

PositiveLiving

A MAGAZINE FOR PEOPLE LIVING WITH HIV ■ SEPTEMBER 2010

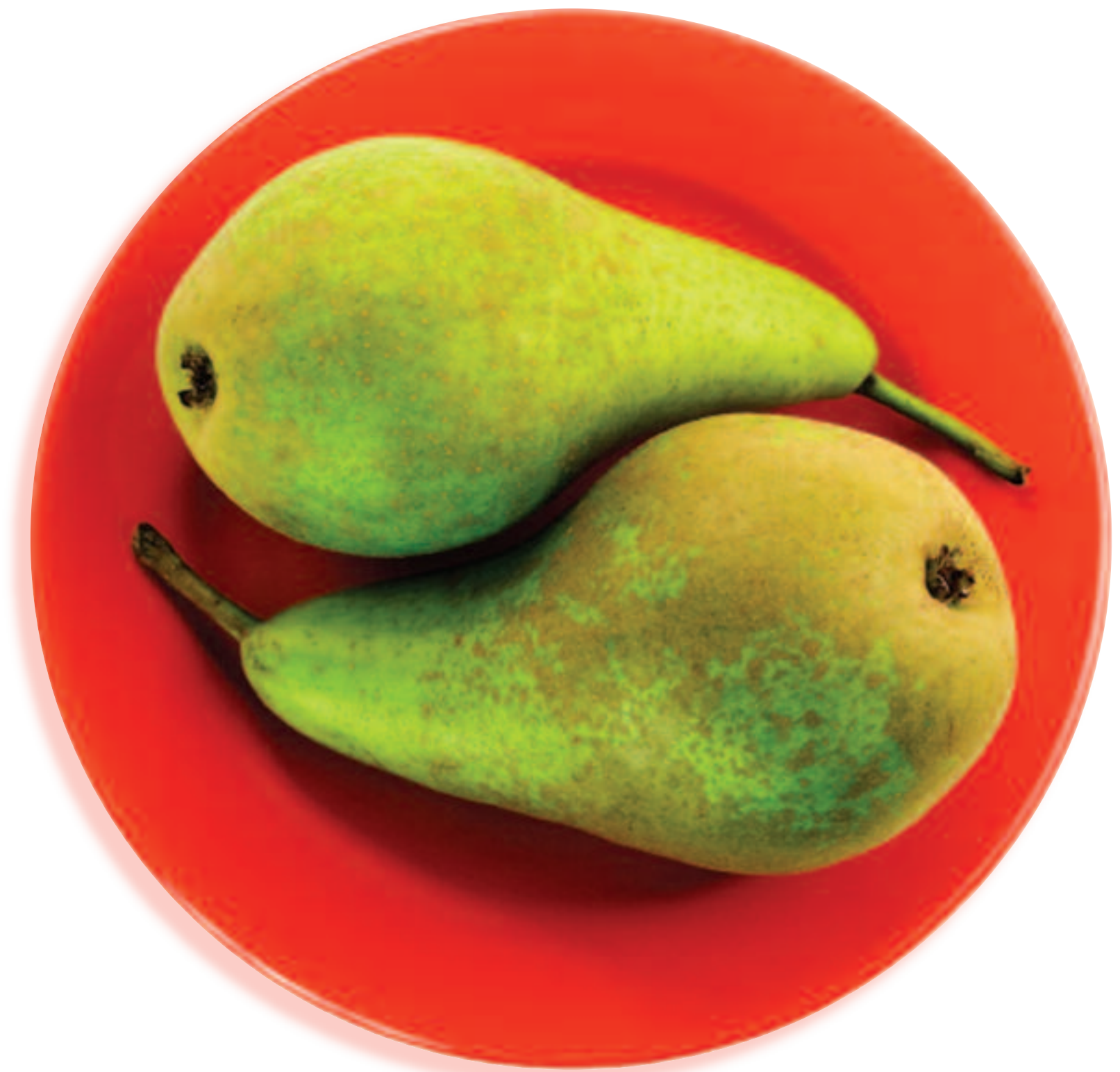


PHOTO: ISTOCKPHOTO/KLENOVA

FINDING BALANCE

If HIV causes inflammation, then let's find ways to calm it down.

MORE PAGE 8

PLUS ALL THE NEWS FROM
IAS2010

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Preparing ourselves for the future

In ten years time more than half of Australia's positive population will be over the age of 55.

What this means exactly for the community, ageing and health sectors is something 60 agency representatives from around the country came together to discuss at NAPWA's recent think tank on 'HIV & Ageing'.

David Menadue's personal reflections set a human tone for the day. As someone living with HIV into his fifties, David counted off the conditions he has collected in recent years – diabetes, risk of cardiovascular disease, early-stage kidney disease, bone and joint problems, gout. These complications and their apparent cascading effect is something Edwina Wright, infectious diseases specialist from The Alfred, touched on in her clinical overview. Having HIV does put you at greater risk of contracting a range of non-AIDS related conditions as you get older. And having one increases the chances of you getting another.

In separate presentations, John Murray and James Jansson, both from the National Centre in HIV Epidemiology and Clinical Research, and Jeffrey Grierson, from the Australian Research Centre in Sex, Health and Society, provided a variety of comprehensive data on older PLHIV: the later in life someone is diagnosed the more likely they are to have lower CD4 counts; the older you get, the more likely you are to be living in regional centres rather than cities;

more PLHIV have left New South Wales and Victoria and moved to Queensland; older PLHIV use fewer psychiatric drugs yet access more support than younger PLHIV; the older you are, the less sex you get.

It was good to hear how well many people with HIV are doing. Wilo Muwadda alluded to this in his Welcome to Country when he talked about the glowing health of many of his positive Aboriginal peers. The truth is that many of us are taking better care of ourselves because of our condition. PLHIV tend to go to the doctor for regular health monitoring and this allows our clinicians to more efficiently screen us for and manage any conditions earlier – particularly the 'over-fifty' ones such as prostate and bowel cancer. As well, we are more prone to the reminders to stop smoking, eat less animal fats, exercise more and drink less alcohol. All of which do have a

profound positive impact on life-expectancy regardless of serostatus. And the constant reminding does appear to have a positive compounding effect.

The fact that many positive people still smoke is a phenomenon that cannot be addressed simply, as Dr Wright pointed out. If the positive community is to tackle smoking as well as alcohol and diet issues, we need to take both a creative and a realistic approach, she says.

'We must ask ourselves what is important, and if it is health, then we should embrace the changes we need to make.'

Also, if we are to expect our HIV doctor to manage our complexities then we must strive to be candid with them about what is going on in our lives. In short, we need to take

firmer control of our health and work more closely with our health professionals.

But how well-equipped is our health system to cope with what sometimes seems like an endless list of possible complications? And are the community and ageing sectors prepared for an onslaught of older PLHIV? Clearly, cooperation between all three is needed. This kind of collaboration was described by the partnership in Queensland. Simon O'Connor (QPP), Paul Martin (QAHC) and Gary Boddy (Queensland Health) detailed efforts occurring there to better understand the nature and implications of their ageing positive population. This was particularly pertinent as John Murray had earlier provided compelling evidence of the migration to Queensland of many HIV positive people.

In the afternoon of the think tank, we broke into three discussion streams to examine various fictional case-studies focussing on the psycho-social issues, policy or clinical dimensions, respectively. Each group fed back discussions to a lead rapporteur and a final summary was provided that sorted the various themes into implications for services, people and what planning needs to occur in order to improve future options.

As we age, HIV may continue to confound and to complicate. Fortunately, as this day attested, we have a dedicated bunch of professionals working in the sector to help us face whatever may lie ahead.

- Adrian Ogier



PHOTO: ISTOCKPHOTO.COM/SOLPHOTO

Ways and means to lower lipids

The US Food and Drug Administration (FDA) recently issued a warning to people taking the highest approved dose of simvastatin, a common cholesterol-lowering medication, that they have an increased risk of muscle injury compared to people taking lower doses of the drug.¹

These days, many PLHIV experience raised lipid (cholesterol) levels and many are taking a statin

class of drug to counteract the affect. There is also a school of thought that these drugs should be used as a prophylaxis to prevent high cholesterol.

All of the statins have the potential for side effects, with muscle injury being one that is possibly heightened by HIV and its treatments.

Both elevated lipids and muscle damage can progress slowly and undetected and contribute to other health

issues of the kidneys and cardiovascular system. Fatigue is commonly the first and most noticeable symptom.

