

*Brought to you by the Chicago WIHS Consortium. . .*

# Health WIHS

**March**



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## **CAB CORNER**

by Alice Williams,  
Chicago NCAB Rep.

Hello WIHS Participants,

I saw a lot of you at the holiday party in December. It was wonderful. I really liked the location – Connie's Pizza was more than accommodating for us. The food was really good. And I loved the gifts that we got this past year. The beaded purses were made by HIV+ women in South African and specially designed for us. All the proceeds go towards Mothers 2 Mothers 2 Be, a mentorship program to educate, counsel and support HIV infected pregnant women in South Africa. So thank you to the WIHS for the beautiful purses and for helping women in South Africa.

Also, at our next WIHS visit all of us will be getting these really cool bags to carry our meds in and bring to future WIHS visits. We're being asked to bring our meds in their bottles to all of our visits so that the interviewers can record the meds that we're taking right off the words on the bottle. So you know what that will mean – a shorter interview! The interviewers won't need to go down the list of meds with us anymore! I think that's great.

We're planning to have a workshop, "Let's Talk About Colposcopy" for all WIHS women who need a colposcopy. This will be a time that you can ask your questions and talk about your past experiences (both good and bad). And we're planning a special workshop about stress for women who smoke.

I'm looking forward to the spring. In May, the National Community Advisory Board will be meeting at the WIHS Executive Committee Meeting in Washington, D.C. We'll be discussing plans for a brochure for WIHS participants: "Ten Years in the WIHS: What Have We Learned So Far?" I'll report back on our progress in the next newsletter.

Thank you for coming to your visits. And thanks for your patience. Make sure you dress warm and stay healthy!

# New WIHS Substudies...

## Cardiovascular Substudy

Recent studies suggest that some people with HIV infection may have an increased chance of developing cardiovascular diseases (i.e. diseases affecting the heart and blood vessels). Most of these studies have been conducted with HIV infected men. We hope, with this substudy, to better understand why some women with HIV may be a greater risk of cardiovascular diseases.

For this substudy, participants will be asked a few more questions about their history of diseases like angina, heart attack or stroke. Additional blood tests will be performed to measure levels of fats ("good" and "bad" cholesterol), sugar (glucose), and other factors in the blood that may affect risk of cardiovascular disease.

In addition, WIHS participants will be asked to have an ultrasound that will take pictures of the blood vessels (arteries) in the neck using sound waves. The ultrasound test is considered safe and uses the same kind of machine used during pregnancy to take pictures of the baby. Blood pressure and heart rate will also be measured during the test. The test will take less than 30 minutes to complete and participants will be reimbursed for their time.



## Intensive PK Study

WIHS participants taking Atazanavir are now eligible for the Intensive PK Study, along with women who are taking kaletra, viracept, viramune and sustiva. This substudy requires a 24 hour or 12 hour visit depending on the medication you are taking. An intravenous catheter is placed in the participant's arm to draw blood periodically. Participants also take part in a brief interview. Eligible participants must be scheduled to come in for their substudy visit within 6 weeks of their core WIHS visit. Participants are reimbursed \$100. We hope to learn how the medicines are absorbed, distributed, metabolized and eliminated and why medications act differently in different people.

## Sex Steroid Study

This substudy is still ongoing for women who have not had a hysterectomy or who have not entered menopause. We're asking participants to come in to the clinic for a blood draw two to four days after the first day of their period. Participants are reimbursed \$25.

USE YOUR NEW WIHS PURPLE THERMAL BAGS TO CARRY ALL YOUR MEDS!

All WIHS participants will receive purple thermal bags to carry all of your meds!

Please bring all your meds in their bottles to your WIHS visit. This will help to shorten your interview!



**Don't forget to fast before your visit!**

**Please don't eat or drink anything except water for eight hours before your visit.**

**And we'll feed you after your blood draw!**

## Pictures from the WIHS Holiday Luncheon!



WIHS women enjoyed our  
traditional holiday cake.

