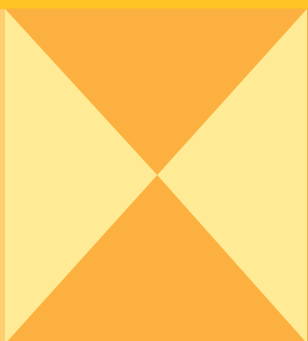


HAND IN HAND

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The User-Friendly

Guide to HIV

and Hepatitis C

Co-Infection

visionaryhealthconcepts

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HAND IN HAND

The User-Friendly Guide to HIV and Hepatitis C Co-Infection

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This booklet was made possible by an unrestricted
educational grant from Roche Laboratories Inc.

Many people have HIV and about 30% of them also have hepatitis C (HCV)



With about 300,000 people co-infected with HIV and hepatitis C (HCV), you can safely say that you are not alone. In

the United States, approximately 4 million people are infected with hepatitis C —about four times the number of people with HIV.

There's no need to panic or lose hope!

Since 1996, there have been lots of medicines discovered for HIV that work very well for many patients. People live longer with HIV today than they used to because people taking HIV treatment are not getting sick from HIV-related diseases as much anymore.

Liver disease caused by hepatitis C (and other causes) has now become the #1 cause of sickness and death in people with HIV. However, it is a very slow-developing, long-term chronic disease, and like HIV, it can be treated. Many people without HIV live 30 years or more with the HCV virus without ever getting sick. New treatment options for both diseases are continually being developed.

Intravenous drug users (IDUs) need special attention because approximately 80%-90% of IDUs who are entering substance-abuse programs have HCV. Think of all the people who don't enter drug-abuse treatment and may never have been tested for HCV.

At risk for co-infection?

You may be co-infected if:

- ◆ you have ever shot dope or shared a needle, even once;
- ◆ anyone you live with, or have ever lived with, has shot drugs;
- ◆ you got a blood transfusion or had a transplant (heart, liver, etc.) before 1990;
- ◆ you've been pierced or tattooed (with unsterilized needles);
- ◆ you are a healthcare worker.

Unusual risk factors:

- ◆ if you have had medical procedures like an endoscopy (in which the doctor puts a scope down your throat to check inside) or acupuncture (with shared or unsterilized needles), been in the hospital, or had an abortion
- ◆ if you play violent sports, or are a man who has sex with men

People are becoming infected every day because they don't know they are at risk. And many people do not know they are infected because they have never been tested. Testing is the first step to making self-supportive decisions about treatment and protecting yourself and others from illness.

**Love yourself;
get tested for HIV
and hepatitis!**

Risky business

HIV and HCV both enter the body directly through the blood. HIV (but not HCV) enters through other bodily fluids, such as vaginal fluid and breast milk. If these fluids also contain blood, HCV can also be transmitted through them.

It is much easier to get HCV through the blood than it is to get HIV.



Looking for sex ... not infection

No rational person goes out looking to get or to give an infection while having sex.

Here are a few tips that will help you make sane choices:

- ◆ Talk about sex before having it.
- ◆ If you are HIV/HCV-positive, tell your potential lovers before you have sex with them so they can make their own sexual decision.
- ◆ Negotiate about what you will and won't do based on real knowledge of risk.
- ◆ If you didn't tell them before, tell them after. It's not too late. Your partner may not have gotten your HIV, and has probably not gotten your HCV by having sex with you.

If you can't bring yourself to tell, using safe, or safer, sexual practices will help lower the possibility of infection.

High and low risks

HIV

High Risk

- ◆ Shooting drugs and sharing needles.
- ◆ Sex—vaginal (pussy), anal (butt), with semen (cum) or vaginal fluid being exchanged.

Lower Risk

- ◆ Contact with blood at work.
- ◆ Oral sex—penis in mouth (blow job); semen (cum) in mouth or swallowed; mouth on female genitalia (pussy).
- ◆ During childbirth—passed from mother to baby (called vertical transmission).
- ◆ Body piercing, tattooing with unsterilized needles.
- ◆ Acupuncture done with shared, unsterilized needles.

HCV

High Risk

- ◆ Shooting drugs and sharing needles.
- ◆ Body piercing and tattooing with unsterilized needles.
- ◆ Acupuncture done with shared, unsterilized needles.
- ◆ Contact with blood at work.

Lower Risk

- ◆ If you are HIV+, the risk of your transmitting HCV is greater because of the HCV viral loads you carry.
- ◆ Salon manicures done with shared, unsterilized nail files and scissors.
- ◆ Sharing toothbrushes.
- ◆ Sharing straws or pipes while snorting or smoking cocaine.
- ◆ Passing from mother to baby during birth. Mothers who are HIV/HCV-positive are more likely to pass HCV.
- ◆ Breast-feeding with cracked or bleeding nipples.
- ◆ Playing violent sports.

HCV is a very tough virus

HCV can live a long time outside of the body. If you shoot drugs, any blood that gets on the outside of the syringe, in your cooker, on a tourniquet, the table, or any surface can live for days—even longer.

So even if not everyone in the house is sharing needles or taking part in drugs, they are at risk for HCV. Touching and using things in areas where blood may be is a risk.

If you shoot up at the kitchen table, some blood may be dripped or squirted on the table. Even if you wipe it up, HCV will be there waiting for someone with an opening in the skin to come by and pick it up.

HCV can live for days outside the body.

Bleaching needles is better than doing nothing

Bleaching needles between uses reduces, but does not eliminate, risk of infection. Needle exchange programs do eliminate risk. In the early 90's, drug users were advised to clean their needles with bleach to protect against the virus. But it soon appeared that although bleach killed HIV in the laboratory, it did not do much good on the street.

The best way to avoid infection while shooting drugs is to not share needles.

A new report¹ suggests that bleach may help a little to curb the spread of hepatitis.

Researchers studied more than 450 drug users who said they cleaned their needles all the time; 65% of them were as likely to be infected with hepatitis C as those who did not use bleach at all.

Those who said they used bleach "less than all the time" had a 24% lower risk. So using bleach to clean syringes offers an easy, inexpensive way to reduce, but not eliminate, the risk of hepatitis C. Experts advise that the syringe be filled with bleach and emptied three times.

Bleaching may even offer some small protection against HIV.

If you are going to use drugs, there are safer ways to get them in you.

Testing for HIV and HCV

Even though it is very scary to have a test done or to ask someone to have one, it is the best thing to do. The earlier you know, the better. HCV treatment is more successful if the infection is caught before your liver is severely damaged. HIV treatment also has a better chance to work well for a long time if your immune system is not too broken down.

