

The WIHS Woman



The Connie Wofsy Women's HIV Study

CONGRATULATIONS RUTH GREENBLATT



She has served on numerous committees which have focused on diversity issues and advocacy efforts for female faculty.

Ruth is currently the chair of the Parnassus General Clinical Research Center Advisory Committee, co-director of the UCSF Center for AIDS Research Mentoring Program, and a member of the Chancellor's Council on Faculty Life.

Dr. Greenblatt also was honored with the prestigious Women in Medicine Leadership Development Award by the Association of American Medical Colleges at its annual meeting in 2005.

Congratulations from all of us at WIHS!

Dr. Ruth Greenblatt, the primary investigator (PI) of the UCSF WIHS site was awarded the 2006 Chancellor's Award for The Advancement of Women.

Ruth is recognized for her commitment and dedication to fostering a fair and equitable academic climate and her many years as a mentor to both men and women at UCSF.



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Changes for Visit 24

By Claudia Ponath, Field Manager

It's almost spring – at least I tell myself it is, as the weather report forecasts snow for the weekend, and visit 24 is just around the corner. As usual, there are some changes that I want to tell you about. As we approach a dozen years of interviews for the WIHS, I also want to thank each of you for continuing to participate in this important and amazing study. We have learned so much about HIV, about your lives, and about your ability to persevere in the face of adversity during the last 12 years.

What's new?

For this visit only, we will be asking you to fill out a questionnaire that asks about your experiences with the health care system and about HIV/AIDS. We also have a new sub-study that looks at the effect of genes on mood, stress, drug dependence, depression and /or worsening of HIV disease. For this new study, you will be invited to come in for an interview only, no blood draw. This visit will take about one hour and you will be given \$30. We will also test stored blood samples from those of you who have consented to genetic testing.

What's changed?

If you are in the cardio-vascular sub-study we will collect less blood at this visit. We have added some more detailed questions about alcohol use. There will also be some questions about influenza, the flu, and flu vaccines.

What's back?

The Sex Steroid Study is going into the follow-up phase this visit. This is a very simple visit,

consisting of only a short blood draw during day 2, 3 or 4 of your menstrual period. This visit, we will ask those women who still have periods and who came in for the sex steroid study in visit 18 to return.

What's continuing?

Once again we will ask you to complete the 3 short **paper and pencil exercises**, which you did at your last visit. We still want you to **fast (not eat or drink anything, except water, for at least 8 hours)** before your visit 24 study appointment. The reason for this is to get a more accurate measure of key laboratory tests for things like cholesterol, lipids, and glucose. These blood tests are important markers for diseases that affect women, including diabetes, heart disease, and hypertension (high blood pressure). We will continue to ask those of you who are on HIV medications to give us small hair samples. Because this is an even-numbered visit, we will ask you all of the mood questions.

Many of our sub-studies are continuing through visit 23. The **PK study** (or Pharmacokinetic study) looks at HIV medication levels in the blood over a 12-24 hour period. The **Metabolic Study** involves testing for glucose and insulin and doing a bone density test (DEXA). This visit, women who first participated during visit 20 will be asked to come back in for a follow-up visit.

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

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

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

What's gone?

The Tushi study has been completed. We appreciate the contribution of all WIHS women who participated in this important study. We will have an article about the results from this study in one of our next newsletters. Also completed is the physical functioning protocol: the grip strength test, the walking and the questions about physical functioning and about activities of daily living. Thank you very much for your participation.

In conclusion, we will continue to make every effort to make your study visit as pleasant as possible. We truly appreciate your contribution to the study and the time and effort involved. It's a great privilege to have you in the study.



The Low-down on High Blood Pressure

By Edward Machtinger, MD

High blood pressure is very common - about 1 in every 5 people have it. Uncontrolled high blood pressure is a leading cause of serious problems with the heart, kidney, and brain. The good news is that you can help prevent these problems by controlling your blood pressure. The bad news is that, despite these dangers, only 1 in 3 people with high blood pressure have it under control.



High blood pressure is also called hypertension. It is defined as a blood pressure that has a top number over **140** and/or a bottom number over **90**. The top number ("systolic") is a measure of the peak pressure in your blood vessels that occurs when your heart beats; the bottom number ("diastolic") is the pressure in your vessels when your heart is relaxed. If either number is over the limit on 3 separate visits to your doctor, you have high blood pressure.