Waver sings "Susta," a song from  
*The Color Purple* for the ladies.

"This song has become our theme song. Everywhere we go, the lyrics are perfect. 'Susta, you been on my mind. Susta, we two of a kind. I'm keeping my eyes on you.'" - Waver



WIHS women (& their guests)  
eat to their hearts' content....

"It was so nice to be served. It was a special treat and it took us away from the everyday issues. I loved that we all got Polaroid pictures that we got to take home with us. It was a real holiday luncheon!"

- Marta

## Excerpts from *Women and Smoking, A Report of the Surgeon General—2001*

This year alone, lung cancer will kill nearly 68,000 U.S. women. That's one in every four cancer deaths among women, and about 27,000 more deaths than from breast cancer (41,000).

In 1999, approximately 165,000 women died prematurely from smoking-related diseases, like cancer and heart disease.

Women also face unique health effects from smoking such as problems related to pregnancy.

In the 1990s, the decline in smoking rates among adult women stalled and, at the same time, rates were rising steeply among teenaged girls, blunting earlier progress.

Smoking rates among women with less than a high school education are three times higher than for college graduates. Nearly all women who smoke started as teenagers - and 30 percent of high school senior girls are still current smokers.

Quitting smoking has great health benefits for women of all ages. The voice of women is needed to counter tobacco marketing campaigns that equate success for women with smoking.

### Major Conclusions of the Surgeon General's Report

- In 1998, twenty-two percent of women smoked cigarettes in 1998. Typically, rates of smoking among men are higher than among women. But this gender gap has narrowed. Women with 9 to 11 years of education are more likely to smoke

than women with more education.

- Since 1980, approximately 3 million U.S. women have died prematurely from smoking related diseases, as well as cigarette-caused burns. Each year during the 1990s, U.S. women lost an estimated 2.1 million years of life due to these smoking attributable premature deaths. Additionally, women who smoke experience gender-specific health consequences, including increased risk of various adverse reproductive outcomes.

- Lung cancer is now the leading cause of cancer death among U.S. women; it surpassed breast cancer in 1987. About 90 percent of all lung cancer deaths among women who continue to smoke are attributable to smoking.



- Women who stop smoking greatly reduce their risk of dying prematurely, and quitting smoking is beneficial at all ages. Although some clinical intervention studies suggest that women may have more difficulty quitting smoking than men, national survey data show that women are quitting at rates similar to or even higher than those for men.

### Health Consequences of Tobacco Use Among Women

- A woman's annual risk for death more than doubles among smokers compared with persons who have never smoked in all age groups from 45 through 74 years.

(Continued on page 5)

***Excerpts from Women and Smoking, continued...***

- The risk for lung cancer increases with quantity, duration, and intensity of smoking. The risk for dying of lung cancer is 20 times higher among women who smoke two or more packs of cigarettes per day than among women who do not smoke.
- Smoking is a major cause of cancers of the oropharynx and bladder among women. Women who smoke have increased risks for liver, colorectal, and cervical cancer, and cancers of the pancreas and kidney.
- Smoking is a major cause of coronary heart disease among women. Risk increases with the number of cigarettes smoked and the duration of smoking. Risk is substantially reduced within 1 or 2 years of smoking cessation.
- Women who smoke have an increased risk for stroke and subarachnoid hemorrhage. This increased risk is reversible as a result of quitting smoking.
- Cigarette smoking is a primary cause of chronic obstructive pulmonary disease (COPD) among women, and the risk increases with the amount and duration of smoking. Approximately 90 percent of deaths from COPD among women in the United States can be attributed to cigarette smoking.
- Adolescent girls who smoke have reduced rates of lung growth, and adult women who smoke experience a premature decline of lung function.
- Women who smoke have increased risks for conception delay and for both primary and secondary infertility and may

have a modest increase in risks for ectopic pregnancy and spontaneous abortion. They are younger at natural menopause than non-smokers and may experience more menopausal symptoms.