You probably won't know you have HIV/HCV unless you go have a blood test. When people are first infected with HIV, they may have flu-like symptoms. It is easy to mistake the initial HIV infection for the flu. With hepatitis C, people rarely have any symptoms at all until serious liver damage has been done.



Simple blood tests (ELISA) that detect antibodies are the first tests used to check for HIV and HCV. Antibodies are cells the body makes in response to an infection.

HCV

If the ELISA test result for HCV is positive, a baseline PCR (viral load) test should be done to measure the amount of virus in the blood.

HIV

If the ELISA test for HIV is positive, another test should be done to make sure. If this second test is positive, a baseline PCR (viral load) test should be done to measure the amount of HIV virus in the blood.

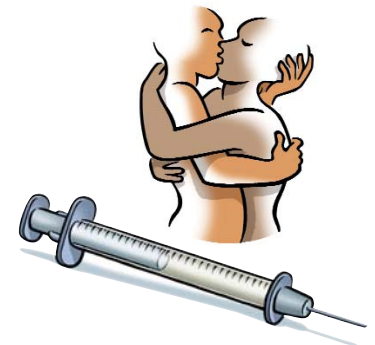
If the test is negative

If you get a negative test result from your first ELISA antibody test for HIV or HCV, but you fall into a high-risk group, testing every six months is a good idea. Two negative antibody tests done over a six-month period (with no high-risk activity during that time) can be considered a true negative.

Sometimes the first blood test doesn't find antibodies because

- ◆ it takes time (sometimes as long as six to eight weeks) for the body to recognize a virus.
- ◆ the test may not have been sensitive enough.
- ◆ a damaged immune system from HIV may not respond to the HCV infection, but if virus is there it can be found by a PCR test.

If you suspect you have shared works or had unprotected sex with someone who is HIV/HCV-positive or shoots drugs, tell your doctor so he/she can do the right tests to look for the infections.

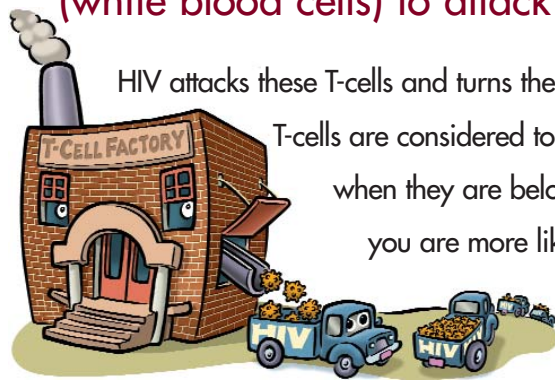


There is such a thing as a false positive
If in doubt, get another test.

After a positive HIV test:

Find a healthcare provider who has a lot of experience with HIV. Regular blood tests that measure CD4 T-cells and viral load are necessary to track how fast your disease is progressing and whether the medications you take are working.

CD4 T-cells signal the body's natural fighters (white blood cells) to attack any invaders.



HIV attacks these T-cells and turns them into HIV factories.

T-cells are considered to be dangerously low when they are below 200; that is when you are more likely to get really sick.

In uninfected people, the normal range of T-cells is 450-1200 (per cubic millimeter) with a CD4 percentage of 32%-50%.

HIV treatment is recommended when T-cells are below 350 or if viral load is over 50,000 copies.

A viral load test (PCR) measures how many copies of virus are in a tiny amount of blood. The goal of HIV treatment is to reduce viral load below the detection range of PCR testing. Most PCR tests for HIV cannot measure below 40 copies.

HIV is never totally killed off with present treatments, but it can be held down. The more virus you have, the faster T-cells are destroyed. Reducing virus in the body gives T-cells a chance to live and increase.

After a positive HCV test:

It is best to find a healthcare provider experienced in HCV.

Get a baseline (first test result) test of your HCV viral load and liver enzymes (AST, ALT). Baseline tests will give you a basis for comparison when you get your next test results. Regular blood tests are needed to examine the activity of the virus and how much it is damaging your liver.

Liver enzyme tests measure activity in the liver, but not always that damage is being done. Liver enzymes can go up to 5-10 times normal without actual liver damage being present. They are a good indicator of whether HCV treatment is working or not.

Don't be upset if the HCV viral load seems high in comparison to your HIV viral load. HCV viral load is usually MUCH higher than an HIV viral load ever gets. An HCV viral load of a million or two is not considered high.

Your doctor may or may not want to do a liver biopsy before talking to you about HCV treatment. A liver biopsy is a test done by inserting a needle into your liver and then taking a small sample out in the needle to be viewed under a microscope. Scores vary depending on the test used, but in one type the results are graded on a scale of 0-4:

0 = no damage

3 = bridging fibrosis

1 = mild fibrosis (scarring)

4 = cirrhosis

2 = medium

A biopsy in liver disease is like a CD4 (T-cell) count in HIV.

Questions to ask your provider if you are co-infected

- ✓ Do you have many other co-infected patients?
- ✓ Do you keep up-to-date on the latest research in treatment?
- ✓ Would you refer me to a liver specialist for my hepatitis C (HCV) or would you treat me yourself?
- ✓ Do I need vaccinations for hepatitis A and B?
- ✓ Is treatment necessary for my HCV?
- ✓ What HCV genotype am I, and how will it affect my treatment?
- ✓ What is my hepatitis C viral load? Liver enzyme (ALT, AST) levels?
- ✓ Will a copy of my blood test results be given to me every time I have one?
- ✓ Do I need a liver biopsy?
 - If a liver biopsy shows I have fibrosis or cirrhosis, would you still prescribe HCV therapy for me?
 - What about an Alfa Feto protein test to screen for liver cancer?
- ✓ How will I know if the HIV or HCV treatments I take are working for me?
- ✓ What is my HIV viral load, T-cell count and percentage?
- ✓ Might I have drug-resistant HIV?
 - Can you get me a genotypic/phenotypic test to see if I have drug-resistant virus?
 - Have you tested me for TB or other opportunistic diseases?

- ✓ Do you recommend I take medications for my HIV?
 - What combination of drugs would you recommend, and why?
 - Can I speak to someone who is using the combination?
 - What are the possible side effects of these medications?
 - How often are they taken and how?
 - How many pills are in this combination?
 - Are they taken with or without food, or does it matter?
 - Can we talk about my lifestyle when making treatment decisions?
 - Do any of the drugs you are prescribing interact with my other medications, such as methadone?
- ✓ Should I be taking vitamins too?
 - Do you believe in complementary medicine such as herbs or acupuncture?
 - Can you refer me to a good acupuncturist and nutritionist in my area?
- ✓ Are there support groups in my area you could recommend?