There are a lot of reasons why people get high blood pressure. "Essential Hypertension" is the most common type. This type is often inherited in the genes. Eating salt, being overweight, or drinking alcohol can also cause it. It is also much more common in African Americans. Another type of high blood pressure, "Secondary Hypertension", is caused by an abnormality with another system in the body such as kidney disease, hormone problems, or problems with the blood vessels. Your doctor can help you figure out which kind you have.

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There are many problems caused by high blood pressure. High blood pressure is the single biggest risk factor for having serious heart problems, like heart attacks or heart failure. It is the single biggest risk for having a stroke or a bleed into your brain. High blood pressure is also a common cause of kidney failure. Reducing your blood pressure to the normal range helps prevent these health problems.

You can treat high blood pressure without using pills by changing your lifestyle. This includes decreasing salt in your food, weight loss, increasing exercise, and reducing alcohol. It is also important to eliminate smoking. Although smoking itself doesn't cause high blood pressure, it makes the risk of problems with the heart much higher. These lifestyle changes can be very hard to do but they are possible and it can feel really good to accomplish them. Your health care provider can help you be successful with these changes if you are motivated.

Many people with high blood pressure, even if they change their habits, will need to use medications to control it. There are many medications to choose from and most are very simple to take. Some people will need to take more than one medication to get the blood pressure completely controlled; for this, combination pills exist that reduce the number of pills you need to take. The goal of treatment is to get the blood pressure back down below **140/90**. This does require taking the pills regularly, which is something that a lot of people have trouble doing. Some people, after a while, may be able to stop taking these medications and still remain in good control. This is most possible if the person has been able to change some of the habits that contribute to high blood pressure.

Now that HIV is treatable, more people are living longer and stronger. To stay healthy and strong as we get older, it is important to pay attention to other health issues that have a big effect on how we age and how long we live, such as high blood pressure.



My Stay at the Hospital for the Reyataz (PK) Study

A Personal Account by Gwen Patton

March 1st, 2006

I arrived on time as requested, got to admitting, and filled out the paper work. I was asked a few questions and that was it. Up to the 12th floor I was sent for the PK Study. I was expected by all the nurses; they were all very nice and friendly. My sister Brenda called faithfully every morning playing spiritual music into my ears (of course, I brought my cell phone). It is now day one, I'm in my room, and Michelle my WIHS coordinator is doing an interview. Bless her heart, she's so concerned and makes you feel so wanted. She helps you to have self worth about yourself. That afternoon, I got whatever I wanted to eat. They made sure I was comfortable. I got a chance to see Dr. Gandhi; she was a blast! It was nice to see her again after the Valentine's Party. At my visit, Dr. Gandhi met my daughter Denise who was right there for me as soon as she got off work. She and Dr. Gandhi talked about Denise's position in her job as a coordinator for abused kids. Dr. Gandhi was really concerned. She also made sure that I got a sleep relaxer and a smoking patch. Dr. Gandhi ordered me a good relaxer, also what I call something smooth sailing (smile). I slept like a log. Bless her heart. She was God sent.

March 2nd, 2006 (Day two)

They started the blood draws. Hallelujah! I think it is wonderful to volunteer to help science with the PK study - to draw your blood before and after you take Reyataz to see how long the Reyataz stays in your blood. Okay, to all the ladies on Reyataz, listen up. It's interesting to know all of these things if you're

taking Reyataz. Pay close attention to as much as you can. It's wonderful how science is coming up with ways to check to see how these HIV drug cocktails are working in our bodies.

Oh, here comes my roommate, Debbie. She is checking in today, and I'm checking out tomorrow. Along with Dr. Gandhi and Michelle, I had fun meeting her, but found out later that I already knew her from the WORLD (Women Organized to Respond to Life Threatening Diseases) retreat in the 1990s. What a small world! Before I close, I would like to thank all the staff that attended to us during our stay for the PK study. Everyone was so nice. Dr. Gandhi thanks for the cigarette patch; it worked! I'm considering giving up smoking. Yeah! Yeah! You saved another life. God bless all of you out there because he blesses you.



Report from the “Love Your Liver” Luncheon

By Jane Pannel, RN

The Women’s study hosted a special “Love Your Liver” Luncheon on Valentine’s Day. The focus was on *Hepatitis C* (HCV).

We wanted to let participants and everyone know how important it is to be evaluated if you are HCV positive. Not everyone with HCV needs treatment, but if you do, it is more likely to work if you begin treatment before the virus has caused serious liver damage.



