

The WIHS Woman



The Connie Wofsy Women's HIV Study

New WIHS Liver Biopsy Study

Phyllis C. Tien, MD

Coming to you this summer will be a new WIHS liver biopsy study (see page 8). If you have hepatitis C, you are eligible for the study whether or not you have HIV infection. If you do not have hepatitis C, but have been told by your provider that you have abnormal liver tests on multiple occasions in the past year, you are also eligible.

Some of you may have participated in our prior WIHS liver biopsy study. If you have not been successfully treated for your hepatitis C and you had a liver biopsy performed more than 3 years ago as part of clinical care or part of our study, you are still eligible.

Participating in this study will not only provide important clinical information about your liver, but also help researchers investigate new ways to measure liver fibrosis (or liver scarring). Guidelines for monitoring the progression of liver fibrosis recommend that adults with HIV/

HCV coinfection should undergo a liver biopsy every 3 – 5 years. With the recent approval of 2 new hepatitis C protease inhibitors (PIs) to treat adults with genotype 1 hepatitis C infection, understanding what stage of liver fibrosis you might be in is important. When the hepatitis C PIs (i.e. telaprevir or boceprevir) are used with pegylated interferon plus the drug ribavirin to treat genotype 1 hepatitis C infection, the response rates are much better than when using just pegylated interferon plus ribavirin. The information from the liver biopsy can help determine the severity of your liver disease and whether you are a candidate for hepatitis C treatment.

From a research perspective, we will use the liver biopsy information to see what factors are associated with liver scarring from a liver biopsy and what factors are associated with liver scarring from other techniques such as Fibroscan or blood tests. If the factors are similar, then using techniques that don't require a biopsy might be useful to monitor liver disease progression over time.

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The Liver Biopsy Study will include two visits on two separate days. The first one will be at Mt. Zion for blood work to make sure that you do not have any bleeding disorders that might affect the liver biopsy. This visit will take about one hour and we will pay you \$25 for this visit. The second visit will be in the Moffitt Hospital Clinical Research Center where you will undergo the liver biopsy. While the liver biopsy itself only takes about 15 minutes, you will have to lie flat on your back for about 3 to 4 hours after the biopsy. During that time, we will take your blood pressure and do another blood draw. You will be paid \$100 for this visit. Transportation costs will be reimbursed at each visit.

If you are eligible or think you are eligible for the Liver Biopsy Study, please call Jane Pannell at 415-502-8801.



Colposcopy

Debra Walter, NP

If your Pap smear is abnormal or if the WIHS clinician sees something during your pelvic exam that looks suspicious, they will recommend a colposcopy exam.

Colposcopy is a procedure that allows the WIHS clinicians to examine the external genital area (vulva), vagina and cervix with magnification to determine if the cells look normal or abnormal. The colposcopy exam can take anywhere from 20 to 30 minutes. Colposcopy should not be done during your period and you should avoid intercourse, using vaginal medications, douches or tampons for 24 hours prior as it might interfere with the accuracy of the test.

The exam is similar to the Pap smear procedure you have already experienced. The clinician may repeat the Pap smear, and then apply a saline solution to the cervix. She will then look through the colposcope, a type of microscope that shines a light on your cervix, allowing us to get a magnified look at your cervical cells. This part of the procedure does not hurt at all. A vinegar solution is then applied to the cervix. This part of the exam may sting a little, but the stinging usually disappears within a few minutes. With these solutions along with magnification, the clinician is able to detect any abnormal cells which may need evaluation.

If the clinician sees cells that may be of concern, a biopsy (a very small piece of tissue) may be taken, using special biopsy instruments. During this time you may feel a sharp pinch, or light menstrual-type cramps **OR** you may feel nothing at all. The biopsy is then sent to a pathology lab for diagnosis.

It is important that you use sanitary pads instead of tampons after the procedure to prevent infection and further bleeding. It is normal to have a little spotting or a brownish/bloody discharge for a few days. You will also be advised to avoid douching and sexual intercourse for one week or longer. It is important to let us know if you have fever, chills, heavy bleeding, or continued cramping after your colposcopy.