Don't be afraid to ask your
healthcare provider questions!
It's your life, and
you deserve answers!

HIV or AIDS?

IF • you have been HIV-positive for a while and your T-cell count is stable—meaning well over 350 for some time

AND

• your HIV viral load is low and you have no symptoms of illness, **then you need not decide anything about treatment today and you don't have AIDS.**

Take your time

Talk to people, ask questions, get more information, think about your life, and then you will be better able to make a treatment decision you can live with. The HIV treatments work well in keeping your virus in check only if you take them the way you are supposed to. You have to be ready.

AIDS

HIV becomes AIDS only when you start getting the diseases (opportunistic infections, OIs) that occur when your immune system is very weak (T-cells below 200).

Some common opportunistic infections (OIs) are:

PCP: pneumonia, a lung infection;

MAC: a bacterial infection related to TB in the blood;

Kaposi's sarcoma (KS): type of cancer affecting the skin and organs;

Gynecological conditions in women: precancerous sores, genital or anal warts, dysplasia, or cancer on cervix or uterus;

CMV: a herpes-type virus that in most cases causes blindness but can also affect other areas of the body;

Tuberculosis (TB): A bacterial infection of the lungs that causes wasting and is signaled by coughing up of blood, fever and weight loss.

Co-Infection Challenges

If you are HIV-positive, your HCV infection gets worse faster than if you have HCV alone, because it multiplies faster than in an HIV-negative person. Effective HIV treatment may stimulate increases in HCV.

It is not known for sure whether HCV makes the HIV virus multiply faster than it does on its own; but when HCV badly damages the liver, it is hard for the body to absorb HIV medicines. If your body cannot absorb the HIV medicine, then HIV drugs might not work well for you.

People who are co-infected with HCV can experience worse liver-related side effects from their HIV medications.

People on HIV medications who are experiencing fat changes in their bodies (lipodystrophy) may have higher fat in their livers, which is not good.

Curing or reducing hepatitis C and lowering liver enzyme levels takes some of the strain off the liver and makes the possibility of effective HIV treatment more likely.

Some HIV drugs don't mix well with some HCV drugs, street drugs or methadone.

Keep your liver healthy

Very few HIV-positive people get on the transplant lists for new livers. There are not enough livers to go around. Thousands of people who were not HIV-positive died this year waiting for livers. You can't survive without a working liver, so keeping it healthy makes sense.

How your liver works

Everything you eat, drink, breathe and inject passes through and is filtered by your liver. Toxic substances like street drugs, alcohol, paint and chemical fumes, some HIV drugs and chemicals in food put a strain on your liver.



Your liver

- ◆ makes proteins to make muscle.
- ◆ makes clotting factor, to stop bleeding from a cut.
- ◆ stores energy for later use when you need it.
- ◆ makes bile, so you can absorb vitamins and other nutrients better.
- ◆ makes immune factors to protect you from infection.
- ◆ helps detoxify your HIV medications so they can best fight HIV.

Is your liver working too hard?

You can tell your liver is working too hard by how you feel.



If you take HIV medicines that are working for you, and your liver is not too damaged, the primary symptom of HIV/HCV co-infection is extreme fatigue.

You can also measure how hard your liver is working by having regular blood tests. The higher the enzyme level measured by a (ALT, AST) blood test and HCV viral load, the greater the possibility that the liver is working much too hard and is being damaged.

Blood tests are not always accurate:

in a badly damaged liver, the enzymes might not be as high as you expected because the liver is too damaged to make them anymore.

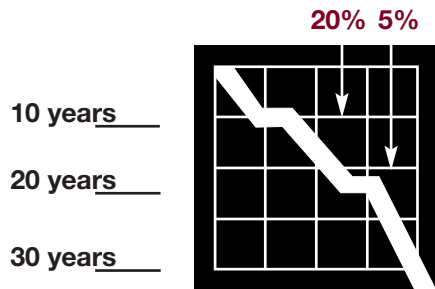
Damage Control

Liver damage rarely gets better unless something is done to stop or slow down its progress.

Things that may slow or stop liver damage are:

- ◆ HCV drug therapy
- ◆ Lifestyle changes (such as avoiding alcohol and street drugs, good nutrition, relaxation and stress reduction, moderate exercise)
- ◆ Complementary therapies (acupuncture and herbs)
- ◆ Vaccinations against hepatitis A and B

If you don't control the damage with some or all of the above, this is what you have to look forward to:



- date of infection to inflammation is immediate
- time to fibrosis is 10 years
- 20% will develop cirrhosis in 20 years
- 5% will develop cancer in 30 years

When you have hepatitis C, quit drinking alcohol; It is the best thing you can do for your liver.

The what's what of liver damage



Inflammation is a condition caused by an insult to the liver (HCV, alcohol, chemicals, etc.) that causes it to become red, swell, heat up and possibly become painful.

Fibrosis is the scar tissue that forms in the liver after it has been inflamed for a while.

Bridging fibrosis occurs when fibrosis forms and spreads across sections of the liver.

Cirrhosis is what happens when the liver has been inflamed and has been forming fibrosis (scarring) for a long time. At this stage, the liver is unable to work well filtering blood because of the loss of liver cells and the scarring that blocks blood flow between the cells.

Cancer is the end product of years of inflammation, fibrosis and cirrhosis. Surgery to remove tumors does not extend life for long.

Experts say that 50% to 66% of patients who have HCV are treatable and curable.

They usually treat those who have:

- ◆ HCV viral load
- ◆ Serious inflammation
- ◆ Fibrosis (at least grade 1)
- ◆ A desire to be rid of the virus

Weigh the risks and Questions to ask before starting

Hepatitis C

- ✓ Why should I start HCV antiviral therapy now?
- ✓ What are my chances to totally kill (eradicate) all the HCV in my body and keep it away?
- ✓ Even if the virus isn't totally killed off, will this treatment help my liver stay healthy longer?
- ✓ Which HCV treatment do you recommend, and why?
 - Are there any other treatments that are as good at killing the HCV?
 - If so, how do they differ from what you are recommending?
 - How long do I have to take this treatment?
 - How and when will we know if it is working?
 - How long do we have to wait before we know if the HCV is gone for good?
- ✓ What are the possible side effects of HCV treatment?
 - Are there medications to take or things I can do to help me with side effects?
 - If I have a problem giving myself injections, how will we handle that?
- ✓ Can I take HCV treatment with medications for my other diseases?
- ✓ Do I need to treat my hepatitis C before I start on HIV drugs?

Women should never take interferon or ribavirin when pregnant, and not become pregnant for six months after the treatment stops, because of the possibility of birth defects and infant death. Two types of birth control should be used to prevent pregnancy.

