

# CHOICES



THE HAWAII ISLNAD HIV/AIDS NEWSLETTER: JULY

## MEDICINE

### Survival Benefit of HIV/AIDS Treatment: Three Million years of Life Saved

By Liz Highleyman

As the world commemorates the 25th anniversary of the AIDS epidemic and a decade of highly active antiretroviral therapy (HAART) a new study published in the July 1, 2006 Journal of Infectious Diseases attempted to qualify the cumulative survival benefit of improvements in HIV/AIDS care in the United States.

Rochelle Walensky, MD, of the Center for AIDS Research at Harvard Medical School and colleagues defined six eras from 1989, through 2003, corresponding to advances in HIV/AIDS care.

- 1989: Advent of Pneumocystis jiroveci pneumonia (formerly Pneumocystis carini, or PCP) prophylaxis.
- Advent of prophylaxis for Mycobacterium avium complex (MAC).
- 1994: Use of AZT to prevent mother-to-child HIV transmission (expanded to combination therapy in 2000).
- 1996: Approval and widespread use of the first protease inhibitors, starting in December 1995 (ART1 era).
- 1998: Refinements to HAART, including sequential use of non-nucleotide reverse transcriptase inhibitor-based regimens (ART2 era).
- 2000: Further refinements to HAART, including more effective regimen choices,

better salvage therapy, drug-resistance testing, and ritonavir (Norvir) “boosting” (ART3 era)

- 2003: Still more HAART refinements including more tolerable and less complex regimens and introduction of the entry inhibitor drug class with T-20 (Fuzeon) (ART4 era).

*The researchers used a mathematical model known as Coast-Effectiveness of Preventing AIDS Complications (CEPAC) to estimate per-person survival benefits for each era. They used a simulated cohort of one million patients; numerical estimates were based on numbers of people with AIDS, not HIV infection. The model did not account for the potential survival benefits of nucleotides reverse transcriptase inhibitor monotherapy or dual therapy, nor any possible decreases in survival due to HAART-related adverse events such as liver toxicity or cardiovascular disease.*

*The model took into account both current health status and factors likely to predict future clinical events, such as CD4 cell count and HIV viral load. Estimated rates of response to various treatment interventions were based on those observed in clinical trials, but were adjusted downward to reflect the somewhat lower rates of success attained in clinical practice. For mother-to-child transmission, it was assumed that AZT reduced the vertical transmission rate from 26% to about 8%, and that combination HAART decreased this further to 3%.*

**Continued on page 3.....**

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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.

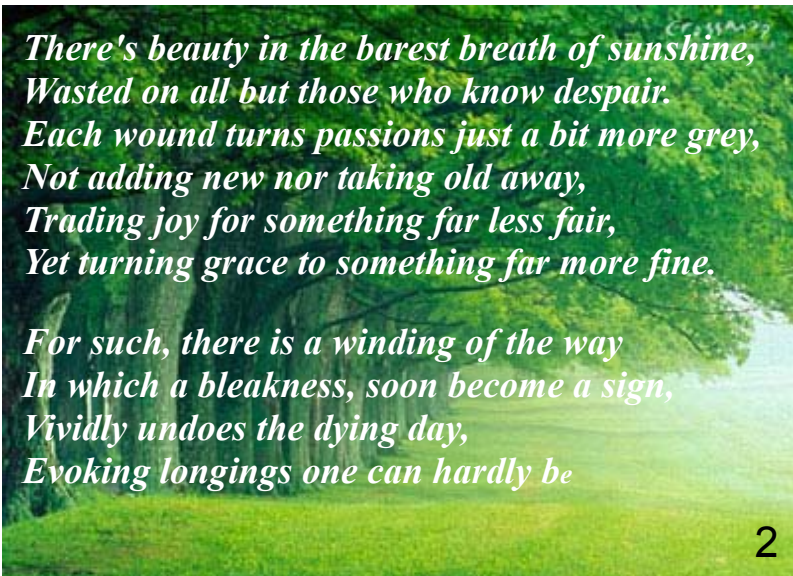
**Integrity:** To provide services to the entire community in a humane, loving, non-judgmental manner.

**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.



*There's beauty in the barest breath of sunshine,  
Wasted on all but those who know despair.  
Each wound turns passions just a bit more grey,  
Not adding new nor taking old away,  
Trading joy for something far less fair,  
Yet turning grace to something far more fine.*

*For such, there is a winding of the way  
In which a bleakness, soon become a sign,  
Vividly undoes the dying day,  
Evoking longings one can hardly be*

## RESULTS

1. Compared with untreated HIV disease, per-person survival increased 3.1 months (0.26 years) with PCP prophylaxis alone.
2. The era of combined PCP and MAC prophylaxis led to mean survival increase of 24.4 months.
3. Four consecutive eras of increasingly effective HAART were associated with per-person survival increases of 93.7, 132.6, 138.8, and 159.9 months respectively.
4. Projected per-person survival after an AIDS diagnosis increased from 19 months (1.6 years) in the absence of treatment to 179 months (14.9 years) by 2003, a gain of nearly 160 months ( 13.3years).
5. Treatment of people with HIV/AIDS in the United States since 1989 has yielded a total survival benefit of 2.8 million years.
6. Prevention of mother-to-child HIV transmission has averted nearly 2900 infant infections, equivalent to 137,000 additional years of survival benefit.