The biopsy results are generally available in about 2-3 weeks; your WIHS clinician will contact you to review the results and the plan with you. In many cases nothing else will need to be done after colposcopy except to follow-up with pap tests that are routinely done during your WIHS visits. In a few cases, further follow-up is needed and you may be followed with colposcopies at your WIHS visits or referred to your regular provider for evaluation or referral.

Arthritis

Diagnosis and Management

David Wofsy, MD

No one goes through life without experiencing aches and pains. More often than not, the cause of the problem is clear and the duration of the symptoms is brief. We may overuse a muscle or twist a joint during exercise, and then recover fully over a few days or a few weeks at the most. In those instances, we know the cause and we get better quickly enough not to worry. However, occasionally there is no apparent cause for the pain, or symptoms linger, and it becomes necessary to seek a definitive diagnosis in order to determine the proper treatment.

Arthritis is not a single disease. Rather, it is a term used to describe pain and/or inflammation arising from a joint, which can happen in many different diseases. The first and most important challenge for someone with joint pain is to get the right diagnosis, because the diagnosis will help to predict the course of the problem and will guide decisions about treatment. Often, examination by a clinician shows that apparent joint pain is not due to arthritis at all, but rather reflects problems in tissues next to the joint, such as tendinitis. These problems can often be treated with simple remedies such as ice or heat, physical therapy, an injection into the inflamed area, or a short course of medication.

When the problem is confirmed to be due to arthritis, it is important to determine *what kind of arthritis*. The most common form of arthritis involves damage to a joint due to the wear and tear that occurs either from years of use or from damage caused by an accident or injury. This form of arthritis is referred to as **degenerative joint disease**, or **osteoarthritis (OA)**. Because it

reflects gradual damage over time, osteoarthritis is most common in older individuals. Weight-bearing joints, such as the spine, the hips, and the knees are particularly prone to OA, because there is more stress on these joints than there is on joints that do not have to support as much weight. Because of this, weight loss can be a helpful way to improve the symptoms, especially for individuals who are overweight. There is no way to restore damaged joints to normal, but exercise that strengthens the muscles surrounding the joint can take some of the burden off the joint surface and thereby reduce pain.

When these measures are not enough, mild analgesic and/or anti-inflammatory medications can be helpful. Many of these medications (e.g., aspirin) are available without prescription. In cases of severe joint damage, surgical treatment may be an option. There have been great advances in joint replacement surgery for hips and knees, for example, that have dramatically improved quality of life for countless people with arthritis in these joints. In some individuals, OA occurs in the hands rather than the weight-bearing joints. This form of OA tends to run in families, increases with age, and typically involves the joints closest to the fingertips.

There are many other forms of arthritis as well, for which treatment varies. Sometimes arthritis results from a complication in the immune system. Ordinarily, the immune system is supposed to attack infections, but for reasons that are still unknown the immune system sometimes attacks the joints. This process is referred to as **autoimmunity**. The most common, but not the only autoimmune joint disease is called **rheumatoid arthritis (RA)**. Unlike OA, RA is not related to age, use, or injury. It can occur at any age (including childhood) and can affect many joints, most commonly the hands. Be-

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cause autoimmune forms of arthritis are caused by abnormalities in the immune system, these diseases are often treated with drugs that are designed to interfere with the immunologic mechanisms that cause the pain and swelling. There has been great progress in treating these diseases in recent years which means that, with good care, most cases can now be controlled quite successfully and should no longer lead to progressive deformity and disability.

Sudden, severe unexplained pain and swelling in a single joint may be due either to an infection or an accumulation of certain crystals within the joint. The most common crystal-induced arthritis is called **gout**. It is caused by crystals of uric acid within the joint that can cause very severe inflammation and pain. This form of arthritis is much more common in men than in women and mostly affects older people. When someone has experienced a gout attack, they can take medications to reduce uric acid levels and prevent further attacks. Fortunately, infections within joints are rare. However, when there is any reason for concern about infection (e.g., fever), it is important to get a quick and accurate diagnosis, because treatment with appropriate antibiotics is the only way to cure the infection and prevent joint destruction.