Men taking HCV treatment should use condoms too and for six months after treatment stops.

benefits of treatment or changing treatments for:

HIV



- ✓ Does the combination of HIV medicines (regimen) you are recommending leave me with as many future treatment options as possible?
- ✓ What side effects can I expect from this regimen?
 - Do other drug combinations have fewer side effects or ones I might tolerate better or even prefer?



- ✓ How many pills do I have to take and how often?
- ✓ Do I have to change how and when I eat to take this combination?

- ✓ How does this combination interact with the other drugs I take for other diseases?

- ✓ Are there any drugs I shouldn't take if I'm on this combination?

- ✓ Can I take birth control pills or get pregnant safely while taking this combination?

- ✓ Will this combination be hard on my liver?
 - Is there a regimen that might be easier on my liver?



For women IVDUs:

HIV+ women who have used injection drugs progress to AIDS faster than male IVDUs and get there with a 38%-65% lower viral load than male IVDUs.

Earlier HIV treatment may be needed, so ask about it.

Anti-HIV drugs work well only as a team and must be taken combined in a “regimen.”

HIV drug chart

Drug Name	Adult Dosing	Side effects/Notes
<i>Nucleoside reverse transcriptase inhibitors (also called NRTIs or Nukes)</i>		
Retrovir (AZT)	2 x 100mg capsules 3x/day or 1 x 300 mg tablet 2x/day	Nausea, headache sleeplessness. Take with or without food.
Combivir (AZT+3TC)	1 x 150mg/300mg tablet 2x/day	Headache, nausea, sleeplessness. Take with or without food, but taking with food may minimize nausea.
Epivir (3TC)	1 x 150mg tablet 2x/day	Minimal. Take with or without food.
Zerit (d4T)	If over 133lbs (60kg) in weight: 1 x 40mg capsule 2x/day If under 60kg: 1 x 30mg capsule 2x/day	Numbness, tingling, or pain in the hands or feet (neuropathy), wasting of face, arms and legs (lipoatrophy). Take with or without food. Do not take with Videx (ddl).
Zerit XR	If over 133lbs (60kg) in weight: 1 x 100mg tablet 1x/day If under 60kg: 1 x 75mg tablet 1x/day	
Hivid (ddC)	1 x 75mg tablet 3x/day	Neuropathy; should not be used with Videx. Works best taken on an empty stomach. Don't take at same time as antacids
Videx (ddl-buffered version)	2 x 100mg tablets 2x/day	Neuropathy, pancreatitis. Take Videx EC on an empty stomach (2 hours after and 1 hour before a meal). Take separate from other drugs: Rescriptor, Crixivan 1 hour prior; Viramune 1 hour after; Viread and Kaletra 2 hours before or 1 hour after. Avoid alcohol. Do not take with Zerit (d4T).

Drug Name	Adult Dosing	Side effects/Notes
Videx EC (ddl- delayed release)	If over 133 lbs. (60kg): 1 x 400mg 1x/day If under (60kg): 1 x 250mg 1x/day	Neuropathy, nausea; diarrhea; headache; vomiting; rash. More rarely: pancreatitis. Take VidexEC on an empty stomach (2 hours after and 1 hour before a meal).
Ziagen (ABC)	1 x 300mg tablet 2x/day	Nausea, vomiting, fatigue, headache; **hypersensitivity reaction. Take with or without food.
Trizivir (AZT + 3TC + ABC)	1 tablet (contains 300mg AZT, 150mg 3TC, 300mg ABC) 2x/day	Similar side effects to above listed for AZT, 3TC and ABC; **hypersensitivity reaction. Take with or without food.
Viread (TDF)	1 x 300mg tablet 1x/day	Nausea, vomiting, diarrhea, flatulence (gas). Take with food, preferably a meal that contains some fat. If taken with ddl (Videx or VidexEC), it can increase ddl levels in the blood by as much as 60%, causing increased ddl side effects.
<i>Non-nucleoside reverse transcriptase inhibitors (also called NNRTIs or Non-Nukes)</i>		
Viramune (NVP)	1 x 200mg tablet 2x/day lead in first 2 weeks: 1 x 200mg 1x/day	Rash, upset stomach, elevated liver enzymes. More rarely: hepatitis. Take with or without food. Once-daily dosing recommendation based on limited clinical data.
Rescriptor (DLV)	4 x 100mg tablets 3x/day	Rash, headache, upset stomach, elevated liver enzymes. Take at least 1 hour apart from Videx. Increases the levels of some PIs.
Sustiva (EFV)	3 x 200 mg capsules 1x/day	Disorientation, rash, nightmares, stomach discomfort, fever, insomnia, elevated liver enzymes. It is recommended it be taken with or without food, but avoid a high-fat meal. Dose should be taken at bedtime to minimize dizziness, drowsiness and impaired concentration.

Drug Name	Adult Dosing	Side effects	Notes
<i>Protease Inhibitors (PIs)</i>			
Crixivan (IDV)	2 x 400mg capsules every 8 hrs	Kidney stones, stomach discomfort, numbness of face and lips.	Take no food 2 hours before or 1 hour after; drink at least 1.5 liters of liquid daily.
*Crixivan boosted with 100mg or 200mg of Ritonavir (RTV)	2 x 400mg capsules with RTV 1 (or 2) x 100mg 2x/day		*Take with or without food.
Invirase (saquinavir hard gel cap-SQVhg)	3 x 200mg hard gel capsules 3x/day*	Nausea, diarrhea.	Take with food in stomach.
*Invirase boosted with 100mg Ritonavir (RTV)	5 x 200mg plus RTV 1 x 100mg 2x/day	Nausea, diarrhea and cholesterol: less than boosted Fortovase (below).	
	8 x 200mg plus RTV 1 x 100mg once-daily		
Fortovase (saquinavir soft gel cap-SQVsg)	6 x 200mg soft gel capsules 3x/day*	Nausea, headache, diarrhea, elevated liver enzymes and cholesterol: more than boosted Invirase (above).	Take within 2 hours of a full meal.
*Fortovase boosted with 100mg of Ritonavir (RTV)	5 x 200mg plus RTV 1 x 100mg 2x/day		
	8 x 200mg plus RTV 1 x 100mg once-daily		
Viracept (NFV)	5 x 250mg tablets 2x/day or 2 x 625mg tablets 2x/day	Diarrhea, gas, rash, elevated liver enzymes and cholesterol.	Take with meal or light snack.
Agenerase (APV)	8 x 150mg capsules 2x/day	Nausea, diarrhea, rash, elevated liver enzymes and cholesterol.	Take with or without food; avoid high-fat meals. Don't take within one hour of taking antacids.
*Agenerase boosted with 100mg or 200mg of Ritonavir (RTV)	4 x 150mg plus RTV 1 x 100mg 2x/day		
	8 x 150mg plus RTV 2 x 100mg once-daily		

