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Health WIHS

Summer
2006



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CAB CORNER:

By Veronica Montgomery

May 2006 will be a month to remember for the WIHS. We had the privilege of having one of the most committed dentists work with the WIHS here in Chicago. No other site can say their dental provider was Dr. Mario Alves. May 30th, 2006 was Dr. Alves's last day in the Ryan White dental clinic at UIC's School of Dentistry. Dr. Alves has been providing the best care anyone could ask for, sick or not, for 22 years. WHIS women were honored with his presence at our workshop in May when he gave a presentation on the "Do's and Don'ts of oral healthcare.

The WIHS luncheon was also our farewell retirement send-off. WIHS staff gave Dr. Alves a beautiful crystal plaque and I presented Dr. Alves with a plaque from the people living with HIV/AIDS in the city of Chicago. The plaque stated:

"In recognition of your tireless efforts to provide compassionate care and always going above and beyond the call of duty, we will miss you and wish you the best life has to offer".

It gave me great pleasure to be able to give a small token of appreciation to my dentist of 12 years; he has been a pillar of strength for me over the years. Dr. Alves has also been one of our best advocates. He will be missed sorely.

May was also the start of the ticket selling for "A Night at the Races," a fundraiser for the CORE Connection to Africa. The event will take place at Maywood racetrack on June 29, 2006. Tickets are on sale for \$25.00. Please come out and join us for a night of family fun. You can get in touch with Angie at (312) 572-4596 to buy your ticket.

On Sunday May 21st, the National Community Advisory Board (NCAB) had our semiannual meeting. During this meeting, NCAB members discussed some of the new topics that are becoming of interest to the participants now that we are living longer with the disease. Also, we requested that there be more research on HAART and the libido and how this affects adherence. The NCAB also requested that we have more emphasis placed on HCV infection and depression.

The NCAB was given a presentation on cancer, and yes, it appears that women or individuals with HIV/AIDS are more susceptible to cancer. However, cancer is multi-factorial. Also, the NCAB was graced with our very own Audrey French, who presented on the deaths in the WIHS. It appears that the death rate has gone down since the beginning of WIHS, but the death rate for liver disease and overdose/ trauma are higher. So women need to be more mindful in the behavior that they conduct which puts them at risk for contracting Hepatitis C or HCV. We also talked about the possibility that the WIHS will reopen enrollment to replace the 728 participants that have died since the beginning. The NCAB also had questions about CMV (cytomegalovirus) in the HAART era. For more facts about HCV and CMV see page 3. Plus, we suggested that we have more social events in the WIHS.

WIHS at the World AIDS Conference...

In August 2006, the sixteenth World AIDS Conference will be held in Toronto, Canada. The theme of this year's conference is "Time to Deliver" as a reminder of past and present commitment for action on HIV/AIDS and demanding accountability for those promises at every level. At this year's conference, the WIHS will be sharing what we've learned with the international AIDS community.

WIHS ORAL PRESENTATIONS:

Dr. Mardge Cohen will present on "**Mortality among participants in the MACS and the WIHS: Impact of accidents and injury.**"

Dr. Judith Cook will present on the "**Effects of alcohol and crack/cocaine use on virological and immunological disease progression in a cohort of U.S. women with HIV/AIDS.**"

WIHS POSTER EXHIBITIONS:

Trust as a predictor of HAART switching and discontinuation among HIV+ women in the WIHS

Investigators: Boore AL, Golub ET, Cunningham C, Wilson TE, Gange SJ

Risk Factors Associated with the Transmission of Hepatitis C in a Cohort of Women Infected with or At Risk for HIV Without Reported Blood Transfusion or Injection Drug Use (IDU)

Investigators: Frederick T, Burian P, Cohen M, Augenbraun M, Young M, Seaberg E, Kovacs A

Trends in Initiation and Switching of HAART by Initial Regimen Type in the WIHS

Investigators: Golub ET, Benning L, Sharma A, Gandhi M, Cohen M, Young M, Gange SJ

Changes in adherence to HAART in the MACS and WIHS

Investigators: Lazo M, Gange SJ, Wilson TE, Ostrow DE, Witt M, Jacobson LP

Effectiveness of HAART on the Quality-Adjusted Life Year Among HIV-1 Infected Women

Investigators: Liu C, Chu H, Robison E, Weber K, Gange SJ

Proteinuria, hematuria and creatinine clearance in Rwandan Women with and without HIV Infection

Investigators: Mugabo JS, Lu J, Anastos K, Binagwaho A, Cohen M, Asiimwe A, Munyakazi L, Ndamage F, d'Adesky A, Szczech L

Differences and Similarities in lipoprotein levels in Rwandan and United States Women with and without HIV Infection