In summary, there are many forms of arthritis. They all can cause pain and swelling in one or more joints, but their causes are quite different and they respond to different treatments. As a result, it is critically important to determine the correct diagnosis so that effective therapy can be started and joint damage and disability can be minimized or avoided altogether.



CAB CORNER



Spring CAB Meeting

by Adrienne & Joyne Taylor

Hello ladies. For those of you who missed the last CAB meeting in April, here is the report. It was a lively and interesting meeting with many participants from both the East Bay and San Francisco sites. A tasty lunch was provided, along with games and raffle prizes.

Our guest speaker was Brad Aouizerat, a genetic scientist with UCSF/WIHS. He runs a genetics lab at UCSF that does all the genetic testing for WIHS. Genetics is the study of biological inheritance. Heredity is the passing on of characteristics from one generation to the next. This is why our offspring look like their parents.

Currently, Brad is interested in the genetics of pain. Pain is hard both to measure and to treat, so first we need to get a better understanding of what pain really is. Pain affects people in many different ways - physical, psychological, and emotional. Individuals struggling with complex and chronic diseases, such as HIV, are unfortunately burdened with various elements of pains.

Almost everyone in the group had something to share about their experiences with pain, and we had a lively discussion about ways to deal with it in our lives. Many women are living with pain, some have accepted it as part of their lives, while others struggle with it and are looking for ways to cope.

Many women were interested in knowing how they could ease their pain without the many

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pills that they are increasingly relying on. Brad suggested that we should all have open and honest discussion with our physicians about our experiences with pain. We also found that we could learn about many interesting methods by talking with fellow participants. Some WIHS participants have started exploring alternatives to medication, such as acupuncture. As advances in health technology allow us to live longer lives, the goal is for those years to be lived with as little pain as possible.

Because we had such a lively discussion about pain, we did not have enough time to talk about its connection to genetic testing. We plan to have a follow-up discussion in the near future to continue learning about genetic testing in WIHS.

There were a few announcements: Heneliaka Jones is leaving WIHS to pursue her goal of becoming a Nurse Practitioner. She will be entering nursing school in the summer. We support her decision and hope that she will return to UCSF as one of our health care providers. Joyne Taylor will be our new CAB liaison and we welcome her. Claudia Ponath has taken over as project director from Nancy Hessol. Nancy will continue to work with WIHS as an investigator and as the chair of the cancer-working group.



NCAB Meeting - May 6, 2012

by Adrienne

In May, I attended the NCAB meeting in Bethesda, MD. After reviewing general business, we welcomed Ebony Johnson, the new representative from the Washington DC WIHS site. Ebony shared information with us about the **Women's Networking Zone** at the upcoming International AIDS Conference in Washington, DC. All WIHS NCAB members will attend this year's AIDS conference, so stay posted for our report back. If you would like to check out Athena (WORLD is one of its member organizations) and the Networking Zone, go to www.athenanetwork.org, and click on the link "Networking Zone". The Women's Networking Zone is a community built forum within the International AIDS Conference that is open to the public; a place where community members, advocates, researchers, service providers, and decision-makers can meet, share, and learn together.

In the afternoon, we had two very interesting presentations. First, Dr. Seema Desai talked about inflamm-aging, a term coined by researchers to describe two related processes, inflammation and aging. Diseases of aging such as diabetes mellitus, cardiovascular disease (CVD), osteoporosis and certain cancers, manifest earlier in some people with HIV. Researchers think that inflammation and immune activation caused by HIV may be a reason. HAART can help with inflammation. Results from the SMART (Strategies for Management of Antiretroviral Therapy) study showed that participants who periodically stopped HAART had a higher rate of serious non-AIDS conditions, such as heart, liver and kidney disease than people who took HAART continuously. The study was done because side effects from HAART can also be problematic, and research-

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ers were trying to find out if reducing the exposure to HAART would reduce the risk of developing complications from those side effects. The study was stopped early because it became clear that people on continuous HAART were doing better.