Drug Name	Adult Dosing	Side effects	Notes
<i>Protease Inhibitors (PIs) (continued)</i>			
Norvir (RTV)	6 x 100mg capsules, 2x/day* (a total of 12 pills a day). Start with 3 capsules, twice a day, and increase to full dose over 14 days	Nausea, vomiting, headache, elevated liver enzymes and cholesterol.	Take with food. High-fat snacks may reduce side effects. Capsules and oral solution may be stored at room temperature, but should be refrigerated in hot weather. Used at lower doses to boost other <i>protease inhibitors</i> . Take 2 hours apart from ddl.
Kaletra (lopinavir + RTV)	3 x (133.3mg lopinavir + 33.3mg ritonavir) capsules 2x/day	Diarrhea, nausea, weakness, headache, elevated liver enzymes and cholesterol. More rarely: pancreatitis.	Take with a meal or light snack. If combining with Sustiva (efavirenz), dose should be increased to 4 capsules, twice a day. Refrigerate if storing more than 2 months, otherwise, room temperature OK.
<i>Fusion Inhibitors</i>			
Fuzeon (T-20 or ENF)	90mg taken twice-daily by subcutaneous (skin-pop) injection.	Injection site reactions (may be painful and make bumps that can get infected if not injected carefully).	Needs to be taken with other antivirals that still work somewhat at suppressing HIV for the patient.
<p>* While not FDA-approved (except in two cases: Agenerase + RTV, Kaletra), these PI boosted combos using low doses of Norvir (RTV) are commonly used. Adding RTV to some PIs makes them stronger, reduces pill counts and dosing schedules, and in the case of Crixivan, allows people to take them with or without food.</p> <p>** Serious allergic reactions have been reported in about 3-5% of patients, with one death. The signs and symptoms of this reaction include fever, malaise, severe nausea, diarrhea, abdominal pain, sore throat, cough, shortness of breath, and rash. If allergic reaction is diagnosed, therapy should be discontinued and NOT restarted. Symptoms of allergic reactions usually appear within six weeks of starting therapy and resolve within 24-48 hours of stopping the drug. A rash without other signs of allergic reaction has also been reported in about 7% of patients. These rashes can usually be managed without stopping therapy.</p>			

Drug interactions between street drugs and HIV drugs

- Cocaine:** Stimulates HIV to make copies of itself 20 times faster than usual.
- Heroin:** Levels may be cut in half by the protease inhibitor Norvir.
- Marijuana:** A smaller amount of pot can achieve the same high if you are taking protease inhibitors; PIs may increase THC levels.
- Amphetamines: (Speed, Crystal and Ecstasy)** The protease inhibitor, Norvir, is thought to increase amphetamine levels in the blood two to three times normal.

Sleeping pills, sedatives and stimulants

- Barbiturates:** Crixivan may increase blood levels of phenobarbital (Luminal), Seconal, Tuinal and all other barbiturates, so an overdose is more likely.
- Sedatives:** Halcion, Valium, Ambien, and Versed can be deadly if mixed with protease inhibitors, with Norvir being the worst offender. Serax and Restoril are safer sedatives to use with Norvir.
- Viagra:** Men taking Norvir need less Viagra to get the same effect.

HIV and HCV drugs

AZT taken with the HCV drug ribavirin can cause serious anemia.

Videx should not be taken with ribavirin, and if used must be stopped if signs or symptoms of pancreatitis, symptomatic hyperlactatemia, or lactic acidosis develop.

Taken long enough, most HIV antiviral therapies can be hard on the liver. Protease inhibitors like Crixivan and Norvir, nucleosides like the ddI/d4T combo and the non-nuke, Viramune, all have been cited as offenders.

Methadone Interactions

Some drugs can raise methadone levels:

- ◆ Ketoconazole (Nizoral) and Fluconazole (fungal medicines)
- ◆ Elavil and Luvox (antidepressants)
- ◆ Valium, Halcion, and Xanax (anti-anxiety drugs)
- ◆ Tagamet (for ulcers and acid stomach)
- ◆ Bicitra and Polycitra (for gout and kidney stones)

Some drugs can decrease methadone levels:

- Rifampin and Rifabutin (TB drugs) both decrease the level of methadone in the body. Rifampin cuts methadone by 50%, but Rifabutin's effect on methadone is less severe.
- Tegretol and Dilantin (anti-seizure drugs)
- Vitamin C taken in very large amounts can reduce methadone levels.
- Viramune, Sustiva and possibly some PIs (Norvir, Crixivan for HIV) may cause a need for methadone dose adjustment when treatment is used or withdrawn, but studies show that the following HIV drugs do NOT affect methadone levels: saquinavir+ritonavir (1600/100mg once-daily), nelfinavir and delavirdine.
- Alcohol used regularly first increases, but later lessens, the effect of methadone.
- Methadone raises the potency of AZT 50% and more. This means you can take a lot less AZT than someone who is not on methadone and get the same HIV-fighting effect. If you are having bad side effects from AZT, you may need to cut your dose. Talk with your doctor.

Goals of HCV therapy

- ◆ Sustained response or cure six months after treatment is completed and stopped, if no HCV virus can be found by PCR test, a sustained response or “cure” is achieved.
- ◆ Decrease HCV virus in the blood to below detection.
- ◆ Normalize liver enzyme levels.
- ◆ Improve the condition of the liver.
- ◆ Delay progression of liver damage.

Factors that affect treatment success

Genotype: Knowing which genotype (strain) of HCV a person has is important in determining the odds for successful HCV treatment. Some genotypes are tougher to treat than others. Genotypes 1 and 4 are the most difficult to treat, and genotype 1 is the most common in the US. Genotypes 2 and 3 are much easier to treat. (See page 33)

Race: African Americans respond significantly less well to existing HCV treatments than non-blacks.

Viral load: High viral load can make clearing the virus more difficult and may require higher doses of medicine.

Gender: Men do less well than women on HCV treatment.

Age: The older a person is, the more difficult it is to tolerate the side effects of HCV treatment and treatment failure is more common.

Weight: People who are heavier can tolerate higher doses of medicine but do less well in terms of treatment success than lighter people.

Cirrhosis: Someone with a severely damaged liver has less chance of treatment success.