Investigators: Ndamage F, Lu J, Binagwaho A, Cohen M, Tien P, Munyakazi L, Kaplan R, Justman J, Mugabo JS, Lu D, Shi Q, Cole S, Anastos K

Associations between HIV status, aging, and mental health among US urban, minority women

Investigators: Schwartz R, Wilson TE, Holman S, Weber KM, Cook JA, Minkoff H

Reproductive behaviors of HIV-infected women before and after the availability of HAART

Investigators: Sharma A, Feldman JG, Robison E, Golub ET, Cohen MH, Silver S, Nathwani N, Minkoff H

Prevalence and Predictors of Metabolic Syndrome among HIV-Positive and Negative Women

Investigators: Sobieszczyk ME, Hoover DR, Anastos K, Mulligan K, Tan T, [Shi Q](#), Gao W, Hyman C, Cohen MH, Cole SR, Justman J

Physical Functioning in HIV-negative and HIV-positive women in the WIHS

Investigators: Terzian A, Holman S, Nathwani N, Robison E, Weber K, Young M, Gange S



To request a copy of any of the abstracts, call (312) 864-4838.

HCV (Hepatitis C) Facts

Signs & Symptoms

- 80% of persons have no signs or symptoms.
- Jaundice, fatigue, dark urine, abdominal pain, loss of appetite, nausea

Cause

- Hepatitis C virus (HCV)

Long-term Effects

- Chronic infection: 55%-85% of infected persons
- Chronic liver disease: 70% of chronically infected persons
- Deaths from chronic liver disease: 1%-5% of infected persons may die
- Leading indication for liver transplant



Transmission

- Occurs when blood from an infected person enters the body of a person who is not infected.
- HCV is spread through sharing needles or “works” when “shooting” drugs, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Prevention

- There is no vaccine to prevent HCV.
- Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share needles, syringes, water, or “works”, and get vaccinated against hepatitis A & B
- Do not share personal care items that might have blood on them (razors, toothbrushes).
- Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices.
- HCV can be spread by sex, but this is rare. Use latex condoms to prevent the spread of STDs.
- If you are HCV positive, do not donate blood, organs or tissue.

Information from <http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm>

What is CMV or cytomegalovirus?

CMV is a common virus that infects people of all ages. Most infections with CMV are “silent,” meaning most people who are infected with CMV have no signs or symptoms. However, it can cause disease in unborn babies and in people with weakened immune systems. Once CMV is in a person's body, it stays there for life.

How is CMV spread?

- Person-to-person contact (such as kissing, sexual contact, and getting saliva or urine on your hands and then touching your nose or mouth).
- A pregnant woman can pass the virus to her fetus
- Blood transfusions and organ transplantations

The virus is found in bodily fluids, including urine, saliva (spit), breast milk, blood, tears, semen, and vaginal fluids. A person can become infected with CMV when they come in contact with these bodily fluids. Since only tiny amounts of the virus are found in these fluids, the chance of getting a CMV infection from casual contact is very small.

What are the signs and symptoms of CMV?

Most healthy children and adults infected with CMV have

no symptoms and may not even know that they have been infected. Others may develop a mild illness.

Symptoms may include fever, sore throat, fatigue, and swollen glands. These symptoms are similar to those of other illnesses, so most people are not aware that they are infected with CMV. Most babies born with CMV (in other words, “congenital” CMV) never develop symptoms or disabilities. When babies do have symptoms, some can go away but others can be permanent.

How do I know if I have CMV?

Lab tests can be done to see if you have CMV infection.

Is there a treatment for CMV?

Currently, no treatment is recommended for CMV infection in the healthy individual, including pregnant women. However, antiviral drugs ganciclovir and valganciclovir are being used for patients with weakened immune systems. Antiviral drugs are being tested in infants born with congenital CMV. Because of its strong side effects, ganciclovir should only be considered for infants with severe congenital CMV disease.

Information from <http://www.cdc.gov/cmV/faqs.htm#risk>

Caring About Your Mouth and Teeth!



The Truth About Oral Hygiene

Oral health is dependent on flossing and brushing.

At the WIHS workshop in May 2006, Dr. Mario Alves talked to WIHS women about the ABC's of taking care of your mouth and teeth. Here's what we learned. . .

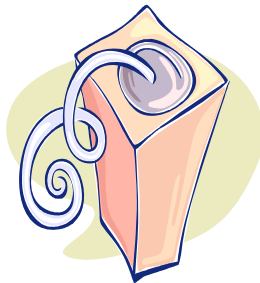
NOTE: Mouthwashes do not replace the mechanical efficiency in removing dental plaque.

***** Floss first. Brush after. *****

Flossing

There are many types of floss on the market...

Waxed or unwaxed, fine or wide, tape, super floss, monofilament or multifilament, with or without fluoride, with or without flavor — take your pick!



Brushing

The function of the toothbrush is to clean the teeth and protect the gums.