Right now, the best way to learn about your liver health is by having blood tests, and if blood tests show a detectable HCV viral load, then having a liver biopsy will allow doctors to determine if HCV has caused liver damage.

Luckily, there is treatment available for HCV. If you need treatment, you will take 6 to 12 months of interferon injections and ribavirin pills. The treatment can be difficult to take, however, it can clear the Hepatitis C virus from the body in about half the people who complete it.

A panel of six women with HIV/HCV shared their experiences having liver biopsies and/or getting treatment. Everyone on the panel acknowledged that their fear of the biopsy was

much worse than the actual event, and they were glad they had the procedure. By getting a liver biopsy, three women discovered that they did not need treatment. Three women had treatment, and described some of the difficulties they had with side effects. All three women said the treatment, as tough as it could be at times, was **ABSOLUTELY WORTH IT!**

Participants from the audience had the opportunity to ask questions of the panelists and three physicians – Drs. Ruth Greenblatt, Phyllis Tien, and Marion Peters. You probably already know Dr. Greenblatt, but perhaps you don’t know Dr. Tien or Dr. Peters. Phyllis is an investigator with the Women’s Study, and is doing a study about liver biopsy in women with HIV/HCV co-infection. Marion is a liver specialist with UCSF who has performed hundreds of liver biopsies, and is very interested in helping more women get assessed and treated for HCV. She made us all smile as she told us that HCV in women is usually less severe than in men, reminding us, “We already knew it was good to be a woman!”



At times, the discussion was very emotional, and several participants later told me they were inspired and touched by stories the panelists shared.

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As you can see from the pictures, it wasn't all serious — there was lots of laughter as well. Everyone went home with a Valentine's goodie bag which included an information packet, a single long stemmed red rose, sparkling cider, sweetly packaged candies, and an insulated coffee tumbler.

Included in this issue is some of the information we gave to participants. (Sorry, we couldn't figure out a way to send the other goodies in the newsletter!)

Thanks again to everyone — panelists and audience and physicians-- who participated. You each played a role in making the day a big success. And you reminded me why I love working with you all so much!

If you are interested in participating in Dr. Tien's study and have not had treatment for your HCV, *OR* if I can give you any information to help you with your HCV, please call me at 353-9767.



Nutrition Tips for Living with Hepatitis C

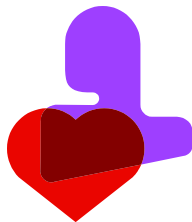
You may feel you cannot control many things about your Hepatitis C infection. But you can control what you eat and drink, and making small changes can make a big difference in how you feel. Healthy food and drinks give your body the energy it needs to work well. Eating well can also help decrease some of the symptoms of Hepatitis C, like feeling tired and sick.

- ❧ Eat a varied diet with lots of different fruits and vegetables.
- ❧ Try to stay away from too much sugar, salt and fatty food. It's OK to have these things as treats, but try to cut down on them in your everyday life.
- ❧ Balance the amount of food you eat with regular exercise such as walking. Even short periods of walking can help to make you feel less tired.
- ❧ Drink lots of water! If you are not on a fluid restriction diet, try to drink 8-12 full glasses a day. Don't drink too many things that may dehydrate you, such as drinks that have a lot of caffeine, alcohol, or sugar.
- ❧ Cut down or stop drinking alcohol. Alcohol is a direct toxin (poison) to the liver, so it's important that you try to stop drinking. If you feel you can't stop drinking, or feel you may have a drinking problem, ask your provider about programs to help you cut down or stop drinking.
- ❧ Do not use vitamin or mineral supplements without talking to your provider. If you are taking multivitamins, avoid extra vitamin A, D, and iron.
- ❧ If you use any herbs or supplements, make sure you talk to your provider about them. Some herbal remedies may be beneficial to the liver, while others can actually cause liver damage.
- ❧ People at different stages of Hepatitis C have different dietary needs. If you have questions about what you should eat, ask your provider for a referral to a dietician or a nutritionist.

Why Should I Love My Liver?