History of current HCV therapy (interferon plus or minus ribavirin)

Interferons are a family of naturally occurring proteins that are produced by cells of the immune system. Three classes of interferons have been identified: alfa, beta and gamma. Each class has different effects, although there is some overlap. Together, the interferons direct the immune system’s attack on viruses, bacteria, tumors and other foreign substances that may invade the body. For many years the only therapy approved for the treatment of HCV was standard interferon given by itself (monotherapy) three times per week, which had a low response rate, 8-15%. Many people did not respond to it or relapsed on it.

The three standard interferons approved for the treatment of HCV are **Roferon®-A** (interferon alfa-2a) made by Roche, **Intron® A** (interferon alfa-2b) made by Schering-Plough, and **Infergen®** (alfacon-1) made by Intermune.

All are given by a subcutaneous (skin pop) injection **three times per week.**



Ribavirin, a nucleoside in the same family as AZT and d4T, was first introduced for unapproved use in the USA by HIV activists through community organizations like the PWA Health Group in NYC and the Houston Buyer’s Club. Later, research done by the pharmaceutical industry showed the benefit of this drug when combined with interferon in the treatment of HCV, and it has been approved by the FDA only for use in combination with interferon.

Combination therapies for the treatment of HCV

The first approved combination therapy, Rebetron® (standard interferon alfa-2b; brand name: Intron® A) plus ribavirin (brand name: Rebetol®) is still used today and is made by Schering-Plough. When compared to interferon alone, it was seen to have a higher percentage of eradication (killing the virus for good) than monotherapy.

41% of people with genotype 1 (the hardest type to treat) had no HCV in their blood six months after stopping treatment (sustained response). The side effects are more intense using the combination therapy than using interferon alone.*

Dosing

Intron A is given by a 3 MIU (Million International Units) subcutaneous (skin-pop) injection three times per week in combination with Rebetol. 1000-1200 mg of Rebetol are taken per day depending on the person's weight and ability to tolerate the drug. For persons under 165 lbs, 1000 mg per day is recommended; people over 165 lbs take 1200 mg. 1200 mg= two doses of three 200 mg pills day= 6 pills per day. It works best when taken with a high-fat meal.

**Patients infected only with HCV. There are no HCV therapies currently approved for patients co-infected with HIV, but these patients also should be considered for treatment.*

And then came pegylated interferon

Pegylated interferon is interferon that needs be taken only once per week. It can be used by itself (monotherapy), but is more potent when combined with ribavirin.

A combination therapy of pegylated interferon and ribavirin is the newest treatment of choice for HCV infection in those not co-infected with HIV. Two different pegylated interferon plus ribavirin treatments are currently approved for the treatment of HCV:

PEG-Intron® plus Rebetol® (Schering-Plough), and the newest available, Pegasys® plus Copegus™ (Roche).

Trials showed that in people infected only with HCV, these treatments work better.

Although limited studies in HIV/HCV co-infected populations have been done and it is clear that the success rate is lower in co-infected patients, many physicians use pegylated interferon plus ribavirin in HIV/HCV co-infected individuals who need therapy.

Interferon monotherapy is tried when a patient cannot tolerate the side effects of ribavirin.

For those who failed earlier treatment, you may benefit from trying again.

Decisions to treat again or not should be based on:

- ◆ **how well you responded to and tolerated treatment the first time around**
- ◆ **what type of therapy you used and how it compares to new therapies**
- ◆ **how bad the state of your liver is (usually determined by biopsy)**
- ◆ **your HCV genotype**

First pegylated Interferon/ribavirin combo approved

Peg-Intron® plus Rebetol® combination are the brand names for Schering-Plough's pegylated interferon and ribavirin products. This combo of drugs was approved for the treatment of HCV in 2001.

Six months after 48 weeks of treatment, 52% of patients (which is an average of success across all genotypes) who received the PEG-Intron plus Rebetol combination had undetectable HCV virus levels in the blood, compared to 46% on the standard combo.

In patients with genotype 1 virus (the most common in the US and the most difficult to treat), the difference in sustained responses was 41% compared to 33% on the standard combo.

Dosing

PEG-Intron is a powder and is mixed with a dilutant before using. It needs to be stored at room temperature 77°F (25°C) but can withstand a range of 59°-86°F (15°-30°C).

It is taken once per week by subcutaneous injection (skin pop), and is dosed in International units (IU).

Your dose depends on your body weight. For example, a person weighing 132 lbs would take 80 IU, which is 70 IU less than would be given to someone over 187 lbs.

Rebetol is recommended at 800mg per day in two doses of two (200mg) capsules each.

Newest pegylated Interferon/ribavirin

Pegasys® plus Copegus™ are the brand names of Roche's pegylated interferon and ribavirin products. It is the newest anti-HCV treatment approved.

Because all interferon+ribavirin treatments are difficult for patients to take comfortably, special attention was given during studies to differences among the various HCV genotypes. This was done to develop specific strategies to reduce the time people needed to be on treatment and the amount of Copegus given to certain patients.

Six months after treatment ended, 53% of patients (which is an average of success across all genotypes) who received the Pegasys plus Copegus combination had undetectable HCV virus levels in the blood, compared to 46% on the standard combo. In patients with genotype 1 virus (the most common in the US and the most difficult to treat), the difference in sustained responses was 44% compared to 33% on the standard combo (based on the results of 2 key studies).

It was found that:

- ◆ Those with genotype 2 or 3 need to use only 800mg of Copegus (a lower dose means less side effects), and can get away with only 24 weeks of treatment. 82% cleared the virus.*
- ◆ Those with genotype 1 need to use 1000-1200mg for 48 weeks. 44% cleared the virus.*

Dosing

Pegasys, dosed at 180 microgram in a premixed, single-dose vial, is taken once per week in a subcutaneous (skin-pop) injection. It needs to be refrigerated 36°-46°F (2°-8°C).

Copegus, dosed at 800 to 1200mg, is taken by mouth twice-daily in a split dose using 200mg tablets.

**There are no HCV therapies currently approved for patients co-infected with HIV, but these patients should also be considered for treatment.*

Side effects of HCV treatment

The experience of common HCV treatment side effects ranges from mild to severe and occurs to some degree in all patients:

- ◆ Flu-like symptoms: fatigue, headache, muscle aches, fever, stomach distress.
- ◆ Psychiatric: depression, thoughts of suicide, irritability, anxiety, relapse of drug abuse/overdose (interferon-based therapies should never be recommended to people with a history of serious mental illness/depression).
- ◆ Decreases in red blood cells (which deliver oxygen to the body), white blood cells (which help fight infection) and platelets (which help stop bleeding).
- ◆ Injection site reactions, fever, rigors (the shakes), nausea, anorexia, congestion, increased heart rate, an increase in triglycerides, skin rashes, mild hair loss or hair thinning, swelling (edema), cough or difficulty breathing.
- ◆ Interferon may make autoimmune diseases like arthritis worse.

