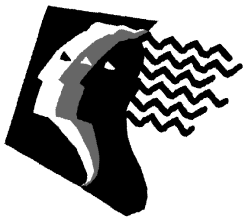
Summer 2003 Volume 7, Issue 2

The WIHS Woman

The Connie Wofsy Women's HIV Study



WIHS Substudies

By Anna Groskin

Greetings WIHS women! I'm here to give an update on the substudies we started this visit. Most of you have already heard about them, so I wanted to give you some more details and an idea of how they're going. We started the Sex Steroid Substudy, which is looking at how women's hormones, HIV and antiretroviral medication interact. Dr. Greenblatt's article in future issues of the newsletter will tell you more about this. Again, this study includes one extra visit for a quick blood draw of two tubes on the 2nd, 3rd, or 4th day of your period, within a month of your core WIHS visit. The study reimburses $20, and all women who have had a period in the past six months are eligible. We would like to see each eligible woman once, and we will be running this study for the next three visits (over the next 2 years), so if we missed you this time, we will have three more chances to get you in!

We've also started the Metabolic Study, which is much like the old Bone Study, for any of you who participated in that. The study is looking at how HIV and antiretroviral medication affects women's metabolisms, and is specifically looking at fat redistribution, osteoporosis or weak bones, and diabetes or high blood sugar. This study visit includes two things -- a two-hour oral glucose tolerance test and a DXA scan. This visit must take place within a month of your core WIHS appointment. The whole visit takes about 3 hours, and participants are reimbursed $50 and transportation. There are a few eligibility criteria that participants have to meet, so it's best to give me a call if you're interested or have not heard from me already.

We are just about finished ironing out plans for the Pharmacokinetic Study (PK for short), and we hope to begin seeing women about the time you get this newsletter! The PK

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Study is a more intensive version of the VRS Study, for those of you who are involved in that. WIHS researchers are interested in seeing how women's bodies process antiretroviral medications over the period of a day. The PK visit involves an overnight stay in the hospital, and continuous blood draws every few hours, depending on what medication a participant is taking. The study reimburses $150, and needs to be completed within a month of the core WIHS visit. The medications we'll be looking at are Kaletra, Viracept, Sustiva, and Viramune. If you are interested in learning more about this study, you can certainly give me a call.

The NRTI Study is the last new study that we're starting. It will be done during the PK Study visit, and involves one extra blood draw of three tubes. This study is looking at medication levels in blood as well. The medications that we're looking at include Retrovir, Combivir, Zerit, and Trizivir. You'll be reimbursed $20 for this study.

So that's what the substudies look like these days. If you are eligible for any of these, I'll probably be giving you a call in the near future. If you don't hear from me and are interested in learning more about any of these studies, feel free to give me a call: (415) 502-6284. Take care and I look forward to speaking with you soon!

New Studies

By Jane Pannell

In collaboration with researchers at San Francisco General Hospital, we are working on two new studies that examine the rate at which new T-cells replace old ones in HIV-positive people. These are important studies for women, because we think hormones play a big role in the process. We will be enrolling both men and women, and comparing the results of the two groups.

We are looking for positive men and pre-menopausal women (ages 18-45) who have never taken any HIV medications, and whose T-cells are between 500 and 750. (*Some people who have taken antiretrovirals for only a short time in the distant past may also be eligible—if you think this is you, please call me).* We will ask you to come in for one or two screening visits where we will draw blood and do a brief interview about your health history. If you are eligible and decide to participate, we will ask you to come to the General Clinical Research Center at San Francisco General Hospital for a 24-hour hospital stay. While you are in the hospital, you will receive IV (intravenous) deuterated glucose. This is a special sugar which can be traced in the body, and allows us to track the turnover of T-cells. You will also be asked to drink deuterated water, which tastes and feels just like regular water and can also be traced in the body. During this time, small amounts of blood will be drawn via a small catheter (tube) in your arm. We will also be collecting saliva and urine specimens.

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After you leave the hospital, you will be asked to drink small amounts of heavy water every day for 6 weeks. You will come back to San Francisco General four times during the next two months for outpatient blood, urine, and saliva collections. These visits generally last less than a half hour.

About 4 weeks after these blood draws are finished, you will be reimbursed **$600** by check. We can also provide transportation reimbursement. You will be asked to repeat the 24-hour hospital stay and the follow-up visits about once a year for the next 4 years. For each of these, you will be paid another $600.