- Women who quit smoking before or during pregnancy reduce the risk for adverse reproductive outcomes, including conception delay, infertility, preterm premature rupture of membranes, preterm delivery, and low birth weight.
- Postmenopausal women who currently smoke have lower bone density than do women who do not smoke. Also women who currently smoke have an increased risk for hip fracture compared with non-smoking women.
- The association of smoking and depression is particularly important among women because they are more likely to be diagnosed with depression than are men.
- Exposure to environmental tobacco smoke is a cause of lung cancer among women who have never smoked and is associated with increased coronary heart disease risk.

***A Word from the WIHS:***

*Nearly half of all WIHS women in Chicago smoke cigarettes.*

*We'd like to hear from you.*

*Tell us your story.*

*Why do you smoke?*

*Do you want to quit?*

*Have you struggled with quitting smoking?*

*Send your personal story to WIHS, 1900 W. Polk St., Rm. 1240, Chicago, IL 60612.*



Hi. My name is Earlene Hayden. I am writing today on a subject that needs to be explored further. How cigarettes can affect your life as an HIV positive or negative individual. I have tried numerous times in the past to quit smoking. Against my better judgment, I kept putting it off, saying to myself that I would quit after this pack is gone, or that I would just smoke these last three. But soon after, I was still smoking. We all know about procrastination.

So I took my attempts to quit smoking to another level. It just made good sense to me that just like I needed to accept that I had a problem with drugs and alcohol, that I need to look at smoking cigarettes in the same way. So that same day, I made a decision to stop. It was nothing like what I had heard about quitting smoking. I did not have withdrawal. Yes, I did gain weight but I was eating a lot instead of smoking. As with many things, I had to do something in place of smoking.

We have been hearing all of our lives that cigarette smoking can cause cancer, but we don't look at the fact that it can happen to us. When I were diagnosed with hyperthyroidism and found two nodules on the side of my throat, I wondered what else could go wrong. The blessing was that by the time this happened, I was already smoke free.

I am writing this so that those of you out there who are still smoking may remember that no good comes out of smoking. It's not easy to quit, but give it your best shot. You might want to try the buddy plan and quit with someone else. This plan is promising — sometimes it's easier to quit when you're doing it together.

I also went to Cook County Hospital's smoking cessation clinic. When I went there, the doctors listened to me and helped me come up with a plan. It was a plan that was tailored to meet my needs. Some people want to stop right away. Others want a longer term plan. If you decide to go to the smoking cessation clinic, my advise is to be honest. Because if you choose to wear the patch — remember that Nicotine is still pumping in you. The doctors need to know exactly how much you are smoking. If you smoke less then a pack a day you might not need the same thing as a person who smokes one and a half packs a day. So be mindful of this when going to the clinic.

But mostly, make sure you give yourself a chance to stop smoking. It will be benefit you in the long run. The smoking cessation clinic is a great program that enhances us. Let's explore all aspects of our lives. Be a part of the decision making process in your healthcare. This is about you and what you want. Make 2004 your year to be smoke free!

**Interested in quitting smoking?  
Call (312) 864-4838 to  
discuss support available to you!**



- \* Smoking Cessation Clinic \*
- \* Workshops about Stress and Smoking \*
- \* Upcoming WIHS Smoking Substudy \*

## New Faces.

Welcome to Sarah Hively-Johnson, the new Northwestern Site Coordinator. Sarah has been with the Northwestern community since moving to Chicago in 2001. She is originally from Winona, Minnesota. She has been a staff nurse in the areas of transplant and gastroenterology. For the last year she has been working on women's health research, joining the WIHS staff August of 2003. Recently she has started collaborating with Children's Memorial Hospital, working with HIV positive expecting mothers.

## A REMINDER.

To show our appreciation, WIHS participants who come to their appointments on time will receive a \$10 food voucher.

## New WIHS PUBLICATIONS in 2003-2004

Thanks to your participation in the WIHS, we are learning so much about women and HIV. If you'd like to get a copy of any of the following WIHS publications, call (312) 864-4838.