Standard combination therapy is 3x per week interferon plus daily ribavirin.

It causes more side effects than 3x per week interferon monotherapy but is more effective at killing HCV.

Pegylated interferon monotherapy (Pegasys, PEG-Intron) has fewer side effects than standard or pegylated combination therapy but is less effective at killing HCV.

Pegasys plus Copegus cause some of the same types of side effects as standard combination therapy—and at a similar frequency—but more bacterial infections occur (3%).

PEG-Intron plus Rebetol in combination cause the same types of side effects as standard combination therapy, but more of them occur.

Strategies to get through treatment

The simple truth is that side effects have to be managed or people will drop out of treatment. Any physician worth his or her salt will assist the patient in any way possible to get them through this difficult treatment. Anti-depressants may be started prior to starting interferon-based therapies to head off psychiatric problems. Painkillers, sleeping pills, appetite stimulants and other medications will more than likely be needed.

Average drop-out rates in studies:

6% treated with INTRON A alone

11% on Pegasys plus Copegus combination

13% treated with INTRON A in combination with REBETOL (Rebetron)

10-14% PEG-Intron, alone or in combination with Rebetol

Dose reductions

- ◆ The most common reasons people discontinued treatment in trial were psychiatric, flu-like syndrome, skin problems, and stomach upset.
- ◆ Abnormalities in the blood are also a problem, and most of these are handled by reducing the dose of the drugs or by giving the patient other medicines.
- ◆ The most common reasons for cutting dosages are decreases in white blood cells (neutropenia) or decreases in red blood cells (anemia).
- ◆ In many, but not all cases, patients feel better after reducing the dose or stopping therapy. Adverse reactions that cause the need for a dose reduction occur more often in patients using Peg-Intron/Rebetol or Pegasys/Copegus than in those who use Intron A/Rebetol.

Predicting HCV treatment success

Being able to tell if HCV therapy is working well is very important because the treatment has some potentially nasty side effects and lasts for six-months to a year. If you had little chance of killing the virus for good and were having severe side effects, you might want to stop or try a less toxic treatment.

How it works:

1. Before therapy is begun, blood is drawn and PCR (viral load) and liver enzyme (LFTs) tests are run to set a baseline for comparison to your later blood test results.
2. Soon after starting treatment, blood is drawn to see how much the viral load has gone down, if the liver enzyme levels have improved, and to look for side effects like anemia.
3. At 12 weeks, your viral load is checked again by PCR. If the HCV in your blood has not been reduced to a level that is undetectable to that PCR test or has not dropped at least 2 log from where you started at baseline, it's a pretty sure thing that you will not be cured. (A log is the number of times the number '10' can be divided into a number. It has become standard to report viral load measurements as log copies per milliliter. For example, since $1,000 = 10 \times 10 \times 10$; then 1,000 also = 3 log or 3 log copies per milliliter.)
4. If your viral load is undetectable or has dropped 2 log from baseline, you go on. If not, you stop and/or adjust goals for treatment.

There are exceptions to every rule:

People who also have HIV may take longer to clear the virus during HCV treatment, and a longer time should be allowed to see if treatment is working.

Future Treatments for HCV

Maintenance therapy with pegylated interferon monotherapy to prevent further developments of cirrhosis, liver failure or cancer is being looked at in a large US trial (HALT-C). Protease and helicase inhibitors are also in early stages of development.

Alternative or complementary therapies

People sometimes choose to try healthy lifestyle changes and things like supplements and botanical medicines ("herbs") as an alternative to standard therapy, or use them along with therapy, sometimes to help manage side effects; this is known as complementary medicine.

Some reasons people may opt for the alternative approach include:

- ◆ Worries about the drug side effects
- ◆ Their liver is in good shape
- ◆ The odds for a good response are lower than they can accept because they
 - have a genotype that doesn't respond so well to therapy (1 or 4)
 - are African American or elderly

HCV and the Immune System:

The immune system's strong response to HCV causes a lot of chemical messengers to be produced that are inflammatory. It's like putting your liver on fire. **DO NOT THROW ALCOHOL ON THE FLAMES!**



Consider treatments that may help put out that fire. The body makes its own proteins to help chill things out, but these can run out.

Supplements: NAC (N-acetylcysteine), vitamin E with selenium, taurine, omega-3 fatty acids, lecithin and whey proteins can all help to refill the body's proteins (see next page for dosage suggestions).

Herbs: "milk thistle" or silymarin (get a brand that contains 70% to 80% silymarin), artichoke extracts, dandelion root, licorice extract (glycyrrhizin).

Because herbs are not always standardized, it is important to obtain quality products such as: Ecliptex by Health Concerns; Hepato Detox or Hepato C from Pacific Biologics.

Vitamin and Supplement Chart

Supplement	Dosage
Multivitamin	1 per day, a strong one; preferably without iron
B-complex	1 per day that provides 25-50 mg each
NAC (N-acetylcysteine)	1,200 - 1,800 mg/day
Vitamin E	Max 800 IU a day
Selenium	Max 600 micrograms/day
Taurine	500 mg three times per day
Whey proteins	2 scoops a day in juice or soy milk (not citrus)
Milk thistle	3 caps/day, standardized to 80% silymarin

A variety of other herbs and modalities have been investigated or used in traditional medical systems in India (Ayurveda) and China (acupuncture and Chinese herbs). Ideally, see an expert practitioner trained in these traditions.



Caution should be used with these:

- ◆ Iron: excess amounts are not good for men, although women who are still menstruating may need a bit of extra iron, but not too much!
- ◆ Licorice extract (glycyrrhizin): care must be taken not to overdo it. This herb can cause blood pressure to increase and may also reduce the level of potassium in the blood.
- ◆ Avoid: coltsfoot, hound's tongue, madder root, Petasites leaf, rue, senecio herb, tansy ragwort/senna (noted to be liver toxic by the German Commission E), mistletoe, yerba tea, saffron, germander, chaparral, skull cap, Jin Bu Juan, comfrey (bush tea), penny royal, peppermint, nutmeg, valerian.*

*Peppermint, nutmeg, valerian OK when used intermittently or as spices or tea

See inside back cover for more information.

There are good reasons to change your life

- ◆ 80%-90% of people entering drug abuse treatment have HCV
- ◆ 32% of all AIDS cases in the U.S. — over 60,000 cases are caused by shooting drugs or by being in contact with someone who shoots drugs
- ◆ People love you and life can be good
- ◆ You are more likely to be able to hold on to the place you live, stay healthy, and have hope for a better tomorrow if you are clean and sober
- ◆ You will be much more likely to show up at the doctor's for your appointments if you don't have to cop first

It is not easy having HIV and HCV, substance abuse and emotional problems. We need help to get healthier and a belief that it is possible to have a better life. Where does that come from?