While 'taking another pill' often seems the simplest solution, with this new warning it's timely to consider the range of measures available to help lower cholesterol.

Supplementing your diet with a good-quality fish oil and an inulin fibre is a good start. There is also

growing evidence of the importance of anti-inflammatory diets and other guidelines recommended by the Heart Foundation (www.heartfoundation.org.au)

If you are on a protease inhibitor-based regimen, you can also discuss with your doctor whether changing to a non-nucleoside-based one (e.g. to nevirapine or efavirenz) is an option for you.

That said, research has

shown that using a statin drug (pravastatin or bezafibrate) is significantly more effective in the management of HAART-related hyperlipidaemia than switching therapy from a PI to a NNRTI.²

Sometimes, adding another pill is the simplest solution after all.

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1 www.thebody.com/content/art55911.html

2 AIDS. 2005;19(10):1051-1058

Brush your teeth for a healthy heart

Regular tooth-brushing could help stave off cardiovascular disease, according to a study from Scotland.

Brushing less than twice daily is thought to be a major cause of periodontal disease and may also impair cardiovascular health.

According to the research, individuals who rarely or never brushed were 70% more likely to have a heart attack or other cardiovascular disease event even after controlling for many other factors such as family history and smoking.

Low-grade inflammation appears to play a role. The literature clearly shows that raised pro-inflammatory cytokines* are present in both cardiovascular disease and periodontal disease.

In the analysis, adjusted only for age and sex, the risk of a fatal or nonfatal event was 40% greater for those who brushed once rather than twice a day and 2.3-fold higher for those who brushed less than once a day.

More frequent tooth-brushing appears to be dose-dependently protective against cardiovascular disease events including coronary artery bypass surgery, stroke, and heart failure.

*Cytokines are any of several regulatory proteins, such as the interleukins and lymphokines, that are released by cells of the immune system and act as intercellular mediators in the generation of an immune response.

BMJ 2010;340:c2451, <http://natap.org>



Dentists receive the drilling

It has benefited many PLHIV since it was adopted in 2007, but the Medicare dental rebate scheme is currently receiving full-on root canal surgery.

Created under the former Howard government, the scheme was to cost \$377 million over four years; however, more than \$484 million was claimed last year alone. This budgetary blow-out has forced the current government to employ a task force to audit around 250 dentists.

While a couple of dentists have been exposed as blatantly rorting the system, most have simply been utilising the scheme to provide patients with essential dental care. Unfortunately, unless they have left an immaculate paper trail, many may be forced to repay the government monies they have already claimed on work already done.

The Australian Dental Association (ADA) claims that the scheme, not dentists, should be blamed. ADA president Neil Hewson attests that most incorrect claims were due to administrative errors,

and that only a minority were guilty of fraud. 'To place dentists as the demons in this scenario is unjust,' he said.

One dentist who has provided care to a large number of PLHIV claims he is being personally targeted over a simple misunderstanding in his reading of a factsheet provided by Medicare prior to the scheme's commencement. It calls for the dentist to provide a 'written quote or cost estimate' to a patient prior to work being done. While every patient received a verbal cost estimate, he says, the auditors are now requiring proof that it was provided in writing.

'This is not about poor quality of work or even about us over-charging for it,' he said. 'It has come down to nit-picking in an attempt to retract money we have legitimately claimed.'

Federal Human Services Minister Chris Bowen has been quoted as saying: 'Until we can abolish this scheme, it is important that we work to make sure that money claimed incorrectly is paid back to the taxpayer.'

Not all dentists have been prepared to treat PLHIV under the Medicare rebate scheme. It's a pity those who have are getting such a hard time. They deserve our full support.



PHOTO: ISTOCKPHOTO.COM/MARKUSSCHIEMANN

Symptoms of a greater problem?

Understanding symptoms is critical to understanding how someone is experiencing illness. As well as affecting quality of life, particularly bothersome symptoms can impact on adherence to treatment and could be a signal of drug toxicity or some other problem.

Effectively communicating symptoms to your doctor is an important aspect of the doctor-patient relationship. But how seriously your doctor takes notice of them is another story.

Researchers across Canada recently conducted a study¹ to see whether doctors agreed with their HIV patients about the symptoms they reported at their most recent clinic visit. The results are interesting because while between 8-35% of patients claimed their symptoms were bothersome, doctors only recognised bothersome symptoms in 0.2-11% of cases.

The greatest discordance, or disagreement, appears to be in areas of memory, sexual problems, intestinal bloating, pain or gas.

The results of this and similar studies underscore an important issue for doctors and their patients. Put simply: better communication between them is needed.

1 Rachlis A, Gill J, Harris M, et al. Behaviour and attitudes in HIV (Behav)

www.catie.ca

More drugs for your script

HIV s100 doctors are now able to prescribe up to two months supply plus five repeats of HIV drugs, under changes introduced by Medicare on 1 July.

While previously limited to prescribing one month's supply with two repeats, now doctors have more flexibility in determining what they think is right for the patient.

So, someone stable on therapy may be able to fill two months supply at a time from a hospital pharmacy.

NAPWA will monitor how the arrangements work across different pharmacies for any unexpected problems.

Microbicides, PrEP and treatment as prevention

Significant advances in HIV prevention were unveiled at the XVIII International AIDS Conference in Vienna, with research advancing on several fronts towards new prevention technologies. **Paul Kidd** reports.

MICROBICIDES

The big news at the conference was the success of the CAPRISA 004 vaginal microbicide trial.

This study recruited 889 South African women who were randomly assigned to use either a gel containing 1% tenofovir, or a placebo gel, before and after sexual intercourse. After two and a half years, the study found that women who used the gel were 39% less likely to become HIV positive, and 54% less likely to become infected with HSV-2, the virus that causes genital herpes.

While the results of this trial were modest, they do represent the first time a vaginal microbicide has been shown to be even partially effective against HIV, a feat that earned the researchers presenting the data a rare standing ovation. Further research will be needed before the findings could lead to a marketable product, hopefully with greater efficacy than that shown in this trial.

Studies are also underway to develop a rectal microbicide for gay men.

PrEP

Tenofovir is also being studied as a potential drug for pre-exposure prophylaxis (PrEP). The idea behind this approach is that by giving a dose of antiretrovirals to people who don't have HIV, you can reduce their risk of becoming HIV positive.

Results were presented in Vienna from a US trial looking at the safety of the approach rather than its efficacy. The 400 gay male participants were randomised into four groups: two groups started taking a daily pill immediately (either tenofovir or placebo) and the other two delayed starting for nine months.

At the end of the trial, researchers found that the treatment was well tolerated with no serious side effects, and importantly, there was no significant change in sexual risk-taking behaviour in the trial. Seven participants tested HIV positive, none of whom were on the tenofovir-containing regimens.

However, due to the small size of the study, this result is statistically non-significant.

A pair of much larger

PrEP trials – one involving Thai drug users and one in South American gay men – will report in 2011.

While condoms are likely to remain the mainstay, the development of other prevention methods is widely seen as crucial if the global epidemic is to be turned around.

The repeated failure of HIV vaccine trials has increased the focus on microbicides, pre-exposure prophylaxis, and treatment as prevention.

TREATMENT AS PREVENTION

The use of treatments as prevention remains a hotly debated topic. The idea here is that people who are on treatment and who have undetectable viral load are much less likely to transmit HIV, so increasing the number of people on treatment could reduce HIV infections.

Bernard Hirschel, one of the authors of the 2008 *Swiss Statement*, told a plenary session that HIV prevention is 'at an

impasse', and that the use of antiretroviral treatments as a prevention technology has the potential to be more efficacious than condoms, although the evidence for this is 'circumstantial'.

US researcher Jeffrey Fisher explored some of the additional benefits of a treatments-as-prevention approach, arguing that positive people who are 'in care' are more likely to reduce risk behaviours even if they aren't on treatments, and calling for increased HIV testing to reduce the number of positive people who don't know their status.

While the benefits of treatment as prevention are still unconfirmed, evidence from Denmark supports the hypothesis. Susan Cowan presented an analysis showing that while the number of people living with HIV has continued to rise, and the rate of unprotected sex has risen, the number of new transmissions has remained stable, indicating a falling transmission rate.

■ Sources for footnotes in this story are available online at www.napwa.org.au/pl

Egrifra reduces lipo belly fat

There is currently no effective drug treatment available for the treatment of excess abdominal fat caused by lipodystrophy – but that could change very soon.