- ♥ You liver works hard to take care of you. It performs over 500 functions to keep you healthy!
- ♥ You liver filters and purifies almost everything you eat, drink and breathe, and even things that get on your skin.
- ♥ Your liver is a filtering station; it takes some waste and poisons out of your bloodstream.
- ♥ Your liver helps you by processing the sugar, food, and fat you eat and turning them into chemicals that give you energy.
- ♥ Your liver is a warehouse for the body. It stores iron, as well as sugars and some vitamins so your body can call for them when they're needed.
- ♥ Your liver helps your blood to clot.
- ♥ Your liver transforms some medications into forms that your body can use. Without your liver, medicines won't work properly. How well your liver is working will affect how much and how often you need to take a particular medicine.

You absolutely need your liver to survive.
So, it only makes sense to love it!



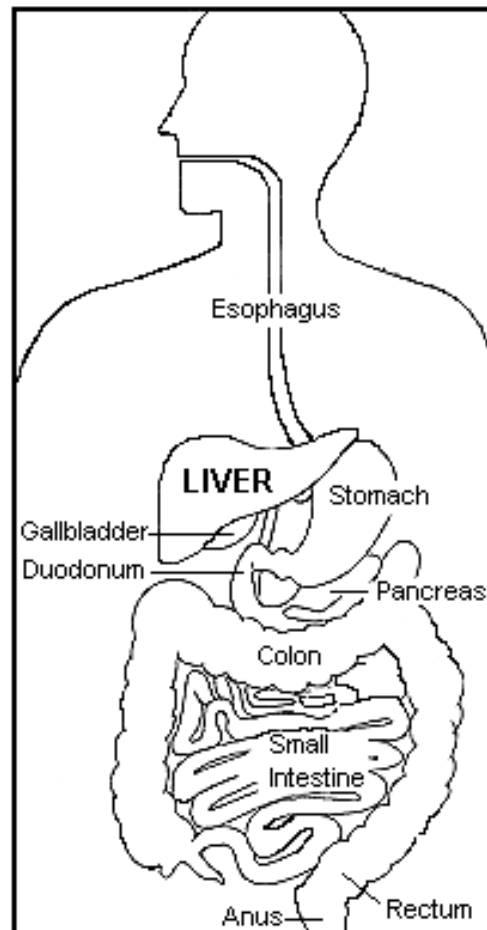
What's it like to have a Liver Biopsy?

It's not that bad. The whole thing, from start to finish, only takes about 15 to 20 minutes!

Before

Before scheduling your biopsy, you will have blood drawn to be sure that your blood clots properly. Your doctor will ask you about any medications you take, especially those that affect blood clotting, like blood thinners. For about a week before the biopsy, you will have to stop taking aspirin, ibuprofen, and some other medicines. Your doctor will tell you which medicines to avoid.

The Digestive System



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You cannot eat or drink anything for 8 hours before the biopsy. Your doctor will tell you whether to take your regular medicines during the fasting period and may give you other special instructions.

During

For the biopsy, you will lie on your back with your right hand above your head. First the doctor will feel along your right side to locate your liver. She will cleanse the skin with a special antiseptic. Then she will inject a local anesthetic to numb the area. This may feel like when you get Novocain at the dentist. You may feel a burning and stinging sensation before it numbs your skin. Many people say this is the worst part of the procedure. Usually, there are two injections of the numbing medicine. Most people don't feel the second one at all.

The doctor will then quickly insert a long, skinny biopsy needle and pull out a tiny sample of liver tissue. She will ask you to hold very still while she inserts the needle, and to hold your breath for 5 to 10 seconds. You may feel pressure and a dull pain.

After

After the biopsy, the doctor will put a bandage over the biopsy site and have you lie on your right side for an hour or so. You may feel soreness in your right side, your right shoulder or your belly. The nurses will monitor your vital signs and make sure you are comfortable. If you need pain medicine, they will give it to you. You will need to stay in bed for about 4 hours.

Many people nap during this time. You can usually eat about an hour after the biopsy, although some doctors like you to wait for 4 hours before you eat.

There are risks to any procedure, and the liver biopsy is no exception. The most common one is bleeding, and even that doesn't happen very often. Very rarely, another organ will be hit by the needle. This is why you will remain in bed for 4 hours after the biopsy, so the nurses can check your blood pressure and pulse often, and discover any problems before you go home.

When you go home, you should rest for the next 8 to 12 hours, depending on what your doctor tells you. You may feel some soreness in your side, your right shoulder and/or where the needle went in. This should go away in a few hours or days. Your doctor will tell you if you can take Tylenol for any discomfort. You should not take aspirin or ibuprofen for at least a week after the biopsy, since these medicines can interfere with clotting and increase your risk of bleeding.