There are caring services out there to help you get on track with your life:

- ✓ Detox and Rehab
- ✓ 12-step programs (call information today and ask for the AA or NA hotline # in your area)
- ✓ Methadone maintenance
- ✓ LAMM (levomethadyl acetate hydrochloride)
- ✓ Spirituality, support groups and emotional therapy
- ✓ Mind-body modalities like acupuncture and yoga

Trust somebody

People will help you get through to a better place. One day at a time... YOU CAN DO THIS.

If you are not ready to get clean and sober today, turn the page.

Not ready to get sober?

If you are not ready to stop, there are still things you can do to reduce the harm you do to yourself and others.

In states where needle exchange is not legal, get a doctor to give you a prescription for needles and syringes. If your doctor will not prescribe them, find one who will.

Needle Exchange Programs, where you trade in old works for new, have been proven to reduce the number of people getting infected.

Shoot up cleanly to reduce risk to yourself and others



Make sure the area where you shoot up is clean and wash your hands. (An inside unused section of the newspaper is a clean work surface). Use your own clean works, ties, cooker, cotton and water.

Instead of shooting drugs with a needle try:

- **Snorting (sniffing)**
- **Smoking (chasing the dragon)**
- **Keestering (inserting them up your butt)**

IMPORTANT: If you start HIV or HCV combination therapies, try not to use street drugs for the first six to eight weeks. You want to give them time to work before you start using again.

Special Thanks

to groups that provide HIV and HCV information and assistance:

- **AIDS InfoNet**
www.aidsinfonet.org (easy to understand HIV and HCV fact sheets in English and Spanish)
- **Project Inform** 800/822-7422 www.projinf.org
- **CDC National AIDS Hotline** 800/342-2437 (English)
www.ashastd.org/nah/index.html
- **CDC National AIDS Hotline** 800/344-7432 (Spanish)
www.ashastd.org/nah/sida/index.html
- **HIV/AIDS Information Service** 800/448-0440
www.aidsinfo.nih.gov/
- **Hepatitis Foundation International** 800/891-0707
www.hepatitisfoundation.com
- **Hepatitis Liver Foundation** 800/223-0179 www.liverfoundation.org
- **Hep C Connection** 800/522-4372 www.hepc-connection.org
- **National AIDS Treatment Advocacy Program (NATAP)** 888/26-NATAP www.natap.org

Alternative and complementary treatments:

- The Foundation for Integrative AIDS Research (FIAR)
718/622-0212, www.fiar.net
- Direct AIDS Alternative Information Resource (DAAIR),
212/725-6994, www.daair.org

"Commitment To Care" Program for Peg-Intron and Rebetol (ribavirin). This program will help you identify ways to get the drugs paid for. If your private insurance does not cover the drugs, and you do not qualify for Medicaid, or your ADAP does not cover Peg-Intron and Rebetol, Schering will supply a full 48-week treatment of the drugs for free. Eligibility ranges: 200% to 300% of the Federal Poverty Level (Currently \$17,720 and \$26,580 annual income for an individual, respectively) depending on where you live. Call 1-800-521-7157 to enroll. Intron A, Rebetrone 800/526-4099.

Roche Laboratories Pegasys is available by prescription with no registration requirements. Call 1-877-734-2797 or go to www.Pegasys.com. Patients who make less than 300% of the Federal Poverty Level (\$26,580 annual income for an individual) and have no other medical coverage, or if their state's Medicaid does not yet cover Pegasys, are eligible. Pegasys Hotline 1-800-387-1258. Roferon-A 800/526-6367.

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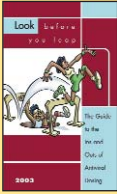
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To Order Fax: 800-407-2505 or register online at: www.freehivinfo.com



Look Before You Leap: The Guide to the Ins and Outs of Antiviral Dosing. A 16-page patient booklet that assists readers in understanding how various antiretroviral dosing strategies affect HIV treatment and what considerations are necessary to make wise choices.



Dosing Matters: Getting the Most Out of Your HIV Regimen. A 1-page patient pamphlet that provides a simple overview of HIV antiretroviral dosing considerations for patients.



NUKES! A 32-page, graphically exciting patient comic book written in English and Spanish at a 5th grade reading level that helps readers to understand how HIV infects a cell, how NRTIs work, and how adherence affects resistance and long term effectiveness of treatment.



ADVENTURES IN ADHERENCE Learning the Basics in HIV. A 32-page, graphically exciting patient comic book written in English and Spanish at a 5th grade reading level that educates patients about—and promotes understanding of—the reasons for utilizing HIV treatment. Also includes helpful discussion about the ins and outs of effective adherence to antiviral therapy.



All the Pieces: Making Antiviral Choices Count. A 32-page booklet that helps secondary providers assist patients construct a successful, long-term HIV strategy that supports adherence and avoids the accumulation of resistance mutations. Written at a 9th grade reading level in English or Spanish, it includes a step-by-step outline of the preparation involved in thinking about treatment initiation or change and discusses issues including ease of use, resistance patterns, side effects, tolerability and potency.



Exploration in Care: Metabolic Abnormalities in HIV. A 32-page, CME-accredited monograph that provides up-to-date information about metabolic complications of antiretroviral treatment, with an emphasis on fat redistribution, by leading experts in the field of HIV research. Includes special sections for discussion of antiviral strategies and other management tools to enhance the quality of life and retain patients on treatment.



LipoWatch. Receive a monthly one-page physician's fax or e-mail with timely and useful information about the latest research in metabolic abnormalities. The LipoWatch fax provides handy management information that not only provides antiviral strategies but also lifestyle support information about vitamins and supplements, exercise and diet, hormone replacement (testosterone and human growth hormone), plastic surgery and other useful information.



Vital Lines: Clinical Insights into HIV/HCV Co-Infection. A 2-page legal-size, double-sided direct-mail piece primarily for physicians and secondary providers, designed to provide a "state-of-the-state" update on HIV/HCV co-infection.



Fat in the Blood. A must-read 1-page patient pamphlet for people on anti-HIV medications at risk for dangerous levels of fat (i.e. cholesterol and/or triglycerides) in the blood. Available in both English or Spanish.



What's New? A User-Friendly Guide to the HIV Guidelines 2003. This 32-page booklet is designed to assist people who want to understand how HIV treatment "Guidelines" fit into the overall planning and design of the best healthcare strategies for HIV-positive individuals. Available in English or Spanish.