## CONCLUSION

The researchers concluded that a total of at least three million years of life have been saved in the United States as a direct result of care of people with HIV/AIDS, highlighting the significant advances in HIV treatment over the last 25 years. They noted that this sur-

vival benefit greatly exceeds that achieved for patients with many other chronic diseases.

However, they continued, an additional 740,000 years of life might have been saved if all U.S. patients with AIDS had received appropriate treatment starting at the time of diagnosis. Thus, this analysis not only demonstrated the “striking survival gains” achieved thanks to advances in HIV/AIDS treatment but also “emphasizes the importance of expanded HIV testing and linkage to care, so that greater numbers of infected persons can access lifesaving therapy.” The authors added that on a global scale, OI prophylaxis and HAART “has the potential to save hundreds of millions of years of life.”

According to an accompanying editorial by Sten Vermund, MD, of Vanderbilt University School of Medicine, Walensky and colleagues’ quantification “suggests that the economic and humanitarian benefits: of HIV/AIDS treatment are “greater than were hitherto appreciated.” Through the efforts of scientists who develop drugs, pharmaceutical companies, healthcare workers at all levels, journalists and treatment educators, policy-makers, and HIV-positive persons themselves, “who, by the tens of thousands, keep their appointments, take pills, eliminate or reduce high-risk behaviors, and support peers who struggle with the

promising but complex world of daily lifelong therapy, “he said, “a lethal disease has been transformed into a chronic, manageable condition wherever health services health psychology are appliedelivery, financing, drug logistics..., health manpower, health policy, and successfully.

Yet Vermund, too, addresses rhe challenges that remain, including wider implementation of HIV testing, since many who could benefit from treatment do not know they are infected. “If we address systematically the barriers to testing, care, and prevention, “he concluded, “further modelers will describe the next 15-year period as having saved hundreds of millions of life-years, not just in North America but around the world.

## **PLEASE CALL FOR AN APOINTMENT**

**Aloha**  
**To better serve you and give you the time and attention you deserve, please schedule an appointment when you need to meet with your case manager/s.**  
**Hilo 982-8800**  
**Kona 331-8177**  
**MAHALO**

## **A TASTE OF LIFE**

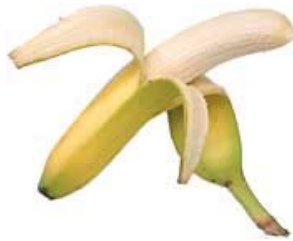
**The island's best food and drink, Music under the stars, And the company of friends...**

**The Hawai'i Island HIV/AIDS Foundation is holding the 8th Annual "Taste of Life" on Saturday August 12th at the beautiful Sheraton Keauhou Bay Resort & Spa. Once again, we look forward to the island's most amazing silent auction. Shop for irresistible meals, excursions, furniture, plants, contemporary artwork, gifts and more. Music by Pacific Fusion will keep you dancing. All proceeds from the event benefit people with HIV/AIDS, their families, their friends, and our entire community. Our Chairperson for this year's event is Executive Director Georgie Kennedy. Tickets are \$65 in advance, and \$75 at the door. Special reserved tables for 10 at \$1,000. Call the Foundation at 331-8177, or email [hihaf@hihaf.org](mailto:hihaf@hihaf.org). Visit our website at [www.hihaf.org](http://www.hihaf.org).**

## **HOW HIV MEDS INTERFERE WITH METABOLISM**

**From an article by Megan Nicholson June, 2006**

The factors driving body fat changes and metabolic abnormalities in HIV-positive people have not been definitively established. Two classes of antiHIV drugs — protease inhibitors (PIs) and nucleotide analogue reverse transcriptase inhibitors (NRTIs) — are known to contribute to the syndrome but exactly how remains the subject of speculation and research.



There are several theories regarding how HIV and/or anti-HIV drugs might be causing peripheral fat loss (lipoatrophy), fat gain (lipo hypertrophy) and metabolic disorders.

- **Mitochondrial toxicity.** Damage to mitochondrial DNA by NRTIs, particularly stavudine (d4T), may disrupt energy metabolism, damage cells and hasten programmed cell death (apoptosis).
- **Distribution to fat metabolism.** PIs disrupt lipid metabolism, leading to excess production of triglycerides, cholesterol and lactate.
- **Inhibition of Insulin.** Inhibition of some glucose transporters by

most protease inhibitors may be one element causing insulin resistance. Insulin resistance may be driving central fat accumulation and “buffalo hump” by causing reduced uptake of sugar, triggering a release of fatty acids into the blood.

- **Chronic immune activation** due to HIV may contribute to some or all of these mechanisms.