You should take it easy for the next week so that the liver can heal.

You should also congratulate yourself. For taking the big step towards learning about the health of your liver!



CAB CORNER



By Michelle Barry

CAB Luncheon Photographs









The Balance Project is a study testing a counseling intervention to help people living with HIV achieve an active role in their health care, with particular attention to the challenges of taking HIV medications. The study is a UCSF research project located at the Center for AIDS Prevention Studies. Compensation is provided. 415-597-9184.

WIHS women with HIV and HCV co-infection:

Are you interested in learning about the health of your liver?

We are recruiting WIHS women with **HIV and Hepatitis C (HCV) infection** for a sub-study to learn about new ways to study fat in the liver. HCV, HIV, certain kinds of anti-retroviral drugs, obesity, and drinking alcohol can all cause fat to deposit in the liver. Fat in the liver may speed up the process of getting liver damage or cirrhosis. To be eligible for this study, you must be both HIV and Hepatitis-C positive.

If you are eligible, we will ask you to come in for two visits. During the first visit, you will have blood drawn and a MRI scan of your liver. Having an MRI scan is similar to having a CT scan, where you lie in a tunnel, but there is no radiation involved in a MRI scan. The MRI scan will measure the amount of fat in your liver and the amount of fat in your belly.

At the second visit, you will have a liver biopsy done by an expert in liver disease- only if (1) you have not had a liver biopsy done in the last few years (2) the MRI scan does not show severe liver disease already, and (3) you do not have a bleeding disorder- the blood that we draw at the first visit will check for this.

A liver biopsy is the best way to find out about the health of your liver and is recommended in people with HCV, especially if you are thinking about getting treatment for your HCV. We want to see how good the MRI is compared to liver biopsy in measuring liver fat. If the MRI is just as good or better, then maybe in the future, we can use a MRI scan instead of a liver biopsy to follow the amount of fat in the liver. You will be reimbursed **\$50** for the MRI scan and **\$100** for the liver biopsy.

**If you are interested in being in this study and have HIV and HCV,
please call Jane at 415-353-9767 or toll-free at 866-476-5109.**

+SHE New, Free **Sex and Love Counseling!** for HIV+ Women and Transenders

Have a more enjoyable and safer experience with sex and drugs

WHAT WE OFFER:

Harm reduction counseling and tips about sex and drugs

Support groups

Sex counseling for couples

Help finding a doctor that is right for YOU!

Help making it to your healthcare appointments

Referrals to other services and groups

STD testing

Harm reduction supplies (lube, fix kits, male and female condoms...)

...and anything else you want our help with

\$10
Voucher
at intake and
after each
6-month
visit

+SHE drop-in times:

St. James Infirmary, 1372 Mission St (at 10th St)

MONDAYS from 10am to 5pm

UCSF, 400 Parnassus Ave, 4th Flr, Rm 440

TUESDAYS from 9am to 5pm

WEDNESDAYS from 2pm to 5pm

The **SHE** program also sees clients during HIV clinic

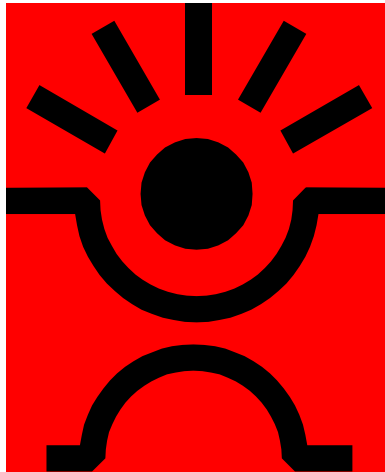
at UCSF and San Francisco General

CALL US: 415 . 353 . 2414

**UCSF School of Nursing
Dept of Family Health Care Nursing**

Do you want to be in a research study?

If you are HIV+ and are not currently using illegal drugs, you may be able to participate in a research study about symptoms and genetics.



Participation involves:

- providing a fasting blood sample**
- providing a urine sample**
- getting your body measurements**
- having your activity monitored for 3 days**
- completing questionnaires**

Participants receive: \$100 gift certificate for each 3-day assessment

Some participants will be monitored by phone every month and in person every 6 months for up to 3 years.

If you are interested in learning more about this study,

**please call: TRACI COGGINS
(415) 476-4435 or (415) 613-4084**