

The WIHS Woman



The Connie Wofsy Women's HIV Study

Changes for Visit 29

by Claudia Ponath, Field Manager

It seems to me that we only just started visit 28, and already I am writing to let you know about visit 29 – time is flying. Below is an update of what you can expect during visit 29.

What's new?

There will be a couple of additional short questionnaires: one asks about your experience with **stress** and the results will later be compared to your pap test results; the other one asks about your **hair** – see the article by Dr. Mirmirani in this newsletter. It's taken us longer than expected, but we will finally start a new sub-study that will look at women's risk for **emphysema** (a lung disease that causes shortness of breath). It consists of a lung function test, a chest CT scan, a blood draw and a short interview. Heneliaka (a.k.a. Ladybug) will be the contact person for this study.

What's back?

The lung questionnaire is back for this visit

(and visits 31 and 33) in a shorter, follow up version. We will also ask you questions again about Menopause Symptoms and ask you again to complete the questionnaire about HPV (Human papilloma virus, the virus that causes genital warts, which can lead to cervical cancer). The **metabolic study** will start another round of follow up visits. Those of you who have participated in the past will be asked to do so again. You probably remember drinking the sugar solution and the blood draws to check your blood sugar and insulin levels, and the DEXA scan to check your bone density and measure your body fat. The **cardiovascular study** at the VA will also be starting up again for those of you who participated before. This involves an ultrasound of your neck to look at possible blockages in the artery. Your interviewer will let you know if you are eligible for any of these WIHS sub-studies.

What's continuing?

Please **fast (not eat or drink anything, except water, for at least 8 hours)** before your WIHS visit. This is important for getting an accurate test result for your cholesterol, lipids, and glucose. These blood tests are important markers

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for diseases that affect women, including diabetes, heart disease, and high blood pressure. So please try to **fast** 8 hours before your next WIHS visit.



Please bring either your **medications or a list of your medications** to the study visit. For your HIV medications, we also need to know the dosage you're taking. As you know, this is very helpful in completing the forms and makes the interview go faster for both you and your interviewer.

For those of you who are on HIV medications, we will ask you to give us a small **hair sample** of about 20 strands of hair, as we have in previous visits. The hair you have given us in the past is currently being tested for levels of HIV medications. We are seeing very promising results so far. Our hope is that we'll be able to use the levels of HIV medication in hair as a tool for "therapeutic drug monitoring", that is to be able to measure the level of HIV drug in someone's hair and to adjust their dose accordingly.

We have mailed or given you a **vaccination card** during a previous visit wave. Please make sure to have all your vaccinations recorded on the card and bring it to your next WIHS visit. This will make it easier for your interviewer to record your previous vaccinations. If you have misplaced your card, your interviewer can give you a new one at your next visit.

Abbreviated visits will continue for women who are unable to have a full core visit.

For women undergoing colposcopy, we will continue to ask if you want to **donate tissue** to the AIDS and Cancer Specimen Resource (ACSR). Women do not need to have cancer or HIV to enroll in this sub-study. Women who

are eligible and wish to donate tissue to the bank will have an extra biopsy, oral rinse, and one tube of blood collected for this study at the time of their colposcopy examination. We continue to have a great response from you to this protocol and we thank you for your help!

What's gone?

Various questions throughout the WIHS interview have been deleted, so the core interview should be a little bit shorter.

In conclusion

It's a pleasure and a privilege to continue to see you every six months. We truly appreciate your ongoing commitment to the study, as well as the time and effort involved in coming to the study visits and answering all those questions and donating all those specimens. A special note of thanks to the women who have come back for a study visit after being gone for a while; we are so glad to have you BACK! We all look forward to seeing you at your next WIHS visit. Heneliaka is looking forward to seeing you at one of our sub-studies next visit. We'll continue to make every effort to make your visit as pleasant as possible.



Report on the Executive Committee Meeting Bethesda, Maryland June 21 - 24, 2008

Sheila Bryant, NCAB Representative

Hello ladies this is one of your NCAB representatives Sheila Bryant and I am reporting on the WIHS Executive Committee (EC) meeting that was held in Bethesda, Maryland. Getting right to it, my favorite part of the whole meeting was the NCAB workshop on conflict management led by an inspirational woman named Yolanda Woods. The workshop touched on many topics and covered every part of life experiences. One of the topics discussed was about us, the NCAB representatives, becoming successful leaders in the WIHS and in our communities. Yolanda also taught us how to conduct positive NCAB meetings. The lessons taught at this workshop are ones that I believe every woman in the WIHS should know.