For menopausal women who are about to start Hormone Replacement Therapy (HRT):

We are looking for positive women who are planning to start HRT. If you are interested in participating, we will ask you to come in for a screening visit. We will do a brief interview and a blood draw to check your reproductive hormone levels. If you are eligible, we will ask you to drink deuterated water at home several times a day for 3 to 6 weeks, *before you start your HRT.* At the end of this cycle, there will be a blood draw. You will then start your HRT, under the guidance of your healthcare provider.

Once you have been on HRT for 6 months, we will ask you to come back for another cycle of drinking the water for 3-6 weeks. We will do one blood draw at the end of that cycle.

Participants will be reimbursed **$240** by check after completing each part of this study.

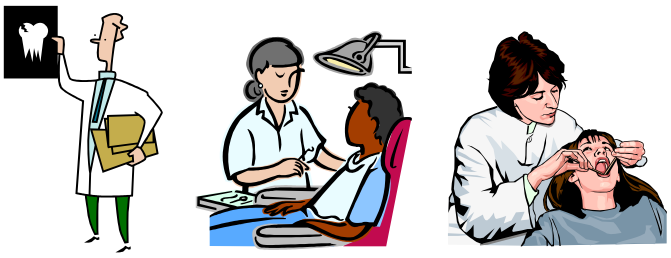
If you are interested in either of these studies, please call Jane at 415-353-9767 or toll-free at 866-476-5109.

A Visit to your WIHS Dentist

By Janet Berena

If you are enrolled in the WIHS oral study, it is important that you come to your oral appointments every six months. During your routine visits, the dentists will check the gum's condition, looking for any inflammation or irritation, and they will check for cavities. The dentists also perform a thorough exam for the presence of swollen lymph nodes and any signs of *Candida* or thrush and oral lesions. Should they find any thrush, proper medication will be prescribed. A few samples are collected at every visit; saliva, oral swabs, plaque, and *Candida* slides. Remember, you are reimbursed $35 for coming to your appointment, and a $5 bonus if you are on time!

If you are afraid of going to the dentist, you are not alone. Where does this fear of dentists come from? Fear of pain is a very common reason for avoiding the dentist. It usually stems from an earlier painful experience or from a "horror story" from others. Going to the dentist does not have to be a painful and traumatizing experience. We know that many patients are apprehensive about receiving dental care, but the Oral WIHS staff are dedicated to making patients feel comfortable and as relaxed as possible so that you come back to us every six months! We genuinely care about you and want to make each visit pain free.



CAB CORNER

Notes from the WIHS National Community Advisory Board Meeting, May 2003

By Sidney Foster and Sheila Bryant

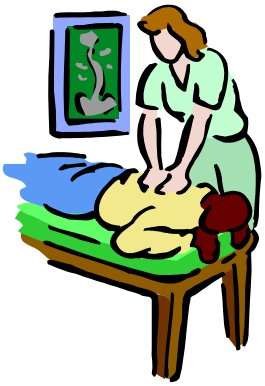
The trip to the National Community Advisory Board (NCAB) meeting was very enlightening and information-filled! Sheila Bryant and I (Sidney Foster) traveled to Herndon, Virginia, right outside Washington, DC, to bring back information to the women in the Bay Area about what is being done in the WIHS.

The first day (Sunday) we had the NCAB meeting where we met with NCAB representatives from other WIHS sites and from both the new and original recruits. We reviewed concept sheets and manuscripts for our approval, and heard the Project Director report from LA's Yvonne Barranday and the Executive Committee report from Brooklyn's Dr. Minkoff. The highlight of the day came at the end of the meeting when a massage therapist pampered us! She gave us information on how to get the most out of a massage, and recommendations on the kinds of oils we should buy for our bodies. She also told us about oils that we commonly use that were not good for our bodies, such as lanolin, which comes from sheep's wool.

The second and third day we attended sessions with some of the doctors and researchers who work on the WIHS. On Monday we were told about recent grant proposals that were submitted for funding and then we heard a HPV (Human Papilloma Virus) symposium, lead by Dr. Strickler from New York City. At the end of the day there were working groups meetings.

On Tuesday we heard another symposium, this one on reproductive endocrinology, chaired by Dr. Minkoff who is the head of the Brooklyn WIHS site. After that, there were discussions about current WIHS activities, productivity, and draft manuscripts. In the afternoon we learned about future studies that will be done. WIHS researchers will be doing intensive HIV medication studies (call PK for pharmacokinetic), metabolic studies, and studies of hormones (sex steroids) in women with and without HIV. At the end of this day there were more working group meetings.