A US Food and Drug Administration (FDA) advisory committee has unanimously recommended that tesamorelin (*Egrifra*), an experimental product be approved by the agency. Though the FDA is not required to follow the recommendations of its

advisory committees, it usually does so.

Egrifra is an injectable synthetic human growth hormone-releasing factor. Phase III clinical trials of the drug indicate that it decreases visceral adipose tissue (VAT) – fat deep within the belly – by about 17%.

There are, however, conflicting reports regarding the risk of diabetes in people receiving the treatment in these trials.

Theratechnologies, who



PHOTO:ISTOCKPHOTO.COM/GURHAN

Raltegravir approved for first line

The Pharmaceutical Benefits Scheme (PBS) has broadened access to raltegravir (*Isentress*) beyond treatment-experienced adults. Raltegravir is now also available for people who are first starting HIV treatment.

Raltegravir + *Truvada* is now one of four preferred commencing regimens in the Australian HIV Treatment Guidelines.

Your HIV doctor will discuss with you whether raltegravir (or any other drug combination) is right for you and your needs.

manufacture *Egrifra*, is already planning a safety monitoring program that will go into effect if the FDA agrees with the advisory committee panel and approves the drug for use in the United States.

www.aidsmeds.com

New drug effect on inflammation

TBR-652, an experimental antiretroviral, seems to have dual benefits – inhibiting HIV and reducing inflammation.

Delegates to the conference heard that this is because the drug blocks two receptors on the surface of cells: CCR5 – used by HIV; and CCR2 – used by a protein associated with inflammation.

There is a growing consensus that even a very low viral load can cause inflammation, and that this can help explain the higher rates of some cardiovascular disease and other serious illnesses seen in patients with HIV.

TBR-652 was studied as monotherapy in a phase 2, ten-day study involving 54 patients. Each participant received one of five varying doses of the drug. The 75mg per day dose had the biggest effect on viral load.

The drug appeared safe and well-tolerated, and none of the patients who took the 75mg dose reported any serious side-effects.

What's more, the drug also appeared to have an impact on inflammation. The investigators attributed this to TBR-652's ability to block CCR2.

But the benefits of this are still uncertain. There is some concern that blocking CCR2 may interfere with immune responses, and therefore increase the risk of infections.

Further studies into the drug are planned.

Rilpivirine does well in trials

Rilpivirine (TMC278), an experimental non-nucleoside reverse transcriptase inhibitor (NNRTI), is as effective as efavirenz (*Stocrin*) when used in combination by people starting treatment.

However, those who take efavirenz are more likely to stop treatment and are about three times more likely to report side-effects such as dizziness and vivid dreams.

It is expected rilpivirine will be submitted for a US

Cure must be a priority

Finding a cure for HIV must be prioritised, said Sharon Lewin of Melbourne's Monash University, in a keynote address at the opening session of the AIDS 2010 conference.

Thanks to antiretroviral therapy, many people with HIV have a near-normal life expectancy. But Lewin stressed that our prognosis is still poorer than that of HIV negative people, and that even very low levels of HIV replication can cause damage.

At a pre-conference session, Steven Deeks of the University of California, San Francisco, explained that very low viral loads were contributing to the development of health problems such as heart and liver disease.

'There's some sort of HIV-related problem that's causing people to get sick earlier than they otherwise would have,' he said.

The long-term costs of HIV therapy were also highlighted by Lewin, who noted that to treat 80 of eligible patients in resource-limited settings would cost US 35 billion by 2030.

Latent infected T-cells, and reservoirs of the virus in locations such as the brain and gut, will need to be eradicated for a cure to be achieved, said Lewin.

Interleukin 7 (IL-7) is being investigated as a possible therapy for these latent cells and reservoirs. The aim is to activate resting cells and flush HIV out of hiding. Another strategy uses compounds called histone deacetylase (HDAC) inhibitors to 'turn on' HIV genes.

However, a cure isn't just around the corner.

'The international conference in Vienna will not be the conference where we announce a cure,' Lewin concluded, 'but it will mark the beginning of a future where we seriously prioritise finding a cure.'



Prof Sharon Lewin calls for a cure at the Opening Press Conference

PHOTO: © IAS/STEVE FORREST

licence very soon, and it is likely that it will be combined into a single, once-daily pill with Gilead's *Truvada* (tenofovir and FTC).

Switching to raltegravir

People who switched from a suppressive boosted protease inhibitor to the integrase inhibitor raltegravir (*Isentress*) generally maintained undetectable viral load with improvements in blood lipid levels, according to two studies presented at the conference.

Once-daily raltegravir, however, did not work as well as twice-daily dosing for people with pre-existing resistance to nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs).

No NRTI necessary

A combination antiretroviral regimen consisting of the protease inhibitors lopinavir + ritonavir (*Kaletra*) plus the integrase inhibitor raltegravir (*Isentress*) appears to work just as well as a traditional three-drug cocktail including nucleoside/nucleotide reverse transcriptase

inhibitors (NRTIs), while avoiding potential adverse side effects of NRTIs, according to findings from the PROGRESS study.

A total of 206 treatment-naive participants were randomly assigned to receive 400/100 mg twice-daily lopinavir/ritonavir combined with either 400 mg twice-daily raltegravir or else once-daily NRTIs: tenofovir/emtricitabine (*Truvada*).

The PROGRESS investigators concluded that lopinavir/ritonavir plus raltegravir 'resulted in non-inferior efficacy and similar tolerability as a traditional 3-drug antiviral regimen' and suggest it may be an alternative treatment option for patients new to HIV therapy.

Safety of treatment during pregnancy

Two decades of data show that HIV treatment during pregnancy does not increase the risk of birth abnormalities.

Investigators analysed 20 years of information on birth abnormalities gathered by the Antiretroviral Pregnancy Register. The rate of birth defects was identical to that

seen in the general population (2.7%).

In addition, despite previous concerns, there was no evidence that treatment with efavirenz during pregnancy increased the risk of birth abnormalities.

However, there was some evidence suggesting that taking a protease inhibitor during pregnancy increased the risk of having a premature or low weight baby.

Nevirapine news

People who also have hepatitis C (HCV) and include nevirapine (*Viramune*) in their treatment regimen are more likely to achieve a sustained response to interferon-based therapy, according to a Spanish study.

The researchers suggest nevirapine may lower HCV viral load and thereby improve treatment response, but an alternative explanation is that people who are prescribed this drug are less sick at the outset, and therefore more likely to respond to HCV treatment in any case.

A new extended-release formulation of nevirapine that can be taken once daily appears to perform at least as well as the older immediate-release pill taken

twice daily.

The study involved 1011 treatment-naive adults with HIV. Analysis at 48 weeks showed that 81% of people taking the new extended-release formulation had an undetectable viral load, compared to 76% taking the immediate-release formulation.

New integrase inhibitor shows promise

Early results show that the experimental integrase inhibitor GSK-572 has a rapid, powerful anti-HIV effect, and works against strains of the virus resistant to the only licensed drug in this class, raltegravir (*Isentress*).

HPV vaccine also works for men

The quadrivalent human papillomavirus (HPV) vaccine (*Gardasil*) prevents infection and disease in men, according to data presented by Dr Heiko Jessen from Berlin.

In fact, the efficacy data was so good that the US Food and Drug Administration stopped the trial early so that men in the placebo group could get the vaccine.

The trial started out with more than 4000 healthy men aged 16 to 26 years from 18 countries (including 200 men who have sex with men) and followed them for three years.

The researchers detected three external genital lesions related to HPV types 6, 11, 16 or 18 in the vaccine arm and 31 in the placebo arm.

There were no cases of penile, perianal or perineal intraepithelial neoplasia, but one wouldn't expect these in young healthy men during a short follow-up trial, added Dr Jessen. The research team will continue to follow the participants.

'For now, it makes sense to give the HPV vaccine to boys and men aged 9 to 26,' he said, but his group intends to examine its efficacy in older men as well, particularly in men who have sex with men, who are at higher risk for HPV-related malignancy.



Ageing, long-term complications and nutrition

Reporting back from the AIDS Conference in Vienna, DAVID MENADUE discovers that 'HIV and ageing' is a universal issue, that long-term complications may be more prevalent than we thought and that good nutrition really is a good idea.

AGEING

At a forum put on by the Terrence Higgins Trust (THT) from the UK and the AIDS Community Research Initiative of America (ACRIA) from New York, I heard figures on HIV and ageing which were not dissimilar to those we have here in Australia.