After the meeting all of the representatives came together and had dinner. During this time I became ill with swelling of the feet and ankles and unfortunately it slowed me down from attending other important meetings that were to come in the next couple of days. Nonetheless, on that Monday, I attended the WIHS General Session and one of the concerns was the lack of participation among study participants in returning for their bi-annual WIHS core visits. I also was able to sit in on 2 working group meetings that are important to me: the Cancer working group led by Nancy Hessol and the Hepatitis working group led by Dr. Audrey French.

In closing, ladies I would really like to encourage you all to attend your WIHS visit and be sincere about how you answer your questions. Remember this is our life and we need to give it our all.

Nilda Rodriguez, CAB representative

On June 21 - 23, I was able to attend the WIHS Executive Committee (EC) meeting in Bethesda, Maryland. One of the highlights of my stay was being able to attend a workshop led by Yolanda Woods that dealt with being a part of the WIHS National Community Advisory Board (NCAB). One of the key things I learned at her workshop was how to express myself in a short and concise manner. As a group, we learned how to deal with conflict, disagreement, respect, honor and other items. As a result of the workshop, I felt more respect for my fellow NCAB representatives. It was a wonderful training and I walked out knowing more than when I came in.

After the workshop with Yolanda Woods, we held our NCAB meeting. During the meeting, we reviewed the NCAB By-laws and made some changes and afterwards all of the NCAB representatives gave their site reports.

The next morning, Cynthia McGrady from the Brooklyn site gave the NCAB report at the WIHS General Session and she did a great job. Afterwards, I attended the scientific meeting. I sat through things that I thought were a little hard to understand; yet I was able to embrace the work that the doctors and researchers do in this study. Seeing Dr. Ruth Greenblatt, Dr. Monica Ghandi, and Nancy Hessol was truly a good feeling. The presentation that Dr. Ghandi gave on Pharmacokinetics in the WHIS was solid and also made me think of my own stuff. Three weeks before the WIHS meeting I had renal failure due to my medications and her presentation brought it closer to home. At the next EC meeting, I just hope that all of the presenters will speak in laymen terms so that all of us will be able to understand the scientific language.

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In closing, I look forward to the next EC meeting. I didn't know how respected the WIHS was in different parts of the United States until I attended the EC meeting. It is a great experience to be a part of one of the few, if not only, HIV study in the nation or maybe even the world that deals with just women issues as they relate to HIV/AIDS.

CAB CORNER



by *Heneliaka L. Jones*

Hello Ladies, I still cannot believe how fast this year is going by, we are already approaching the fall season! In an effort to improving the CAB, I would like to encourage all study participants to attend CAB meetings. It is during these meetings that we discuss ideas for the CAB, engage in a variety of topics on HIV/AIDS, learn about what is happening on the local and national level with the WIHS, and socialize with fellow study participants. No matter how large or small the group is laughter can always be heard down the hall. And for those participants that would like to come, but just can't find a babysitter, children are welcomed also. As your CAB liaison and coordinator, nothing makes me more excited than seeing those familiar faces; but in the months to come, I hope to see some new faces.

Now, as we prepare to bring this year to an end, your CAB representatives, Sheila Bryant and Nilda Rodriguez, and I are working very diligently to ensure that our annual End-of-the-Year Retention Holiday Party is successful. Therefore, we are asking that you nominate a study participant that you would like to see as the next WIHS Women of the Year. You can nominate someone by calling me or contacting someone from your local WIHS site. With that being said, this year's Retention Celebration

will be just as much fun as last year. I look forward to seeing everyone in the near future, so in the meantime, be safe and God Bless you.

Does HIV infection in women lead to changes in hair?

by *Paradi Mirmirani, MD*

Hair often defines our image and makes us unique - short or long, curly or straight, blond or black, and everything in between. As a result, hair loss, or changes in the quality of our hair can be extremely distressing, especially for women. While we may choose some aspects of our hair, genetics and environment also play a big part in hair growth and hair thinning. We have known that certain medical problems such as anemia and thyroid disease can change the normal growth cycle of our hair. How about HIV infection? Could the virus itself, or the various medications cause a change in hair growth? We set out to answer this very important question a few years ago. As part of the dermatology questionnaire we asked the women in WIHS about their hair. The results were somewhat surprising but good news: HIV infection and medications had only a minimal impact on hair growth. We are now set to start a follow-up questionnaire about hair loss during visit 29 of WIHS. What other information do we hope to learn? New research suggests that the oil gland of the hair follicle is very important in healthy, normal, hair growth. These oil glands in the scalp are controlled by some of the same signals that control the fat tissues in our body. If some HIV medications can cause changes in fat over time, could these same medications also change hair growth? We hope our WIHS participants can help us answer this question, and we look forward to your participation.



Inflammation and HIV

by Drs. Philip Norris and Ruth Greenblatt for the WIHS Pathogenesis (how HIV works) working group.