### **FOOD FOR THOUGHT**

At this stage, there is no clear scientific evidence that any particular dietary strategy will help you lose your belly while keeping your facial or limb fat loss to a minimum. If you are considering changes to your diet, discussion with your doctor and/or a dietician is recommended. Standard lipid-lowering or fat loss advice is not always appropriate for everyone with HIV.



Additionally, no diet can work in isolation: exercise and other lifestyle changes, particularly stopping smoking, are known to be other key elements in maintaining a healthy heart.

It is also crucial that dietary changes (e.g., reducing fat intake) do not reduce absorption of your HIV medications, or cause you to lose weight if you are already wasting.

already wasting.

The final point to bear in mind is that attempts to lose your central fat accumulation through regular intense aerobic exercise may worsen fat loss in your face and limbs. Although weight training to build muscles may help to offset this problem, adding anabolic steroids to your muscle-building regime can actually worsen facial lipoatrophy.



### ALL YOU CAN EAT?

The best way to feel good about your body and your blood fat levels is to pick and choose — buffet style — what suits you best. General sound advice includes:

1. Eat more fiber (e.g., whole grains, beans, most fruits and vegetables).
2. Eat fewer refined carbohydrates (e.g., white bread, cakes, pizza).
3. Reduce and replace consumption of saturated fats (e.g., fats derived from animals and coconuts) and trans fats (e.g., processed cakes and biscuits, snack foods, carry-out food) with more beneficial monounsaturated fats (e.g., olive oil, avocado, almonds, macadamia nuts) and polyunsaturated fats (nuts and seeds, sunflower oil, safflower oil, soybean oil, and foods high in omega-3).
4. Do regular exercise — either moderate aerobic exercise (like brisk walking or swimming) or resistance exercise (like weight training) which

strengthens our muscles — but don't overdo either.

5. Quit smoking.

## Monday, July 31

**Come hear Fred Cruz,** Our favorite pharmacist from PRO-CARE (HDAP, Medicare part D provider) and Raymond Alejo RN, Peer Treatment Advocate from Life Foundation speak on HIV & Adherence and HIV update.

At the King Kamehameha Hotel in Kailua-Kona.

5:00 pm gather 5:30 pm start

Dinner buffet included

Please let Wing know if you are interested 331.8177





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## **2ND ANNUAL HIHAF RUMMAGE SALE IN HILO**

**TO BENEFIT OUR FOODPANTRY  
SATURDAY, JULY 22, 2006**

**THE MOOHEAU BANDSTAND  
(ACROSS FROM HILO MARKET)  
7:00AM TO 1:00PM**

**DONATIONS FOR SALE NEEDED  
(CASH OR FOOD DONATIONS ALSO GLADLY ACCEPTED)**

**DONATIONS MAY BE DROPPED OFF AT OUR  
OFFICE  
IN SHIPMAN BUSINESS PARK,  
16-204 MELEKAHIWA PLACE, KEAAU 96749  
FOR SPECIAL ARRANGEMENTS TO PICKUP  
ITEMS PLEASE CALL OUR OFFICE:  
(808)982-8800**

The Hawai'i Island HIV/  
AIDS  
Foundation offices  
will be closed  
Tuesday  
July 4 for  
Independence day



### **Free and Anonymous HIV Testing Locations and Dates**

Free and anonymous HIV testing and counseling is available to the public on a regular, on-going basis. The testing is confidential and totally needle free.

#### **Hilo/Kea'au**

Hawaii Island HIV/AIDS Foundation – Kea'au Office  
Shipman Business Park – 16-204 Mele Kahiwa Place,  
Suite 1

Monday-Friday, 8:30am-4:00pm

#### **Pahoa**

Pahoa Family Health Center, Pahoa Village  
Every 2nd and 4th Tuesday of month, 9:00am-  
12:00pm

#### **Kona/West Side**

Hawaii Island HIV/AIDS Foundation – Kona Office  
75-240 Nani Kailua Drive, Suite 5  
In the Pines Plaza , Kailua-Kona  
Monday-Friday, 8:30am-4:30pm

West Hawaii Community Health Clinic  
Every Friday from 1:00pm-4:00pm

#### **Special Dates and Locations**

**A message from Jeff Seyfried  
(Prevention for Positives)**

**I am looking for suggestions and am seeking client input on whether we should continue the client support groups. The past two month's support groups have been attended by one client each time.**

**As a result, we have decided to wait to resume the Support/Discussion Group until there is more interest in participating.**

**I would appreciate hearing from clients regarding the need and direction for this group. Thank you for sharing your thoughts on this subject. My email address is: [seyfried@hihaf.org](mailto:seyfried@hihaf.org), or you may call me at 982-8800.**

**Mahalo.**

**Meanwhile, HIHAF will be hosting the annual Labor Day Pool Party at Randolph's in Kapoho. I hope to see you there.  
-More on Dates and Times as they become known**

**Aloha,  
Jeff**