For example, 40% of New York's HIV positive population are currently over the age of 50 and by 2015 the figure will have risen to 50%. I also heard how many more MSM over the age of fifty are becoming newly infected in the UK and the US – a particularly worrying trend because of the viral progression and immunological damage that occurs more easily in this age group.

Lisa Powers from THT spoke about *50 Plus*, a survey of older PLHIV in the UK. The people interviewed talked about how uncertain they were about their health. Long-term survivors reported how, after experiencing a new lease of life with HAART in the late nineties, life had become unpredictable again. Half her cohort talked about problems with mobility and difficulties with self-care. And because they had never had access to life insurance schemes, superannuation or mortgages, most of them experienced 'permanent financial anxiety' or poverty.

Because of better health outcomes, HIV agencies in the UK have moved away from providing services to PLHIV, and many people now find themselves quite isolated. Local councils offer

outings for the elderly but those surveyed didn't feel comfortable joining in with the 'little old ladies'.

Those surveyed also found that the UK health system was increasingly pushing them into care from their local GP rather than from HIV specialists. More often than not, these GPs were not trained to pick up on HIV or ageing co-morbidities.

Powers cited training for aged care workers as crucial to avoid any replication of the AIDSphobia and homophobia that occurred with health care workers in the eighties.

Dr Stephen Karpick from ACRIA reinforced how important it is that HIV agencies cater for the social support needs of older PLHIV. He reminded us that many do not have families to rely on and need their friendship networks to survive. He also provided data showing that without regular contact with carers, adherence to treatment drops off and mental health deteriorates. Sometimes, he said, even a phone call once a week can ameliorate depression in this group.

BONES

In a session on the long-term complications of ART, Dr Paddy Mallon from Ireland said that there was evidence of lower bone mineral density (BMD) in about half the HIV positive people studied in cohorts to date.

Lower BMD leads to a greater risk of osteoporosis and osteopenia in HIV positive people and contributes to a higher prevalence of fractures occurring at an earlier age (50s and 60s), compared to the rest of the population where it usually only occurs from the 70s onwards.

Nearly all antiretroviral regimens contribute to the bone loss experienced.

Dr Mallon said it was

uncertain whether vitamin D supplements will help to solve the problem, although he acknowledged that they were beneficial to general health.

HEART

Another presentation in this session looked at our increased cardiovascular risk.

Dr George Behrens from Germany argued that while the DAD study showed cardiovascular disease only contributed to 10% of deaths, clinicians needed to look at risk factors in positive people at a younger age and, where possible, to change therapy to reduce the risk.

We now know that HIV infection itself contributes to systemic inflammation in the body and that some drugs contribute to this as well. Protease inhibitors such as indinavir and lopinavir add to the risk but the research is still unclear about the role of abacavir.

Diet modification to reduce lipids, giving up smoking and managing diabetes and blood pressure abnormalities are important interventions, he said.

BRAIN

On the sensitive subject of HIV in the brain, Dr Victor Balfour from the University of California, San Francisco (UCSF) claimed that cognitive impairment is the 'silent epidemic' of HIV. He cited some positive cohorts where 39% of those studied showed some impairment when commencing treatment.

The good news is that HIV-associated dementia is rare, affecting only one or two percent of the population. HIV-Associated Neurological Disorder

(HAND) is more prevalent, with some people finding multi-tasking particularly difficult. For example, a job that might take someone with no cognitive problems eight hours to do, may take someone with HAND ten hours to achieve.

Contrary to some perceptions, there are things we can do. Stopping smoking, getting regular exercise, staying at work or getting involved with thinking tasks were all cited as practical ways we can improve brain function.

The PowerPoint presentations and excellent rapporteur summaries (well worth a read) are available at: <http://pag.aids2010.org/session.aspx?s=581>.

NUTRITION

I attended a workshop on nutrition and metabolic disorders run by Nelson Vergel, a long-term positive man from the US and author of the popular survival manual *Built to Survive*. People come to



him, he said, for advice on two essential problems: losing weight and gaining it.

For those needing to gain it, the most essential thing to do is to get your viral load undetectable. Even then, gaining weight on treatment may well take time – on average only a 10% increase is seen per year.

He recommends supplements such as glutamine, juven (an oral amino acid formulation) and creatine which

increases lean body mass. Some people benefit from testosterone and anabolic steroids and he also cited megestrol (*Megace*) as a useful appetite enhancer. For nausea he recommends the pure and simple ginger root.

All HIV drugs have some effect on cholesterol so diet is important for everyone. But it is particularly important for those who are experiencing weight gain.

Research shows that HIV positive people gain the greatest benefit from a low sugar/low carbohydrate diet. Soluble dietary fibre is important too – meaning more fruit, vegetables, greens and nuts.

Your main meal of the day should consist of half a plate of vegetables, a quarter of protein and a quarter of carbohydrates.

The Mediterranean diet also has a lot to recommend it as it helps improve bad cholesterol levels (LDL).

LDL levels have also been shown to have a link to visceral obesity.

He holds out hope for tasamorelin (*Egrifta*), the new growth hormone which has yet to be approved in the US, for reducing visceral fat, particularly the 'lipo belly'.

Nelson Vergel was less sure about the role of vitamins. While a Thai study of HIV positive women showed a 50% reduction of deaths for people taking vitamins A, B12 and E, it was difficult to know the appropriate dose that works, he said.

A single multi-vitamin tablet once a day is probably sufficient for most people, he said.

■ David Menadue received a partial education grant from Tibotec to attend AIDS 2010.

Decriminalisation works, criminalisation doesn't

PAUL KIDD reports that the increasing global trend towards criminalising HIV transmission and exposure was roundly condemned at AIDS 2010.

The focus on HIV criminalisation was a first for an international AIDS conference, with presenters repeatedly arguing that the use of the criminal law has had no positive public health impact and has infringed the human rights of positive people.

While lawmakers often see criminal laws as a deterrent to risky behaviour, they are more likely to deter people from testing and treatment, undermine the sense of shared responsibility, and create a false sense of responsibility. At the same time, criminal laws undermine human rights by reinforcing stigma and discrimination, and infringe the right to privacy through selective enforcement on vulnerable minority groups.

To date, at least 600 people have been convicted worldwide, with prosecutions occurring in



South American HIV activists protest against criminalisation of HIV transmission at the March for Human Rights held in Vienna during the International AIDS Conference

PHOTO: PAUL KIDD

more than 50 countries. Sentences tend to be excessively severe, especially in North America, and a growing number of countries are debating HIV-specific criminal laws. In Africa alone, 20 countries have passed new HIV-

specific laws in the last ten years.

A number of speakers emphasised that not only are laws criminalising HIV transmission unjustified on public health grounds, they are often vague and open to interpretation by courts. In

Canada, a precedent has been established that requires PLHIV to disclose their status before engaging in any activity carrying 'significant risk' of transmission. But the meaning of 'significant risk' has never been established.

A study by Eric Mykhalovskiy of York University in Canada found that PLHIV, healthcare workers and counsellors have no clear understanding of the law, that people are being advised to disclose every time they have sex, regardless of risk, and that disclosure doesn't protect the individual from prosecution anyway.

Despite the negative trend, progress has been made in some countries towards a more rational and compassionate approach. In England and Wales, the number of prosecutions has fallen dramatically following the development of a set of guidelines for the Crown Prosecution Service, which prevent prosecutions proceeding unless there is strong evidence, and which clearly state the limitations of some kinds of evidence such as phylogenetic* analysis.

Robert James of the University of London outlined a trio of strategies that have been successful in different countries. In the Netherlands, a Supreme Court decision in 2005 ▶9

It was in the middle of a July winter when I received one of those unexpected phone calls. Gabe McCarthy had suffered a major asthma attack that triggered a heart attack and within minutes she had died.

Gabe was a trailblazer, a dynamo and an incredibly gutsy woman. She was outspoken, astute and never missed the opportunity to champion the cause for all positive people.

Elected to the board in 2002, Gabe held numerous positions during her time with NAPWA. In February 2004 she stepped up as acting president until she was officially elected as president at the next AGM. Over the next two years she worked closely with the legal, indigenous and international portfolios and convenors. She played a hands-on role in regional work in Timor Leste

and worked closely with Igat Hope in Port Moresby and formed many friendships along the way.