For years scientists have known that the human body responds to infection with strong immune responses. For people who have had skin or soft tissue infections, you already know about inflammation. Increased blood flow to the infection, makes your skin warm and red. Sometime pus will build up in the form of a pimple or an abscess. Pus is a mixture of bacteria and white blood cells fighting them. People who are infected with a virus have immune responses from white blood cells. You probably would recognize symptoms of viral infections like fever, sweats, loss of appetite, body aches, and sometimes a rash.

While your body's response to infection is there to kill invading organisms, immune responses can also make people feel sick or even harm them. Anyone who has had the "flu" knows how bad it feels. Many of the symptoms of the flu are caused by the immune response to the flu virus. Special immune cells can tell that the flu virus should not be in your body, and they send out signals called "cytokines" to bring other immune cells in to fight the flu. These signals or "cytokines" cause fever and other feelings of illness, such as loss of appetite and feeling tired and achy that most people with the flu notice. These cytokines can be so helpful that some are available as medicines; the cyto-

Bacteria: germs that cause infections like strep throat, tooth decay and boils.

Viruses: germs that cause infections like HIV, hepatitis, herpes and colds.

Cytokines: signals your immune system uses to organize the fight against infections. They can kill viruses, and cause flu symptoms. Treatments for hepatitis C use cytokines to kill that virus.

Inflammation: How body tissues respond to immune stimulation, like the redness and swelling around a boil, or the soreness of a strep throat.

kine interferon-alpha is given to people with hepatitis C infection to help their immune system clear the virus from the liver. One of the biggest limitations of cytokine therapy is that most people receiving interferon-alpha suffer at least some flu-like symptoms, not a pleasant side effect!

But why are WIHS investigators interested in cytokines in HIV infection?

We have begun studying how the body's immune system might affect the health of women with HIV. While we know that the immune system produces inflammation in response to viral infections, too much of a good thing like inflammation can be a problem. It is possible that inflammation that lasts a very long time (months to years) may cause problems. Some of the problems that prolonged inflammation may cause include weak immune systems, heart disease, diabetes and some kinds of cancer. One of the new WIHS projects will measure levels of inflammation in women to see if the amount of inflammation that is present early in HIV infection can predict how women control the HIV virus later in the course of the disease. Because the WIHS women have contributed to HIV research for so long, the WIHS is one of the only studies that can provide information about how long-term inflammation works against HIV and if it causes problems. By finding out what immune responses are "good" or "bad" in fighting HIV, we may find ways to help people's immune responses fight HIV but avoid causing problems.

Want to Quit Smoking?

How Addicted are You?

Take the Nicotine Addiction Test

Find out how much you depend on nicotine.

Knowing how addicted you are to nicotine can help you quit. It can help you decide if you need extra help, such as medicine or support from a program.



Take this test to find out how hooked you are.

Check the box for every “yes” answer:

- Do you usually smoke your first cigarette within a half hour after you wake up?
- Do you find it hard not to smoke where smoking isn't allowed? (at the library, movie theater, or doctor's office?)
- Do you smoke 10 or more cigarettes a day?
- Do you smoke 25 or more cigarettes a day?
- Do you smoke more during the morning than during the rest of the day?
- Do you smoke even when you're sick?

How many boxes did you check? _____

The more boxes you checked, the more addicted you are.

You'll have to work hard to quit, even if you checked only one box or no boxes at all. You may be very addicted to nicotine if you checked more than three boxes. Ask your doctor about medicines that can help you quit. Many are available in local pharmacies as over-the-counter (OTC) medicines in the form of chewing gum, lozenges, and skin patches. Ask a Pharmacist for help with these.

When you quit smoking, you may feel strange at first. You may feel dull, tense, and not your-

self. These are signs that *your body is getting used to life without nicotine*. It usually only lasts a few weeks. Many people just can't handle how they feel after they quit. They start smoking again to feel better. Maybe this has happened to you. Most people slip up in the *first week* after quitting. This is when feelings of withdrawal are strongest.

Preparing to Quit

Overview of the Basic Steps

Just thinking about quitting may make you anxious. But your chances will be better if you get ready first. Quitting works best when you're prepared. Before you quit, **START** by taking these five important steps:

S = Set a quit date.

T = Tell family, friends, and coworkers that you plan to quit.

A = Anticipate and plan for the challenges you'll face while quitting.

R = Remove cigarettes and other tobacco products from your home, car, and work.

T = Talk to your doctor about getting help to quit.

Here is more information about the different medicines.

Nicotine Gum, Patch, Inhaler, Spray, and Lozenge (NRT)

Nicotine gum, patches, inhalers, sprays, and lozenges are called nicotine replacement therapy (NRT). That's because they take the place of nicotine from cigarettes. NRT can help with withdrawal and lessen your urge to smoke.