- Manual or mechanical brushes produce the same results.
- Your toothbrush should be soft or extra soft.
- The handle should be as straight as possible.
- The nylon bristles should be flat.
- The head of the brush should be 1" x 1/3" or less.

More tips on caring for your mouth and teeth!

- Toothpaste is always necessary. Use non-abrasive, white toothpaste with fluoride.
- Clean your tongue. Use your toothbrush to do this. No toothpaste, but you can use baking soda with a little water. Use a gentle "comb" motion.



Caring for your dentures and partials...

- Never sleep with them on.
- Never let them dry out.
- Never carry them in your purse or pocket.
- Don't use your toothbrush to clean them. Use a denture brush.
- Use liquid detergent to clean them and make sure you rinse thoroughly after.
- Cover them with water plus baking soda. And seal the storage box.
- Watch out! Dogs love to chew them.

DRY MOUTH!

Most people over 50 years old, have "dry mouth" or xerostomia (the medical term for dry mouth). Most people who have dry mouth, don't know they have it!

Long term consequences of dry mouth are malnutrition and digestive problems. Also, dry mouth can cause white spots on your teeth, more cavities and gum disease, a wasting away of your gums and the lining of your mouth, and a tendency to have infections in your mouth.

Symptoms of dry mouth (in addition to feeling like your mouth is dry!) include:

- thick saliva
- Bad breath
- Difficulty speaking, eating or swallowing
- Bad taste in your mouth or loss of taste
- Cracked or dry lips, sores
- Constant licking of the lips

You can manage dry mouth by....

- drinking plenty of water
- Sipping on water all day
- Chewing sugar free gum
- Using alcohol free mouthwash and white toothpaste
- Using water-based moisturizers for your lips

You should avoid....

- Mouthwash with alcohol
- When possible, any drug that can cause dry mouth
- Alcoholic beverages
- Cigarette smoking
- Salty, dry food (like potato chips)
- Soda pop
- Petroleum jelly (Vaseline)

According to the mayoclinic.com, dry mouth or lack of saliva is a common problem that may seem little more than a nuisance, but it can affect both your enjoyment of food and the health of your teeth. Don't ignore lack of saliva. Although the treatment depends on the cause, dry mouth is often a side effect of medication, and may improve with an adjusted dosage or new prescription.



Veronica Montgomery, Chicago WIHS NCAB Representative, presents Dr. Alves with a plaque.

Farewell to Dr. Mario Alves, who retired at the end of May.

Between 1995 and 2004, Dr. Alves performed 2250 oral exams for 203 WIHS women.

We thank him for his kindness and his dedication to the women in the WIHS.

We wish Dr. Alves health, happiness, and relaxation!

Let's Talk Substudies...

By Angie Shansky, Site Operations Manager

I would like to take the opportunity to talk about some of the sub-studies the WIHS program has going this visit.

Some of you participated in a pilot study we called **CIDI** or Composite International Diagnostic Instrument. This was a different way to administer a mental health interview by using a computer. If the interview works in the pilot study we may be able to interview all WIHS women in this manner about their depression, anxiety or fears. This will help to improve treatment of these problems, which may lead to better HIV-related health as well as better mental and emotional health. We have completed the necessary amount of interviews that were required for this study. Thanks all of you who participated!



The WIHS **Physiologic Function Sub-study** is currently ongoing. Our very own Kathleen Weber, Project Director, is co-principal investigator in this very interesting and worthwhile study. Those who have had their Visit 24 may remember being screened for this to determine eligibility. Eye movement, hearing, facial expression, and the regulation of your heartbeat as well as your breathing pattern may be affected by HIV. During this visit the participant is required to use the lifeshirt system to measure the heart rate and breathing during the session. Electrodes are attached as well. To assess your eye gaze a head band with a magnetic tracker is placed on your head while watching videos. Your hearing is tested as well with equipment routinely used in clinics and hospitals.

If you participated in the **Sex Steroids** Study during Visit 18, we are asking you to come see us again on day 2, 3, or 4 of your menses. This blood will be used to measure the levels of hormones in your body. At that time some of you may be asked to perform an extended neurocognitive assessment. In fact all eligible WIHS women will be asked to participate in this one-time neuro-psychological assessment soon. HIV and other factors such as age, hormones and other illnesses can affect mood, attention, and other mental processes. WIHS investigators feel that this is important to par-

ticipate in since there is so little information about these issues.

Substance Abuse, Genetics and HIV Progression Substudy is currently ongoing and open to all participants who have had a Visit 24. Investigators want to know whether genes that may be associated with mood, the stress response and risk for drug dependence, including alcohol, street drugs and tobacco, play a role in depression and/or worsening of HIV disease. A gene is one of a set of thousands of instructions each cell carries that you inherit equally from your mother and father. You will be asked questions about your family members, your mood and drug and alcohol use. You will also be administered a paper and pencil test of your memory and how you learn.