These days, fewer people with HIV are dying from AIDS, but more are dying from other causes such as cancer and diseases of the heart and liver. With this in mind, we need to focus our attention on the immune system and the body as a whole, not just on HIV or other isolated viruses.

Dr. Desai's presentation really caught my attention. Improved survival in people living with HIV infection leads to changing patterns of disease and new questions about how they act in the body. Even when the viral load is undetectable and the CD4 count is up, our systems are still at risk for aging and inflammation, making us prone to other health problems such as heart disease. When biological blood tests suggest inflammation in the body, or "inflammation markers" are measured, we are finding that inflammation may be causing damage in the course of HIV disease, even in the setting of lower viral loads and higher CD4 counts. Generally, there are some things that can be done to counteract inflammation. One of the mechanisms that are thought to contribute to inflammation is leaky gut. Stopping leaky gut can help with inflammation by containing bacteria in the gut. Probiotics can be helpful here. Maintaining the correct balance between good and bad bacteria in the gut is important for optimal health. Cigarette smoking has inflammatory and carcinogenic (cancer causing) effects, so quitting smoking will decrease inflammation. A healthy, balanced diet and maintaining a healthy weight are helpful. Exercise also has anti-inflammatory effects.

We also heard from Dr. Pauline Maki, who spoke to us about the connection between depression and menopause. During menopause, when we stop getting our periods, we are four times more likely to get depressed than at other times in our lives. This makes depression an important issue for all of us to learn about. The medical definition of depression is to have a depressed mood during most of the day for at least two weeks. Though symptoms vary from person to person, some of the signs might include a loss of appetite, loss of interest in the things you usually enjoy, sleep disturbances, difficulty concentrating, lack of energy, and sometimes suicidal thoughts. If you are continuously feeling sad, tired, guilty, and generally down in the dumps, you may be suffering from depression.

There are many different causes for depression, and some of us may be more likely to develop it than others. Outside of menopause, some risk factors include a family history of depression, early childhood trauma, stressful life events, having few friends or other personal relationships, abusing alcohol or drugs, and taking medications that may affect your mood. The good news is that depression is treatable. Medication for depression can be helpful, and can be even more effective if it is combined with regular counseling.

We are now 30 years into the HIV epidemic, and many HIV infected patients are now living to older ages than ever before. It is estimated that by 2015, over 50% of the HIV infected population will be over 50 years old. Because of this, our goal is to increase quality and length of life. Learning more about our immune systems and dealing with issues like depression and menopause are just some of the ways that we can improve our aging process. With all of us closely working together, we are learning more every day.

CONTRACEPTIVE GEL STUDY



You can help us learn about how birth control gels affect immune cells in your uterus and cervix.

You may be eligible if you:

- *are 18 to 40 years old and have regular menstrual periods.*
- *are HIV negative and generally healthy.*
- *are not using an IUD, contraceptive gels or hormonal birth control.*
- *are willing to use two different vaginal gels, each for about 10-14 days.*

Study participants will:

- *be helping in the fight against HIV in women!*
- *come to nine visits at Mt. Zion Hospital (part of UCSF).*
- *be reimbursed **up to \$460** in cash and/or gift cards, plus transportation.*

Please call Tara at 415-502-8802

WANT TO LEARN ABOUT THE HEALTH OF YOUR LIVER?



WIHS is doing a liver biopsy study. We will remove a tiny piece of liver through a long skinny needle and examine the tissue under a microscope.

We are looking for both HIV-positive and HIV-negative women.

You may be eligible if you have Hepatitis C, or if you have abnormal liver blood tests.

Participants will have a screening visit at Mt. Zion Hospital and a liver biopsy at Moffitt Hospital.

Reimbursement is \$125 plus transportation

Please call Jane at 415-502-8801