, MD, a researcher with the New York Psychiatric Institute, proved a connection between a lack of sunlight and depressed moods, thus pioneering the use of light therapy for depression. “A case of S.A.D. fits the definition of a major depressive episode,” he says. That means a minimum of two weeks of persistent symptoms, including obvious changes in sleep patterns and appetite, feelings of hopelessness, possibly suicidal thoughts and difficulty concentrating. Dr. Terman emphasizes that a generic case of mild “winter blues” is far more common than a clinically diagnosable case of S.A.D. He says the difference between S.A.D. and winter blues is one of degree and adds, “Whereas S.A.D. is debilitation, people with winter blues can generally go about their daily activities. They may feel miserable, but they are able to function in winter. They slog through it.”

Both S.A.D. and winter blues can be treated, says Dr. Terman. Treatment might mean antidepressants or light therapy (spending time in front of specially designed light boxes that mimic sunlight without its damaging UV rays). Light therapy works by resetting the body’s internal clock (circadian rhythms). Dr. Terman’s research shows that even nonseasonal depression can be lifted by light therapy, which can be used along with antidepressants. If you think you might have S.A.D., though, Dr. Terman doesn’t recommend trying to diagnose yourself. As with any serious form of depression, seeking help from a professional is critical.

Tell me about it!

A psychiatrist, therapist or support counselor can be more than a great resource for diagnosing and treating depression of all kinds. They can also provide practical suggestions for HIV holiday survival. Tibbetts frequently offers this kind of advice to clients: “Make a holiday plan and make it early,” he says. According to him, a central part of that plan is to “decide for yourself what’s important this year. This may mean visiting old friends instead of relatives. If your family makes you miserable, some boundary setting is probably in order. Consider cutting a weeklong family visit down to two days. Invite people to your house rather than traveling.”

“With any kind of depression, you need to put your own well-being first,” says Tibbetts. This is even more crucial if you’re recovering from addiction or grew up in a family where substance abuse is a problem. The holiday season is full of emotional triggers that can make you want to reach for a drink or a drug and that can lead to skipping meds and an even deeper plunge into depression. Cathy Reback, a researcher on HIV and substance abuse with the Friends Research Institute and the Van Ness Recovery House in Los Angeles, offers this holiday advice to people with HIV in their first year of recovery. “Go to clean-and-sober events. Bring a friend who is clean and sober with you on a family visit. The most important thing to is to recognize that the holidays are often difficult for people in recovery, but with help, you can get through it. You don’t have to relapse.”

Home is where the hurt is

“My holiday depression began before I tested positive,” says John Kushik, 24. In 1998, when his mother died of cancer, he lost his only close family member. Kushik says, “After she died, continued on page 8

Christmas didn't feel like Christmas anymore." Still, Kushik tried to make the best of it for the next five years with the rest of his family in Richmond, Virginia. "Before my mom died I looked forward to Christmas. Afterward, I'd go home to my family, and my dad would make negative comments about my lifestyle, that I couldn't keep a job." His sister, he says, also wasn't much help. "I really felt alone."

In 2003, he tested positive and decided to leave Richmond for sunny Biloxi, Mississippi. "I was attracted to the ocean, the excitement of a coastal city." He decided to stop going home for the holidays. "I asked myself, 'Why should I go back to Richmond and expose myself to all that negativity?'" But as usual, Kushik's depression kicked in that year around mid-November. "My friends started asking me what was wrong." He became quiet, withdrawn and moody.

"The holidays are a time of memory [for many]," says Tibbetts, "and some of these memories are painful." Feelings of grief over a lost loved one can intensify during the holidays, even if you thought you were getting over it. "If your own family never accepted your HIV status or your sexuality or if they just aren't supportive of you," says Tibbetts, "it can make the holidays' familial focus particularly painful. But just because you're related to them, doesn't mean you have to spend the holidays with your family of origin.

"People ask, 'You mean I can do that?' Well, yes, you can," Tibbetts says. "Rather than just assume you need to spend time with people who trigger your depression or addictive patterns, think about who in your life truly supports you and spend time with them." Redesigning the holidays for yourself may be a creative challenge, but as Kushik discovered, it's worth the effort.