Together with Amelia, the first convenor of the positive women's portfolio, the three of us formed a national women's network. I was fortunate to have such a skilled peer alongside me on the NAPWA Board and together we co-chaired the new network. There were many highlights over this time, but probably the finest was prior to the 2005 NAPWA conference in Adelaide, when more than 50 positive women gathered around a quilt to celebrate their lives.

Gabe's motivation was to increase awareness of the issues surrounding HIV and to educate people about its stigma. She appeared in national TV

ads, featured in a *Women's Weekly* article, did two segments on *60 Minutes*, wrote prolifically for a variety of sector magazines and spoke openly at schools as an HIV positive person.



Her presidency coincided with Tony Abbott's spell as Health Minister and whenever they met she never missed the

opportunity to challenge stereotypes and push boundaries – usually leaving the minister at a loss for words.

She enjoyed telling a story – particularly one about the time she met Nelson Mandela at an international conference in South Africa. She truly had the gift of the gab.

Gabe was also among one

of the first four women in Australia to join the Surf Life Saving Club in the early eighties. Competing against 80 men and 25 women in a two-kilometre ocean race, Gabe not only won the trophy for the fastest woman, she also came second overall.

I was privileged to represent NAPWA at Gabe's funeral in Queensland; to see how many people's lives she had touched and to meet her family and amazing parents.

To close, I will borrow the words of a close friend's tribute to her parents:

'Thank you for encouraging your daughter to challenge all the structures in society that rendered her and so many others as second class citizens.'

'Thank you for giving her a heart for the world and not just herself.'

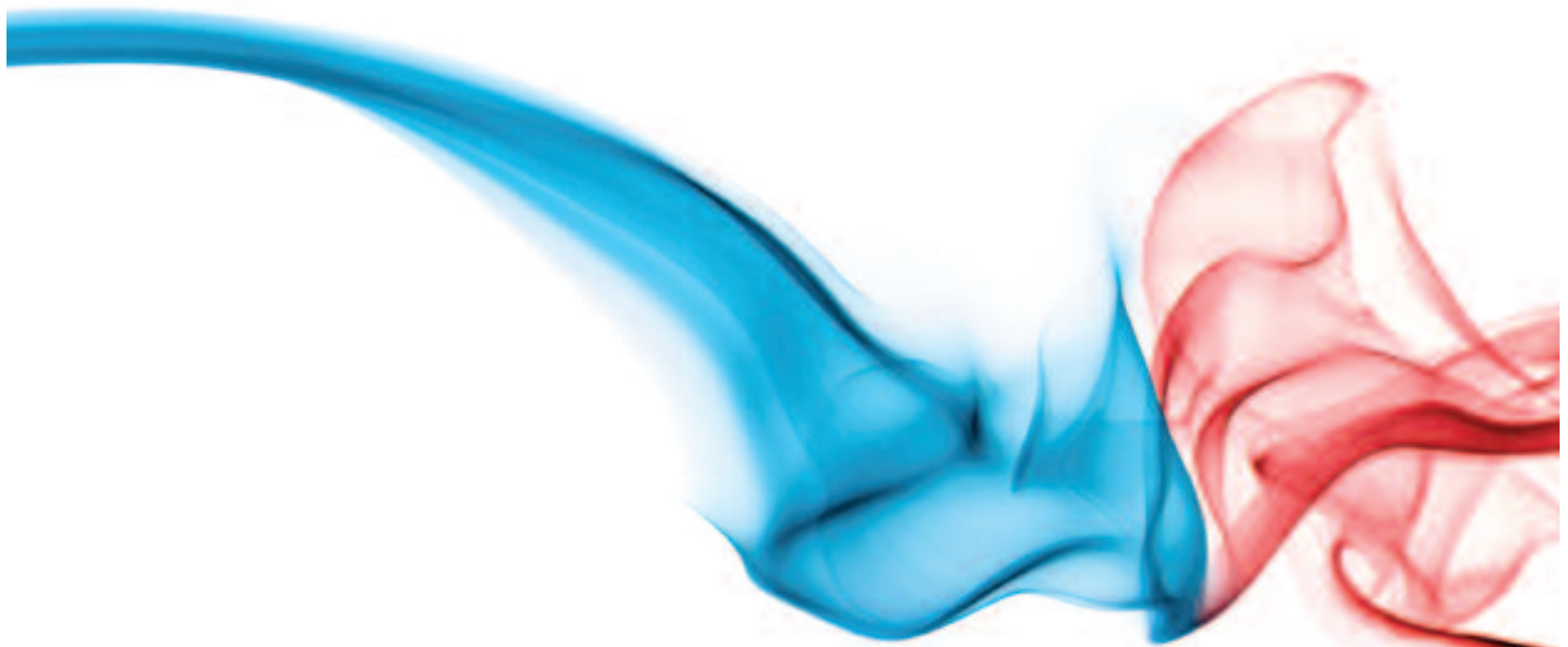


PHOTO: ISTOCKPHOTO.COM/OLANDESINA

Putting out the fire

An Australian expert was heard to say recently that AIDS has been cured and HIV should now be thought of as a disease of inflammation. Neil McKellar-Stewart tends to agree.

More and more these days, health issues apart from HIV are taking centre stage in our lives. On top of the list are lifestyle changes that we are being encouraged to make to reduce our risk of contracting other illnesses.

One of the reasons why PLHIV are more susceptible to these diseases is thought to be because of the inflammation that HIV is constantly causing in our bodies – even when it is being successfully suppressed by HAART.

Inflammation is a natural and usually desirable immune response to infection and cancerous cells. Ongoing, low-level (chronic) inflammation, however, has been strongly associated with

cardiovascular disease, liver disease and diabetes.

The research story

The results of a major US study on inflammation in PLHIV have just been released. The study looked at nearly 1000 positive people – 90% of whom were on treatment – and measured two blood ‘markers’ of inflammation: fibrogen and C-reactive protein (CRP).

Fibrogen and CRP have been associated with a range of diseases in the general community. Higher levels of these inflammatory markers are associated with an increased risk of death, even when other risk factors (such as smoking, high cholesterol levels, hepatitis C infection, waist circumference and increased weight) are accounted for.

Earlier research suggested that PLHIV do tend to have elevated levels of fibrogen and CRP when compared to similar people without HIV but this study showed just how common it is. Approximately one-third of the PLHIV in the study had

high levels of the two inflammatory markers and this included people whose CD4 counts were well above 500.

These findings confirm comments I read recently in the *International Journal of Infectious Diseases*:

‘As treating clinicians, we may tell patients that their HIV disease can now effectively be considered to be in remission when their viral loads become undetectable and their CD4 cell counts improve, often to a reasonable or even normal range. We may even say that so long as patients do as they are told, they really should be fine. All they need to do is take all their pills; use condoms, sunscreen, and seat belts; quit smoking; eat five servings of fruits and vegetables per day; and exercise.’

Sound familiar? They then go on to say . . .

‘However, there are adverse outcomes associated with inflammation that initially may improve with effective ART but then may fail to normalise or may

recur; in addition, other complications may appear later.’

The authors go on to discuss some of these complications of inflammation. They include changes in the way fats are processed (and stored), an increased risk of some cancers, minor losses in brain function (especially thinking and remembering), damage to blood vessel functioning, low levels of ‘good’ (HDL) cholesterol, and an increased risk of heart disease.

They summarise research which found that younger PLHIV (aged between 33 and 44) who were on effective treatment had markers of inflammation that were 40% higher than those in the study without HIV.

In older PLHIV (those between 45 and 76 years old), inflammation biomarkers were up to 60% higher, markers of blood clotting were 50% higher and markers of reduced kidney function were 21% higher. Raised levels of such ‘biomarkers’ in the general population are linked to

heart disease, diabetes and other diseases.

Not very cheery news, I know. And it all may seem very scary. Fortunately, however, through lots of research into a range of diseases, we know that there is a lot we can do to reduce some of the risk.

Fibre, fibre, fibre!

Recent findings from a major European trial add to the growing body of evidence supporting the significant health benefits of a diet high in fibre.

This particular trial looked at the benefits of psyllium husks and concluded that this simple and natural product not only reduces low-density lipoprotein LDL (‘bad’) cholesterol, triglycerides and blood pressure, but it also reduces some of the unhealthy products of ‘oxidative stress’.

Oxidative stress is a condition which occurs when the production of free radicals in the human body exceeds the body’s ability to neutralise and eliminate them. Oxidative stress can

result from a lack of antioxidants or from an over-abundance of free radicals. A free radical is an atom or group of atoms that has at least one unpaired electron and is therefore unstable and highly reactive.