We encourage each and every woman in the WIHS to come to the next local CAB meeting to more information and to share the hope that we can all get from this study. The next CAB meeting is tentatively scheduled for this fall – probably late September – and it will be in the East Bay.



How to Read Food Labels

When you go to the grocery store and begin your shopping you will notice that with the exception of fresh products (produce, meat) the majority of food products have nutrition labels on them. Many of us read these labels for different purposes. How do you gather the most information from the label? How do you use this information?

We hope this article will help to explain the information found on these labels.

We will look at an example of Brand X's Macaroni and Cheese label:

Sample label for Macaroni & Cheese

Nutrition Facts

Serving Size 1 cup (228g)
Serving Per Container 2

① **Start Here**

Amount Per Serving

Calories 250 Calories from Fat 110

② Look at the amount of calories

	% Daily Value*
Total Fat 12g	**18%**
Saturated Fat 3g	**15%**
Cholesterol 30g	**10%**
Sodium 470g	**20%**
Total Carbohydrate 31g	**10%**
Dietary Fiber 0g	**0%**
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

③ Limit these Nutrients

④ Quick Guide to % Daily Value (DV)

⑤ Get Enough of these Nutrients

*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate	Less than	300g	375g
Dietary Fiber		25g	30g

⑥ Footnote

The first place to start when you look at the **Nutrition Facts** panel is the serving size and the number of servings in the package. Serving sizes are provided in familiar units, such as cups or pieces, followed by the metric amount, e.g., the number of grams. Serving sizes are based on the amount of food people typically eat, which makes them realistic and easy to compare to similar foods.

Pay attention to the serving size, including how many servings there are in the food package, and compare it to how much YOU actually eat. The size of the serving on the food package influences all the nutrient amounts listed on the top part of the label. In the sample label, one serving of macaroni and cheese equals one cup. If you ate the whole package, you would eat two cups. That doubles the calories and other nutrient numbers, including the % Daily Values as shown in the Table 1 on the following page.

The next part of the label is **Calories and Calories from Fat**.

Amount Per Serving

Calories 250 Calories from Fat 110

% Daily Value*

Calories provide a measure of how much energy you get from a serving of this food. The label also tells you how many of the calories in one serving comes from fat. In the example above, there are 250 calories in a serving of this macaroni and cheese. How many calories from fat are there in ONE serving? Answer: 110 calories, which means almost half come from fat.

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Table 1

	Single Serving	% DV	Double Serving	% DV
Serving Size	1 cup (228 g)		2 cups (456 g)	
Calories	250		500	
Calories from Fat	110		220	
Total Fat	12 g	18%	24 g	36%
Saturated Fat	3 g	15%	6 g	30%
Cholesterol	30 mg	10%	60 mg	20%
Sodium	470 mg	20%	940 mg	40%
Total Carbohydrate	31 g	10%	62 g	20%
Dietary Fiber	0 g	0%	0 g	0%
Sugars	5 g		10g	
Proteins	5 g		10g	
Vitamin A		4%		8%
Vitamin C		2%		4%
Calcium		20%		40%
Iron		4%		8%

What if you ate the whole package content? Then, you would consume two servings, or 500 calories, and 220 would come from fat.

Look at the top section in the sample nutrition label. It shows nutrients that are important for your health and separates them into two main groups. The nutrients listed first are the ones Americans generally eat in adequate amounts, or **even too much**. They are shaded on the chart and noted as Limit these Nutrients. Eating too much fat or too much sodium may increase your risk of certain chronic diseases, like heart disease, some cancers, or high blood pressure. Eating too many calories is linked to being overweight and obesity.

Total Fat 12g	**18%**
Saturated Fat 3g	**15%**
Cholesterol 30g	**10%**
Sodium 470mg	**20%**
Total Carbohydrate 31g	**10%**

Americans often don't get enough dietary fiber, vitamin A, vitamin C, calcium, and iron in their diets. They are identified on the chart as Get Enough of these Nutrients. Eating enough of these nutrients can improve your health and help reduce the risk of some diseases and conditions. For example, getting enough calcium can reduce the risk of osteoporosis, in which bones become brittle and break as one ages (see calcium discussion below).