"It was a tough decision," Kushik says. "I've always been a family-oriented person, but what I needed was something my family just wouldn't give me." Instead, Kushik turned to his friends for support and was pleasantly surprised. "I found I could really open up to them. They started inviting me to dinners and parties; they opened their homes to me."

In August, Hurricane Katrina wiped out Kushik's apartment in Biloxi, and he has now relocated to Chicago. Despite it all, he's surprisingly upbeat. "I may have lost my possessions, but I didn't lose my friends. Friends aren't replaceable." Kushik is excited about Chicago's HIV support services and thinks it'll be a better place to manage his virus and his holiday depression. He isn't worried about Christmas in the windy city this year. "I'm going to invite a few close friends over for dinner and definitely decorate the apartment. That's something Mom was always big on."

Mood Indigo

Finding your place in the depression spectrum

The symptoms of clinical depression can overlap with HIV-related fatigue. See a pro if you or your friends notice changes in any of the following:

DIET

- You lose interest in food, skip meals or binge on sweets and starches.

SLEEP & ENERGY

- Fatigue keeps you in bed most mornings.
- Your exercise routine starts limping.
- You sleep later every day or take long naps in the afternoon—but don't awake refreshed.
- Answering your phone or spending time with friends and family starts becoming a chore.

THINKING & MEMORY

- It becomes a struggle to think or concentrate.
- You miss appointments or work, fall behind on bills and skip med doses.

MOOD

- You cry frequently.
- You react to sunset with anxiety or despair (more likely with S.A.D.).
- You think frequently about death or suicide.
- Feelings of sadness or anger grow more frequent.

S.A.D. SURVEY

Take Dr. Terman's online test to check your S.A.D. symptoms. Go to www.cet.org and click on the "Personalized Inventory for Depression and S.A.D." offered in the text menu on the left side. Print the results, and bring them to your HIV doc or mental health counselor.

Happy Highways

Traveling Sane

Holiday traveling canbe stressful when airports are packed, flights are delayed and winter storms scuttle the best-laid plans. Whether you're motoring on the road or flying the not-so-friendly skies, here are some tips for taking care of mind and body:

continued on page 5

Nurses, Physician Assistants as Good as Doctors for HIV Care

from Centers for Disease Control and Prevention *November 23, 2005*

A study of 68 U.S. HIV clinics found that physician assistants and nurse practitioners provided a quality of care comparable to that of doctors who specialize in HIV/AIDS and they generally outperformed non-specialist doctors.

As part of their education and training, nurse practitioners (NPs) and physician assistants (PAs) learn how to diagnose and treat patients. While NPs and PAs have long been an important part of HIV care, "almost nothing" was known about how well they perform in the role of central caregiver, explained Dr. Ira B. Wilson of Tufts-New England Medical Center in Boston, the study's lead author.

Wilson and colleagues examined medical records for 6,651 HIV patients using eight quality-of-care measures, including the use of HAART, and preventive services such as flu shots and screening for hepatitis C, tuberculosis and cervical cancer. On most of these measures, NPs and PAs offered a quality of care similar to that of physicians specializing in HIV, and better than that of general doctors. On two measures, PAs and NPs outperformed HIV specialists.

However, Wilson noted that there are some "preconditions" to receiving high-quality care from an NP or PA. In particular, they should specialize in treating HIV; have considerable practical experience; and have easy access to a physician with expertise in HIV. About half the study patients who primarily saw a PA or NP were also treated by a doctor at some point during the year.

The authors also cautioned against interpreting the study's findings in terms of "who's better," especially when it comes to chronic diseases like HIV, which is best managed by a team of health care providers. "This is a message about training, expertise and teamwork," Wilson said.

The findings, said Wilson, are especially relevant to rural and inner-city areas of the United States, where there are often doctor shortages, as well as in developing nations hard hit by HIV/AIDS.

The Hawai'i Island HIV/AIDS
Foundation offices
will be closed
Monday
January 2
New Year Day

Monday
January 16
Presidents day
Monday
February 16
Martin Luther King Day

January 2006

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 closed	3	4	5	6	7 Anuenue Potluck
8	9	10	11	12	13	14
15	16 closed	17	18	19	20	21
22	23	24 Support group HILO 6:00 pm	25	26	27	28
29	30	31				

February 2006

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4 Anuenue Potluck
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 closed	21	22	23	24	25
26	27	28				