A review of the research conducted in this field of nutrition concludes that a high level of fibre intake does have significant health-protective effects and disease-reversal benefits.

Compared to those who have a minimal fibre intake, people who consume generous amounts of dietary fibre are at lower risk for developing heart disease, stroke, hypertension, diabetes, obesity, and gastrointestinal diseases (including reflux, irritable bowel syndrome, and some inflammatory bowel diseases such as Crohn's disease). Increasing the intake of high-fibre foods improves cholesterol levels, lowers blood pressure, improves blood glucose control for people with diabetes, aids weight loss, and of course improves regularity.

There is also some emerging research showing that consuming certain soluble fibres, such as 'inulin', enhances our immune function.

Inulin is a complex of sugars which is digested in the lower bowel (colon) and stimulates the growth of bacteria in the gut, especially the so-called 'healthy' flora such as bifidobacteria. In various amounts, it is found naturally in Jerusalem artichoke, chicory, bananas, leeks, onions, garlic and asparagus. Inulin can also be taken as a food supplement.

Two 2009 reports out of the PREDIMED study (PREvención con Dieta MEDiterránea: a large randomised 5-year clinical trial aimed at assessing the effects of the Mediterranean

diet on the prevention of cardiovascular disease in Spain) found that dietary fibre reduces blood vessel damage and other risk factors for heart disease. It also lowers bad and raises good (HDL) cholesterol.

One review of seven clinical trials which looked at the influence of dietary fibre found that six of the trials reported significantly lower CRP levels with increased fibre intake.

So, it's pretty basic: eat lots of fresh fruits and vegetables and consider additional fibre supplementation. One of the easiest (and cost-effective) ways of doing this is with unflavoured psyllium husks which can be bought in the health food section of major supermarkets or at health food stores. Psyllium is included in products such as *Metamucil*, but note that these sorts of products may

liquids and forms a 'gluggy' mass which can stick in your throat unless it is diluted well.

Other dietary fibres you might consider are rolled oats or oat bran: there is a sound evidence base that they reduce LDL ('bad') cholesterol, but recent evidence suggests that they do not reduce inflammatory markers.

In these spring months, oatmeal porridge may still be part of your breakfast

fibre



PHOTOS:ISTOCKPHOTO.COM/BRIANBALSTER

& fish oil

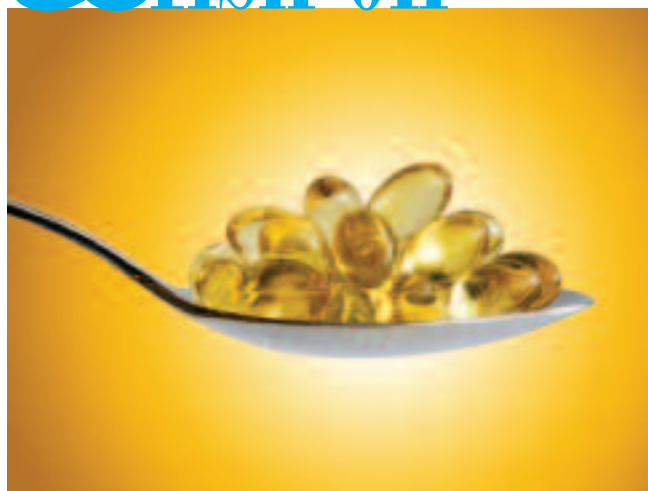


PHOTO: ISTOCKPHOTO.COM/MA-K

contain additional ingredients such as sucrose and artificial colours and flavour.

Three heaped teaspoons of psyllium stirred rapidly in a large glass of water and drunk quickly will normally be a sufficient supplement to a diet which includes lightly cooked vegetables, fruits and nuts. Be careful to take with plenty of water as psyllium swells when it comes into contact with

menu. Or you may prefer your oats in low-fat muesli with fresh fruit.

Inulin has received a lot of recent popular attention; it is the major active ingredient in some proprietary products (e.g., *Fibersure*, which is manufactured from chicory root). The evidence that it plays a role in a number of health issues is growing. Recent clinical trials on a small cohort indicate that

supplementation up to 10g/day (2 teaspoons) with inulin derived from chicory root is safe and well tolerated. For some people it does cause flatulence and bloating, so if you do use it it might be best to start with a lower amount each day.

Fish oils

And finally a little word about fish oils. Recent Australian research on dietary supplementation with omega-3 oils combined with plant sterols has confirmed their anti-inflammatory effects. We all eat plant sterols in fruits, vegetables and oils; they are a group of chemicals which are somewhat like cholesterol in animal-based foods. They are contained in foods like wheat germ, rice bran, flax seeds, peanuts, banana, grapefruit, cucumber, onion, oats, potatoes and soy oil. In a recent Danish study, PLHIV who took 3.4g of omega-3 fatty acids (EPA and DHA found in fish oil) had slightly reduced triglycerides and increased anti-inflammatory markers compared to those who didn't take fish oil.

The take-home story is that fish oil may help reduce some of the elevated blood sugars. To get a therapeutic dose, however, you may need to take 4-5 concentrated fish oil capsules or up to 8-10 normal-strength capsules daily. Just be sure to speak with a doctor or nutritionist before taking larger, therapeutic doses of any supplement.

In Australia, all fish oil supplements must be tested for heavy metals and must be below national standards, so mercury contamination should not be a problem. If fish oil helps you to reduce your triglycerides, daily supplementation should not pose any health risk for you; however, it's probably wise to check with your GP.

Check with your treating doctor, your local AIDS council or PLHIV organisation for information about how you can use diet and functional foods to ensure that you stay well with HIV as an inflammatory disease.

■ Sources for footnotes in this story are available online at www.napwa.org.au/pl

Decriminalisation works, criminalisation doesn't

FROM PAGE 7

found that PLHIV who have unprotected sex cannot be prosecuted unless evidence is produced of intent to transmit HIV. In the UK, a 2006 case demonstrated that phylogenetic analysis, widely used in HIV transmission cases, cannot reliably prove that one specific individual infected another, although it can be used to show that they didn't. And in Switzerland, a 2009 ruling by the Geneva Court of Justice found that PLHIV with undetectable viral load are unlikely to transmit HIV and cannot be prosecuted for HIV exposure (where transmission did not occur).

Despite this, in a disturbing number of cases, courts and prosecutors have ignored scientific evidence in dramatic ways. Courts around the world routinely consider HIV infection to be akin to a 'death sentence' despite the improvements in HIV therapy, and activities which carry little or no risk of HIV (including spitting and biting) have led to successful prosecutions and long prison sentences, particularly in the US and Canada.

The focus on criminalisation at AIDS 2010 stimulated an energetic debate about the impacts of criminal laws and the growing movement against them. As Gill Greer, Director-General of the International Planned Parenthood Foundation, told the conference, 'Decriminalisation works. Criminalisation does not.'

*Phylogenetic analysis is a complex scientific process used in molecular epidemiology. An individual strain of HIV can be examined in great detail by analysing its genetic code (RNA). By examining very small differences in different parts of HIV's RNA (obtained via gene sequencing), it is possible to estimate how these HIV strains are genetically related. This involves the use of computational tools to create a hypothetical diagram (known as a phylogenetic tree). However, this method is unable to create a definitive 'match'. This is because HIV, unlike human DNA samples or fingerprints, is rapidly evolving.

■ Sources for footnotes in this story are available online at www.napwa.org.au/pl

Warts and all

Adam from Cairns writes: I have some annoying little lumps around my bum that my partner says are warts. They only appeared in the last few months and I haven't done anything about them because I hoped they would just go away. But they haven't. What should I do?

Dr Louise replies: It does sound like you have genital warts but it is important you have a doctor check them out to confirm that they are warts and also to make sure there aren't any other STIs present. (They often hunt in packs!)

Genital warts are caused by a number of strains of the Human Papilloma Virus (HPV). There are lots of different types of HPV. Some strains cause genital warts, others cause the more regular warts you get on your hands and feet, some strains have no symptoms at all and a few are associated with anal and cervical cancer.

Genital warts are spread by close skin-to-skin contact and it can take weeks, months or even years between the time you are infected and the warts appear. They are often painless and can appear as raised or flat bumps, alone or in clusters. Contact with warts from other parts of the body does not seem to cause genital warts.

HPV is good at 'hiding' from the body's immune

what's your PROBLEM?