Dietary Fiber 0g	**0%**
Sugars 5g	
Protein 5g	
Vitamin A	**4%**
Vitamin C	**2%**
Calcium	**20%**
Iron	**4%**

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The % Daily Value or %DV part of the Nutrition Facts panel tells you whether the nutrients (fat, sodium, fiber, etc) in a serving of food contribute a lot or a little to your total daily diet. By diet we mean all the different foods you eat in a day. %DVs are based on recommendations for a 2,000-calorie per day diet. For labeling purposes, FDA set 2,000 calories as the reference amount for calculating %DVs. The %DV shows you the percent (or how much) of the recommended daily amount of a nutrient is in a serving of food. By using the % DV, you can tell if this amount is high or low. You, like most people, may not know how many calories you consume in a day. But you can still use the %DV as a frame of reference, whether or not you eat more or less than 2,000 calories each day.

It's not hard to follow nutrition experts' advice for a healthy diet. Try to limit your total daily intake of fat, saturated fat, sodium, and cholesterol to less than 100%DV.

Likewise, you should try to get enough essential nutrients like calcium, iron, and vitamins A and C as well as other components such as dietary fiber. Try to average 100% for each one of these nutrients each day.

%DVs are easy to use. Do you need to know how to calculate percentages to follow this advice? No, the label (the %DV) does the math for you. It helps you interpret the numbers (grams and milligrams) by putting them all on the same scale (0-100%DV), much like a ruler. This way you can tell high from low and know which nutrients contribute a lot, or a little, to your daily recommended allowance (upper or lower).

Example of %DV for Total Fat: If you cover up the %DVs on the sample label, can you tell if 12g of Total Fat is high or low? Another way of asking this question is, does one serving (containing 12g of fat) contribute a lot or a little total fat to your daily diet?

	% Daily Value*
Total Fat 12g	?
Saturated Fat	?
Cholesterol 30g	?
Sodium 470g	?

Now look at the %DVs on the label example below: 12g fat equals 18%DV. When one serving of macaroni and cheese contains 18%DV for Total Fat, that means you have 82% of your fat allowance left for all the other foods you eat that day (100%-18%=82%).

	% Daily Value*
Total Fat 12g	18%
Saturated Fat	15%
Cholesterol 30g	10%
Sodium 470g	20%

Quick Guide to %DV - #4 on sample label
This general guide tells you that 5%DV or less is low and 20%DV or more is high. This means that 5%DV or less is low for all nutrients, those who want to limit (e.g., fat, saturated fat, cholesterol, and sodium), and those who want to consume in greater amounts (fiber, calcium, etc). As the Quick Guide shows, 20%DV or more is high for all nutrients.

Example: Look again at the amount of Total Fat in one serving listed on the sample nutrition label for macaroni and cheese. Is 18%DV contributing a lot or a little to your maximum fat limit of 100% DV? Check the Quick Guide to %DV. You see that 18%DV, which is below 20%DV, is not yet high, but what if you ate the

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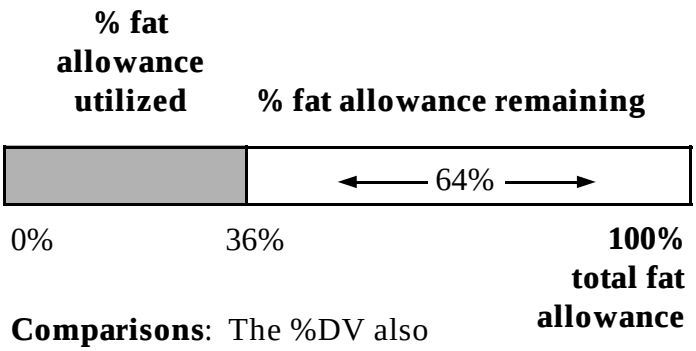
whole package (two servings)? You would double that amount, eating 36% of your daily allowance for Total Fat. That amount, coming from just one food, would contribute a lot of fat to your daily diet. It would leave you 64% of your fat allowance (100%-36%=64%) for all of the other foods you eat that day, snacks and drinks included.