Dr. Mardge Cohen and Clifford Smith, PhD from Rush University are working together to look at the effects of aging and Hepatitis C on how the brain works. This is called the **HCV Neurocognitive Study**. The study will include some women with Hepatitis C and some who don't have Hepatitis C. Some of the eligible women may be asked to have an MRI procedure performed at Rush. Cheryl Watson will be calling all eligible and interested women.

We are still conducting our **Smoking Behavior Study**. Some of you have already come back for your second visit and others are coming in for the first time. This substudy is designed to help women who smoke learn more about their own smoking habits—whether they want to quit or not. This includes an interactive computer program with a coaching manual. If you are randomized (scientifically selected) to receive the stress intervention you will receive a CD player and CD's for home use. This sub-study will help you learn more about your smoking behavior and give you personalized feedback.



"Take a deep breath!"

Women who are eligible and consent to participate in any of the above mentioned studies will be compensated for their time. Please Call Angie Shansky at 312-572-4596 for further information.



WIHS Announcements

Welcome to our summer interns...Denis Agniel, LaMargaret McMiller, Lina Rodriguez, and Rachel Schiff. Hope you have a productive summer working with the WIHS!

Welcome to Cheryl Watson, MSW, who has recently come aboard to coordinate neurocognitive measures required in some of the WIHS substudies. She will also help WIHS participants with referrals for any health-related needs.

A reminder to all WIHS women — to show our appreciation for making your appointment on time, we'll give you an extra gift certificate!



WIHS Open Enrollment!

We're definitely planning to open up enrollment in the WIHS starting in October, for one year.

We're particularly interested in enrolling women living with HIV who are:

- HAART naïve
- newly diagnosed
- older women

We are also looking for women who recently had a baby and were on therapy during their pregnancy.

In Chicago, we're planning to enroll about 50 or more HIV+ women. And we may also enroll at risk HIV negative women.



If you're interested, please call (312) 864-4842 to put your name on a waiting list.

WIHS WOMEN SPEAK!

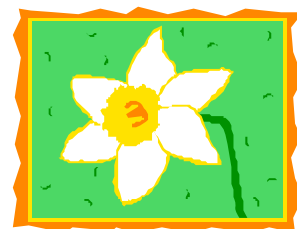
Send us your personal stories, poems and any other creative work for publication in *HealthWIHS!*

Health WIHS is a newsletter for, by and about WIHS participants and 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.

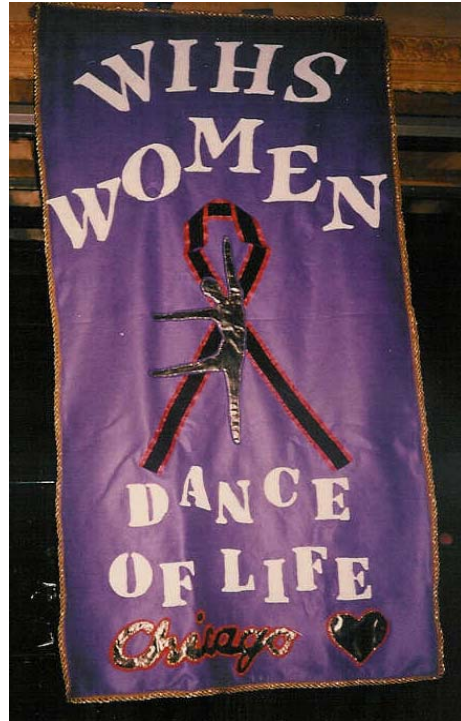


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Health WIHS



The purpose of the Women's Interagency HIV Study (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 Chicago, four hospitals take part in WIHS:



The CORE Center
Mardge Cohen, MD
Kathleen Weber, BSN
Angie Shansky, BA
Karlene Schowalter, NP
(312) 572-4596

Rush Presbyterian-St. Luke's
Beverly Sha, MD
Joan Swiatek, RN
(312) 942-6017

Northwestern Memorial Hospital
Sarah Sutton, MD
Donna McGregor, MSN, ANP
(312) 695-5063

University of IL at Chgo
Ronald Hershow, MD
Doris Carroll, BSN
(312) 413-1366

A Night at the Racetrack!

A fundraiser for The CORE Connection to Africa



Enjoy a night at the tracks and help people living with HIV in Rwanda and Kenya. For \$25 you get admission to Maywood Park, a buffet dinner with prime rib and pasta, and valet parking.

The CORE Connection to Africa was inspired by WIHS women to raise funds to help the struggle against HIV/AIDS in Africa.



Thursday, June 29
6:00 to 9:00PM
Maywood Park
8600 W. North Ave.
Melrose Park

For tickets, call Angie Shansky at (312) 572-4596.