Doctor Louise answers your questions



PHOTO RICK WALLIS

system and so warts can be tricky to get rid of. Treatment is often difficult and time consuming, usually requiring multiple applications and often this does not eliminate them totally.

Two common treatment options are 'cryotherapy' and topical solutions.

Cryotherapy is a technique administered by a doctor or nurse. It involves freezing the warts and the treatment is usually repeated about ten days later. Sometimes the warts blister up immediately and sometimes you don't notice any change until after a few treatments.

Topical solutions such as podophyllotoxin can be applied to external genital warts but you must be sure the product is specifically designed for sensitive genital skin. I have seen some nasty skin reactions from home-applied wart treatments. Aldara cream can also be self-applied depending on the site of the warts and can be effective

in some cases. It is available only by prescription or from a sexual health service

The bottom line is that you get a full sexual health check-up to confirm the diagnosis and also to get the best treatment option for your situation.

Tired of being tired

Dennis from Perth writes: Lately, I have been having a lot of trouble sleeping. I feel tired at night but when I go to bed I end up just lying there. Sometimes I lie awake until 3 or 4 in the morning. It's driving me crazy. I don't want to start taking sleeping pills but if this continues I may have to.

Dr Louise replies: Sleep problems are common and happen to most people at some time.

Stress in our daily life can stop us from relaxing and falling into a deep sleep. Worrying thoughts can also affect our quality

of sleep – we may dream more, the dreams may be disturbing and we may wake more frequently.

It is important to consider if there are any serious conditions causing sleep disturbance. Depression can cause early-morning wakening, trouble falling asleep or even too much sleep.

When the quality and quantity of our sleep is poor, it can affect our memory, concentration and energy. We feel grumpy and find it difficult to make big decisions.

Is there anything inhibiting your ability to sleep such as caffeine, cigarettes, chocolate or other stimulants? Limit these things, especially at night. Alcohol can also cause sleep disturbance. Try and do some activity during the day but vigorous exercise prior to bed can inhibit sleep. Avoid heavy meals before bedtime and go to bed only when you are tired. Try to avoid daytime naps if possible as they can

affect your evening sleep.

Try getting up and going to bed at the same time each day. Routines are helpful. They provide signals to your mind and body to get ready for sleep. Listening to quiet music or reading helps some people.

There are relaxation techniques you can do to help you 'wind down'. Many people find meditation helpful. Books, DVDs and CDs are available to guide you and there are even products you can download onto your phone.

While tossing and turning we may start thinking: 'Oh, I have a big day tomorrow and I am going to be tired and irritable' and this can frustrate things further. Try and relax and rest, even if you aren't sleeping. Sometimes we just need to accept that we haven't slept as well as other times.

If none of these techniques are useful, see your GP or counsellor. Talking about your stressors and worries can be useful and they may suggest strategies to help. Medication can be prescribed in some situations, but should only be used for a few nights on a very short-term basis.

Keep your questions under 100 words and email them to pl@napwa.org.au.

Dr Louise Owen's advice is not meant to replace or refute any advice given by your own doctor as your individual medical circumstances are best dealt with by your own practitioner.

Prevention is the key to much of what **Vic Perri** does in his work. As a qualified Quit educator, he facilitates regular sessions for people with HIV who want to stop smoking.

According to a recent review of the most preferred smoking interventions, positive smokers tend to like doing group therapy sessions with other people living with HIV. That's why Vic Perri provides the Quit Fresh Start course at PLWHA Victoria and has done for the last three years.

The course follows a step-by-step process that begins by determining what type of smoker you are and the nature of your habit. There are three types of addiction: psychological, chemical and habitual, and you may have any one of these but are most likely to have a little of each.

It is important to identify this behaviour at the beginning as it will help determine what type of

TALES FROM The network

THERE IS A NETWORK OF WORKERS LOCATED AT AIDS COUNCILS AND PLHIV ORGANISATIONS AROUND AUSTRALASIA WHO UNDERSTAND THE VARIETY OF TREATMENT ISSUES FACED BY POSITIVE PEOPLE. WE CALL THEM THE TREATAWARE OUTREACH NETWORK (TON).

strategy you use to quit. Another crucial aspect is developing a plan so that you 'stay quit' and this can include how you deal with those typical situations that trigger the lighting up of a cigarette.

While there are many long-term health benefits to be gained from quitting smoking, there are immediate ones as well – cost being a big one. After quitting and saving over \$100 a week, one of Vic's course participants was able to take his daughter on a holiday to

Northern Queensland – something he had never been able to afford as a smoker.

Others report gaining enormous amounts of energy – particularly important when you consider that fatigue is a common issue for many people with HIV. Another of Vic's participants had been going to the gym off and on



but never fully committed because he couldn't find the energy to sustain regular visits. After quitting, he suddenly found the energy and is now able to complete a comprehensive work-out three days a week.

Participants often claim that their biggest motivation to quitting is the support and encouragement they receive from other positive people doing the course.

Vic Perri is a Health Promotion Officer with People Living with HIV/AIDS (PLWHA) Victoria in Melbourne. In addition to facilitating Quit courses, he also runs Phoenix weekend workshops for those recently diagnosed and assists people with treatment information.

If you would like to get in touch with Vic or wish to find out about any of the services PLWHA Victoria have to offer, call him on (03) 9865 6772.

PHOTO: ISTOCKPHOTO.COM/LIUPCO

With all this talk about inflammation, Adrian Ogier thought it was worth investigating the anti-inflammatory diet.

The theory of the anti-inflammatory diet is pretty simple. It goes that some foods have a 'calming' or anti-inflammatory affect on your body while others don't.

Omega-3 fatty acids, such as those found in a grilled piece of salmon, for example, tend to decrease inflammation, while omega-6 fats and trans-fats, such as those found in a deep-fried Mars bar, will increase it.

Makes sense so far. So, loading up on processed, fast and junk foods, sugar, dairy and fatty red meat will exacerbate inflammation. While a diet made up of fish, nuts, seeds, oils, lean meat and plenty of fruit and vegetables can help lessen or prevent inflammation and can also reduce your risk of cardiovascular disease.

It is not dissimilar to the Mediterranean diet which is rich in whole grains, vegetables, fruit, olive oil, fish, cereals and legumes (beans) with a moderate amount of meat and dairy products. The main difference between the two diets seems to be that promoters of the anti-inflammatory diet have a passion for highlighting certain foods as having particularly good anti-inflammatory properties.

Salmon is one of these foods. It is regarded as an excellent source of eicosapentaenoic acids and docosahexaenoic acids, the two potent omega-3 fatty acids that can douse inflammation. Other types of cold water oily fish include herring, sardines and tuna.

If you don't like fish then walnuts, flax seeds, canola oil and pumpkin seeds are other good sources of omega-3.

Virgin olive oil is another anti-inflammatory favourite. It contains polyphenols that can protect the heart and blood vessels from inflammation.



ISTOCKPHOTO.COM/BVDC

Eating calmly

The monounsaturated fats in olive oil are also turned into anti-inflammatory agents by the body.

Your body needs protein to build healthy body tissues; good sources include lean poultry, fish and seafood, nuts, legumes and seeds. If you eat red meat, proponents of the anti-inflammatory diet recommend you choose lean cuts of kangaroo, venison or other game meats, or the lowest-fat cuts of preferably grass-fed beef.

Limit eggs and make sure they're organic. In fact, they suggest all food where possible be organic so you get the most out of it and also avoid any inflaming additives.

They also recommend you limit dairy products and choose only high-quality natural cheeses and yoghurt. The diet recommends soybeans, tofu, and soy milk as good alternative sources of protein.

They suggest that the bread, cereal and pasta products you eat be 100% whole grain. This should satisfy your body's need for fibre as well as carbohydrate, two things which you'll also get from the plentiful amounts of fruit and vegetables they recommend.

To fulfil your daily requirements (five servings

of vegetables and two of fruit) choose from a variety of leafy green and brightly coloured vegetables and fresh whole fruits.

But be warned, some vegetables are considered better than others. Potatoes, for example, are thought to be pro-inflammatory. Like the other members of the nightshade family of plants - tomatoes and eggplants - they contain a chemical alkaloid called solanine, considered a poison and therefore avoided by purists.

Sweet potato, on the other hand, is often overshadowed by other exotic vegetables. But it is a good source of complex carbohydrate, beta-carotene, manganese, vitamin B6 and C as well as dietary fibre. Working in concert, these nutrients are powerful antioxidants that can help to heal inflammation in the body.