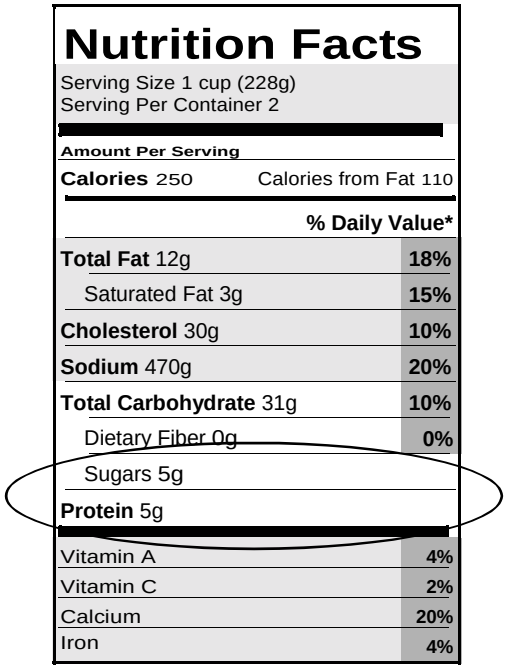


Comparisons: The %DV also makes it easy for you to make comparisons between different brands or to similar products. It's easy to see which one is higher or lower in a nutrient because the serving sizes are generally consistent for similar types of foods.

Nutrient Content Claims: You can quickly distinguish one claim from another, such as "reduced fat" vs. "light" or "nonfat." Just compare the **%DVs for Total Fat** in each food product to see which one is higher or lower in that nutrient--there is no need to memorize definitions. This works when comparing all nutrient content claims, e.g., less, light, low, free, more, high, etc.

Dietary Trade-Offs: You can use the %DV to help you make dietary trade-offs with other foods throughout the day. You don't have to give up a favorite food to eat a healthy diet. When a food you like is high in fat, balance it with foods that are low in fat at other times of the day. Also, pay attention to how much you eat so that the total amount of fat for the day stays below 100%DV.

Sugars and Protein: Note that neither Sugars nor Protein lists a %DV on the Nutrition Facts panel.



Nutrition Facts

Serving Size 1 cup (228g)
Serving Per Container 2

Amount Per Serving

Calories 250	Calories from Fat 110
	% Daily Value*
Total Fat 12g	**18%**
Saturated Fat 3g	**15%**
Cholesterol 30g	**10%**
Sodium 470g	**20%**
Total Carbohydrate 31g	**10%**
Dietary Fiber 0g	**0%**
Sugars 5g	
Protein 5g	
Vitamin A	**4%**
Vitamin C	**2%**
Calcium	**20%**
Iron	**4%**

Sugars: No daily reference value has been established because no recommendations have been made for the total amount of sugars to eat in a day. Keep in mind, the sugars listed on the Nutrition Facts panel include naturally occurring sugars (like those in fruit and milk) as well as those added to a food or drink. Check the ingredient list for specifics on added sugars.

Protein: A **%**DV is required to be listed if a claim is made for protein, such as "high in protein". Otherwise, unless the food is meant for use by infants and children under 4 years old, none is needed. Current scientific evi-

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dence indicates that protein intake is not a public health concern for adults and children over 4 years of age.

Calcium: Experts advise that you consume adequate amounts of calcium in your daily diet. This advice is given in milligrams (mg), but the Nutrition Facts panel only lists a %DV for calcium. For people to know how the calcium they consume relates to expert advice, they need to do some simple math. (This applies to calcium only).

Example: Experts advise adolescents, especially girls, to consume 1,300mg and post-menopausal women 1,200mg of calcium daily. To find the % DV that corresponds with 1,300mg and 1,200mg, just divide the number of mg by 10. (The DV for calcium on food labels is 1,000mg). When converted to a percent, this gives a factor of 10. Thus, the daily target for teenage girls, 1,300mg , equals 130%DV, and the daily target for post menopausal women, 1,200mg, equals 120%DV.

If you want to convert the %DV for calcium into milligrams, just multiply by 10. A container of yogurt might list 30%DV for calcium. To convert this to milligrams, multiply by 10, which equals 300mg of calcium for the yogurt.

Equivalencies

- 30% DV = 300mg calcium = one cup of milk
- 100% DV = 1,000mg calcium
- 130% DV = 1,300mg calcium

The important thing is to look at the %DV for calcium on the food package so you know how much one serving contributes to the total amount you need. Remember, a food with 20%DV or more contributes a lot of calcium to your daily total, while one with 5%DV or less contributes a little.

Note the asterisk used after the heading "% **Daily Value***" on the Nutrition Facts panel. It refers to the Footnote in the lower part of the nutrition label, which tells you that "%DVs are based on recommendations for a 2,000 calorie diet". This statement must be on all food labels. But the remaining information in the full footnote may not be on the package if the size of the label is too small. When the full footnote does appear, it will always be the same. It doesn't change from product to product, because it shows dietary advice for all Americans--it is not about a specific food product.