**Al Harthi L.** Immune recovery in HIV disease: role of the thymus and T cell expansion in immune reconstitution strategies. *Journal of Hematother Stem Cell Research* 2002;11:777-786

**Burke JK.** Dissatisfaction with medical care among women with HIV: dimensions and associated factors. *AIDS Care* 2003;15(4): 451-462.

**Cejtin HE.** Effect of hormonal contraceptive use on plasma HIV-1-RNA levels among HIV-infected women. *AIDS* 2003 Jul 25;17(11):1702-1704.

**Cohen MH.** Medically eligible women not on highly active antiretroviral therapy: The importance of abuse, drug use and race. *Am J of Public Health* [In Press]

**Cook J.** Relationship of Depressive Symptoms to AIDS-Related Mortality in a Multisite Cohort of Women with HIV. *American Journal of Public Health.* [In Press]

**Cook J.** Child Care Arrangements of Children Orphaned by HIV/AIDS: The Importance of Grandparents as Kinship Caregivers. *Journal of HIV/AIDS & Social Services.* [In press]

**Falusi OM.** Prevalence and Predictors of *Toxoplasma* Seropositivity in Women with and at risk for Human Immunodeficiency Virus Infection. *Clinical Infectious Diseases*, 35:1414-7, 2002.

**Landay A.** Correlates of Immune Activation Marker Changes in HIV Infected and High Risk HIV Uninfected Women Who Use Illicit Drugs. *Journal of Infectious Diseases* 2003;188:209-18.

**Massad LS.** Low incidence of invasive cervical cancer among women enrolled in the WIHS. *AIDS.* 2004; 18:109-113.

**Massad LS.** Pregnancy rates and predictors of conception, miscarriage and abortion: Results from the Women's Interagency HIV Study. *AIDS* [In Press]

**Massad LS.** HPV testing for the triage of HIV-infected women with Papanicolaou smears read as atypical squamous cells of uncertain significance. *Journal of Women's Health Gender Based Medicine* [In press]

# Health WIHS

**Health WIHS** is a newsletter for, by and about women living with and affected by HIV. A person's HIV status should not be assumed based on any written material in this newsletter or their participation in WIHS.

Readers are encouraged to submit personal stories, poems and other creative work.

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## What is WIHS?

*The purpose of WIHS is to learn about the effects of HIV infection on the physical, emotional and social health of women. The results of this study will be used to help improve the health of women with HIV. In*

**The CORE Center  
Luke's Hospital  
Cook County Hospital**  
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**Northwestern Memorial Hospital  
at Chicago Hospital**  
Michele Till, MD

**University of Illi-**

Ronald Hershov, MD

Check out the WIHS Chicago website!  
[www.wihschicago.org](http://www.wihschicago.org)

## A RECIPE FROM.... THE WIHS COOKBOOK!

*Over the last year, many of you have submitted recipes for the WIHS Cookbook which is coming*



**“Make Your Neighbors Knock” Pollo Guisado (Chicken Stew)**  
by Betty Pejko

“This Puerto Rican recipe is very simple to make and is sure to send mouth-watering smells throughout your house!”

### Ingredients:

2 cans whole potatoes  
½ a green bell pepper  
½ medium sized onion  
10 olives (of any kind)  
1 1/2 chicken or 3 lbs. Chicken legs

1 heaping teaspoon of garlic powder  
1 heaping teaspoon of adobo  
1 packet/teaspoon of sazón with ajoite  
1 can tomato sauce  
2 or 3 caps of red cooking wine



Cut the potatoes in half. Cut the green pepper into “French fry” sized slivers. Place all of the ingredients in a large pot. Fill the pot with water until just below the top layer of chicken. Cook over medium heat until the chicken is done. This will take about 30-40 minutes. No stirring is required. For a nice touch, serve with avocado slices, cheese, and sliced tomatoes.

**Healthy Cooking Tip:** Use chicken with the skin removed.