The research isn't consistent, but garlic is considered to have some anti-inflammatory and glucose-regulating benefits and it may also help your body fight infections. At the very least, it won't hurt and makes for a tasty addition to food.

Cruciferous vegetables, which include broccoli, cauliflower and brussels sprouts, are also loaded with antioxidants. But they

also provide sulphur, an ingredient the body needs to make its own high-powered antioxidants, such as one called glutathione.

Berries are also a good food choice (fresh or frozen), especially blueberries and strawberries - which are packed with anti-oxidants and anti-inflammatory phytochemicals - an example of which is quercetin, which is found in the skins of apples and red onion and is purported to have strong anti-inflammatory properties.

Papaya (or pawpaw) contains papain, a protein-digesting enzyme. Together with other nutrients such as vitamins C and E, papain improves digestion and helps to reduce inflammation. It can also be applied topically for the treatment of cuts, rashes, stings and burns.

Turmeric is an Asian spice commonly found in pre-mixed curry powder and contains a powerful, non-toxic compound called curcumin. Its cousin, ginger, is also known for its anti-inflammatory benefits, and some research suggests that it might also help control blood sugar.

There are various other foods which are singled out for their anti-inflammatory properties. Asian

mushrooms, including shiitake, are particularly good. So is kelp. And green tea. It goes on.

I worry a bit when they start listing the bad foods. Like sugar. And alcohol. It all seems a bit militant. (But then I see that the jolly 'Dr Weil' has included dark chocolate and red wine in his food pyramid! So, it's not all bad.)

I asked Lia Purnomo, a dietitian at the Albion Street Centre, in Sydney, how important adhering to the anti-inflammatory diet should be for PLHIV.

We know that the body needs a variety of nutrients, she says, to keep the immune system ready to act. The relationship between specific nutrients, vitamins, minerals and antioxidants and inflammation is an area of ongoing research.

Chronic inflammation also plays a part in obesity. Biomarkers of inflammation are increased in obesity. Chronic inflammation is associated with insulin resistance and predicts the development of type 2 diabetes and cardiovascular disease.

She believes that, although dietary considerations vary significantly from each individual, a good approach is eating a balanced diet. We should not (as I have done here) focus on individual foods.

'What is important is to pay attention to our overall pattern. So, reducing inflammation is not just about diet but also a healthy lifestyle, which incorporates getting enough exercise and maintaining a healthy weight.'

Which all makes perfect sense.

The idea of living on kelp and broccoli does not inspire me. Nor does the idea of never eating ice cream again or the odd hot chip.

So, balance people. Include the good foods and limit the bad ones. But above all else . . . enjoy.

Information for this article was gleaned from and can be further investigated at: <http://theconsciouslife.com>, <http://www.drweil.com>, <http://www.dlife.com> and <http://nutrition.about.com>.

Kookaburras start singing half an hour before dawn in this magical place, sending a wave of laughter across the beautiful country. I just love this area around the extinct volcano known as Wollumbin or, as named by Captain Cook, Mt Warning. So when I heard they were holding the retreat here, I was more than happy to volunteer as cook.

Now in its seventeenth year, the Gay Men with HIV Retreat manages to mix the everyday with the decadent to give those attending a unique and life-enriching experience. In addition to three full meals a day, the program provides an interesting mix of recreational, health and lifestyle workshops. I wanted the menu to be a reflection of the food I've made for myself and my friends over the years.

It was back in 1987 when a doctor pointed the bone at me and told me I would be dead from AIDS within two years. After the shock wore off, the first thing I did was to sit down with my three sisters and devise a management plan for my health. I went to a naturopath and a dietician. I started meditating and I started cooking. I managed my condition for 15 years without drugs. Good food was one of the things that kept me alive.

In 1991, after a nine-month flu that I couldn't shake, I travelled north to Lennox Head to stay with one of my sisters. Every morning we would eat half a pawpaw with lemon or lime juice. Within two weeks the flu symptoms had cleared.

Pawpaw, along with this recipe for Swiss muesli, makes for a very healthful start to the day.

Swiss Muesli

- Raw muesli
- Oranges, juiced
- Natural yoghurt

METHOD

- Cover muesli with orange juice and soak overnight.
- In the morning, add yoghurt to taste.

In 1996, after my drunken 36th birthday celebration, a group of us went to Chinatown in Brisneyland for a recovery lunch. The dining room was full, with everyone eating the same dish: a plate of rice, a bowl of clear soup, a sliced ¼ of steamed chicken

Food to live by

Wollumbin, in the Northern Rivers of New South Wales, is the first place in Australia to see the sun. It is also where thirty-five gay men with HIV retreated recently for a long weekend of good food, courtesy of Shane Duniam.

on greens and a side of grated ginger in rice vinegar and garlic. I ordered what they were having.

Those early days of triple combination therapy made me sick, but this dish kept me going.

Hainanese Chicken

- 1 whole chicken (about 1.5kg or size 15)
- 1 teaspoon salt
- 2 cloves garlic, peeled
- 4 slices fresh ginger, peeled
- 4 spring onions, trimmed
- about 12 cups water
- 1 tablespoon sesame oil
- 1 bunch steamed bok choy
- Coriander sprigs

METHOD

- Wash the chicken and remove any excess fat.
- Rub the inside of the cavity with salt and oil.
- Smash garlic and ginger slightly with the flat of a knife. Tie spring onions into a knot. Place garlic, ginger, and spring onions inside the chicken cavity.
- In a pot large enough to hold the chicken, bring water to boil. Add chicken, breast-side down. Cover and simmer for 30-40 minutes, turning the chicken halfway through the cooking process, until chicken tests done (juices from the thigh should run clear when pricked with a fork).
- Carefully remove the chicken, draining liquid from the body cavity back



- Add rice grains and stir-fry for 3-4 minutes, until glossy and fragrant.
- Transfer to a saucepan. Add chicken broth and salt. Bring to a boil over high heat and boil until the liquid level evaporates to the level of the rice and steam holes appear. Turn heat to low. Cover and simmer for several minutes. Serve with Hainanese chicken.

Another nice (but much simpler) recipe for an upset stomach is to grate a peeled apple, cover it with water and then eat it very slowly.

I do believe that if we had been invaded by the French we would be eating a lot more native animals. Kangaroo is the lowest cholesterol meat and has no ill effects on the natural landscape, unlike the introduced farmed species that we eat. I love roo, especially roo rump, rare with mushrooms and thyme. But for ease of catering I made this easy bolognaise sauce and then made lasagne.

Kangaroo bolognaise sauce

- 2 tablespoons oil
- 2 onions, diced
- 4 cloves garlic, diced
- 500g kangaroo mince
- 400g diced ripe tomatoes
- 400g crushed tomato
- salt and pepper to taste

METHOD

- Sauté onion in oil till clear
 - Sauté garlic
 - Add kangaroo mince and sauté
 - Add tomatoes and sauté
 - Add crushed tomatoes, salt and simmer 1½ hours
 - Garnish with fresh basil
- Use in lasagne or with other pasta.

My favourite special-occasion dessert would have to be chocolate beetroot cake. The recipe was given to me by a workmate and I've been making it for about 20 years. It is a winner with all those who try it and was a huge hit at this year's retreat.

Chocolate Beetroot Cake

- 250g unsalted butter
- 250g sugar
- 6 eggs
- 250g wholemeal SR flour
- 2 beetroot, fresh, peeled and grated
- 400g dark cooking chocolate
- 30ml cream

METHOD

- Cream butter and sugar together.
- Add eggs, one at a time.
- Fold in flour, fold in beetroot.
- Melt chocolate in microwave, fold 300g into mixture.
- Bake at 180°C for approximately 45 minutes.
- Rest 10 mins, turn out of cake tin and when cool, ice with remaining chocolate mixed with cream.
- Garnish with strawberries and extra cream.

What often makes a kitchen more enjoyable is the conversations you have with friends and family. Additionally, a task shared seems like no task at all. I encourage you to share your cooking and kitchen experience with a friend or loved one. We all need food and human interaction. So, what better place to combine the two?

■ Shane Duniam is an artist and chef by trade. He lives in the Northern Rivers of NSW. For details about the annual Gay Men with HIV Retreat or advice on the recipes listed here, contact ACON Northern Rivers (02) 6622 1555 (Free call in the Northern Rivers 1800 636 600) or visit www.acon.org.au for contact details and events in regional NSW.