The Footnote, or lower part of the Nutrition Facts Panel. The Daily Values are based on expert dietary advice about how much, or how little, of some key nutrients you should eat each day, depending on whether you eat 2,000 or 2,500 calories a day.

Example: look at the Total Fat information in the footnote. It tells you that if you eat a 2,000-calorie diet, you should eat less than 65g of fat in all the foods you eat in a day. By doing this, you will follow nutrition experts' advice to consume no more than 30 percent of

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your daily calories from fat. Because the DV for total fat is "less than 65g," this is the same thing as saying, to keep your total fat intake for the day below 100%DV.

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:			
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

If you consume 2,500 calories per day, the Footnote shows you how your daily values would change for some nutrients but not for others. The Daily Values for Cholesterol (300mg) and Sodium (2,400mg sodium) remain the same no matter how many calories you eat. But recommended levels of intake for other nutrients do depend on how many calories you consume.

Quick Quiz:

Below are two kinds of milk- one is "Reduced Fat," the other is chocolate "Nonfat" milk. Each serving size is one cup. Which has more calories? Which is higher in fat and saturated fat? Which one has more Calcium?

Nutrition Facts
Serving Size 1 cup (236ml)
Servings Per Container 1

Amount Per Serving
Calories 120 Calories from Fat 45

	% Daily Value*
Total Fat 5g	8%
Saturated Fat 3g	15%
Cholesterol 20mg	7%
Sodium 120mg	5%
Total Carbohydrate 11g	4%
Dietary Fiber 0g	0%
Sugars 11g	
Protein 9g	17%

Vitamin A 10% • Vitamin C 4%
Calcium 30% • Iron 0% • Vitamin D 25%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

REDUCED FAT MILK
2% Milk fat

Nutrition Facts
Serving Size 1 cup (236ml)
Servings Per Container 1

Amount Per Serving
Calories 80 Calories from Fat 0

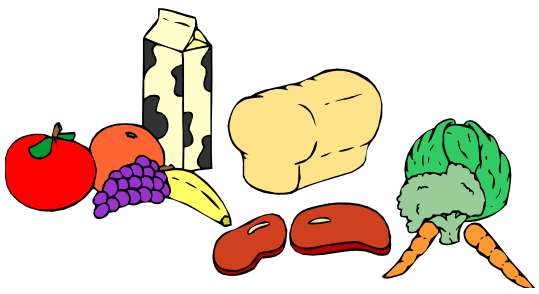
	% Daily Value*
Total Fat 0g	0%
Saturated Fat 0g	0%
Cholesterol Less than 5mg	0%
Sodium 120mg	5%
Total Carbohydrate 11g	4%
Dietary Fiber 0g	0%
Sugars 11g	
Protein 9g	17%

Vitamin A 10% • Vitamin C 4%
Calcium 30% • Iron 0% • Vitamin D 25%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

CHOCOLATE NONFAT MILK

Answer: The Reduced Fat Milk has more calories and is higher in saturated fat than the Chocolate Nonfat Milk. They both have the same amount of Calcium.

Remember: You can use the Nutrition Facts to help limit those nutrients you want to cut back on, or to increase those nutrients you want to consume in greater amounts.



HIV POSITIVE MEN
&
PRE-MENOPAUSAL WOMEN

Ages 18 to 45
Who have never taken any HIV medications

Are your T-Cells between 500 and 750
Some people who have taken antiretrovirals for only a short time in the distant past may also be eligible.

You will be reimbursed $600

CALL FOR DETAILS
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Toll Free: (866) 476-5109

MENOPAUSAL WOMEN

We are looking for HIV Positive Women
Who are about to start Hormone Replacement Therapy

You will be reimbursed $240

CALL FOR DETAILS

ASK FOR JANE

Telephone: (415) 353-9767

Toll Free: (866) 476-5109

We Want to Hear From You!

The WIHS Woman Newsletter is looking for submissions! Send us poems, stories, rants, raves – even pictures or drawings. Feel free to share your adventures, cooking tips, and art! Everyone has a story, and we'd love to include them in the newsletter -- YOUR newsletter.

Send your submissions to:
Anna Groskin
405 Irving St. 2nd Floor
San Francisco, CA 94122