You need a prescription to buy the inhaler and nasal spray. But you can buy nicotine gum, nicotine patches, and nicotine lozenges on your own.

Diet & Nutrition

Fruit & Veggies



Vegetable of the Month

Chili Peppers



Hot peppers (chilies) are often used to spice up dishes, and they are especially popular in ethnic cuisine including Mexican, Indian, Thai, Vietnamese, Arab and Spanish cooking. Chilies are an excellent source of vitamin C if you can withstand their powerful bite.

Contrary to popular belief, the hottest part of the chili pepper is not the seeds but where the seed attaches to the white membrane inside the pepper. This area has the highest concentration of capsaicinoids. Capsaicinoids are flavorless, odorless substances that act on pain receptors in the mouth and throat. Capsaicin is the primary capsaicinoid. Capsaicinoids can be found throughout the flesh of chili peppers though their concentration varies in different areas so that one part of a pepper may be hot and another part of the same pepper quite mild. The seeds are often hot because they are in such close contact with the white membrane.

There are several varieties of chili peppers (see box below) and each differs in flavor and heat intensity. Even within each variety, there may be differences in how 'hot' each particular chili is. Typically, larger chilies are more mild because they contain less seeds and white membrane in proportion to their size. Most varieties can be found dried, canned, or fresh.

Varieties of Peppers

Anaheim: (California Green Chile or Long Green Chile) One of the most commonly used varieties in the United States, especially in stuffed chiles. This chili is long, slender and lobed, green or red in color and mildly hot. They can be eaten when green or when they are their mature red color.



Ancho: Dried or fresh poblano pepper. Dried anchos are flat, wrinkled, and heart shaped. They range in color from very dark red to almost black. Anchos are mild to moderately hot and often soaked and ground for use in sauces.



Casabel: Green or red, small and round, moderately hot and typically available dried. When dried, their skin turns a translucent red-brown color and their seeds rattle inside.



Cayenne: (Long Hots) Red when fully mature, long (6 to 10 inches), thin and straight or curled at the tips. Very hot. Cayenne can be found dried and ground into a powder that is seen as generic "red pepper" in the spice aisle.



Habanero: (Scotch Bonnet) Typically yellow-orange, but they can be green, red, or orange. These peppers are lantern shaped and typically about 2 inches long. The hottest pepper grown commercially; intense fiery flavor; a unique floral flavor and an extremely intense heat that affects the nasal passages.



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Jalapeno: Most often green when mature but sometimes red, these peppers are about 2 inches in length with cracks around their stems. They are very hot, with an immediate bite. Jalapeños are sold canned, sliced, and pickled and are added to many products during processing including sausage, cheese, and jelly.



Poblano: Ancho peppers that are green. Poblano peppers look like small bell peppers and are mild to hot in taste. They are often roasted and peeled prior to being used in soups, sauces, casseroles or even stuffed with meat and cheese for a dish called chilies rellenos.



Serrano: Sold red or mature green and about 1 to 4 inches in length. Moderate to very hot with an intense bite. Serrano chilies are often used in Thai cooking and they are also quite popular in Mexico and the southwestern United States.



Availability, Selection, and Storage

Chili peppers are available year round and in the United States they are grown in California, New Mexico and Texas. When selecting chilies, look for firm, glossy chilies with taut, unwrinkled skin and fresh green stems. Dried hot peppers should be glossy yet unbroken.

Chilies should be stored unwashed and wrapped in paper towels in the refrigerator for up to three weeks. Dried chilies should be stored in airtight containers at room temperature for a maximum of four months. To keep dried chilies for more than four months, store them in the refrigerator.

Chili Pepper Nutrition

Chili Peppers	
Serving Size ½ cup (75g)	
Amounts Per Serving	% Daily Value
Calories 30	
Calories from Fat 0	
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 5mg	0%
Total Carbohydrate 7g	2%
Dietary Fiber 1g	4%
Sugars 4g	
Protein 1g	
Vitamin A	20%
Vitamin C	300%
Calcium	2%
Iron	6%
* Percent Daily Values are based on a 2,000 calorie diet.	

Preparation

It is very important not to touch your nose, eyes or mouth after handling or eating hot peppers. If you do, flush with water immediately. The capsaicin in the peppers can be extremely painful to your eyes and can even burn or irritate your skin (especially if you have cuts on your hands).

If possible, wear thin rubber gloves while preparing chili peppers. Wash hands thoroughly with soap and water when done working with chilies. If the bite is too strong when you eat a chili, chew on bread or another starchy food; water only makes the bite worse as it spreads.

To decrease the heat intensity of chilies, wash them, cut them open and remove the seeds and veins. Also, soaking cut up chilies in salt water for at least an hour will help cool them off.

*Above information is taken from the Centers for Disease Control (CDC) web site: fruitsandveggiesmatter.gov

