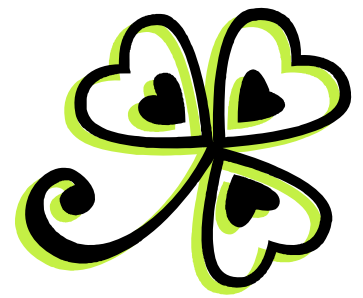




Positive Outlook



ID Clinic Newsletter

March 2011

315 464 5533

We may encounter many defeats but we must not be defeated.
-- Maya Angelou --

A Warm Welcome A Warm Welcome

To the newest member of the staff, Lewis Briot, PA

Lewis has been a member of the Upstate University Hospital Community for 6 1/2 years and comes to us from the Department of Neurology. Lewis will replace Louise Manor, NP who retired in December. He will be absorbing her caseload over the next few months.

Please join us in welcoming Lewis to our clinic.

March is Colorectal (Colon) Cancer Month

Colorectal (Colon) Cancer

Of cancers affecting both men and women, colorectal cancer (cancer of the colon and rectum) is the second leading cancer killer in the United States. In the United States in 2007,* 142,672 people were diagnosed with colorectal cancer, and 53,219 people died from it.† CDC helps prevent colorectal cancer by building partnerships, encouraging screening, supporting education and training, and conducting surveillance and research.

*Latest year for which statistics are available. †Source: [USCS](http://www.uscs.edu).

For more information please visit: <http://www.cdc.gov/cancer/colorectal/>

Here in the ID Clinic we offer High Resolution Anoscopy (HRA) to assess for anal cancer. Dr. Jiri Bem of Upstate University Hospital runs this clinic on Monday mornings. Dr. Bem also provides follow up treatment when necessary. Dr. Bem is an Assistant Professor, Surgery at Upstate Medical University. His clinical specialties include Colon and Rectal Surgery as well as General Surgery. Please discuss screening tools and the things you can do to reduce and prevent your risk of colorectal cancer with your medical providers.

Prescription Reminder



If you want to know if your prescription is ready at your pharmacy, please call your pharmacy and not our office. Once you leave a message concerning prescription refills or renewals **please al-**

low at least 4 hours before calling to check on the status of your request. Most prescriptions requests are called into your pharmacy the same day. Messages received late in the day may

not be called in till the following business day. Please call for prescription renewals several days before you will run out. This will help to avoid any medication interruption.

Sleep and Depression

March, the month that seems to never end in Central New York, the time between winter and spring, is also the host to National Sleep Awareness Week. This year, the week begins on March 7 and ends March 13 when Daylight Savings time begins, the night we all lose an hour of sleep.

When talking to your doctor or nurse practitioner, don't assume that sleep problems are not worth mentioning. Sleep is when the body works to refresh and restore itself. Sleep problems may be a clue to an underlying depressive illness.

The relationship between sleep and depression is complicated. Depression may cause sleep problems and sleep problems may cause or contribute to depressive symptoms.

"Sleep problems" include: difficulty falling asleep, difficulty staying asleep, awakening too early and not being able to get back to sleep, unrefreshing sleep, daytime sleepiness and sleeping too much. Symptoms of depression include: feelings of hopelessness, helplessness and sadness, thoughts of death or suicide, loss of interest in things that were once pleasurable, concentration problems, forgetfulness, loss of libido (interest in sex), changes in weight and appetite, daytime sleepiness, loss of energy and insomnia (difficulty sleeping).

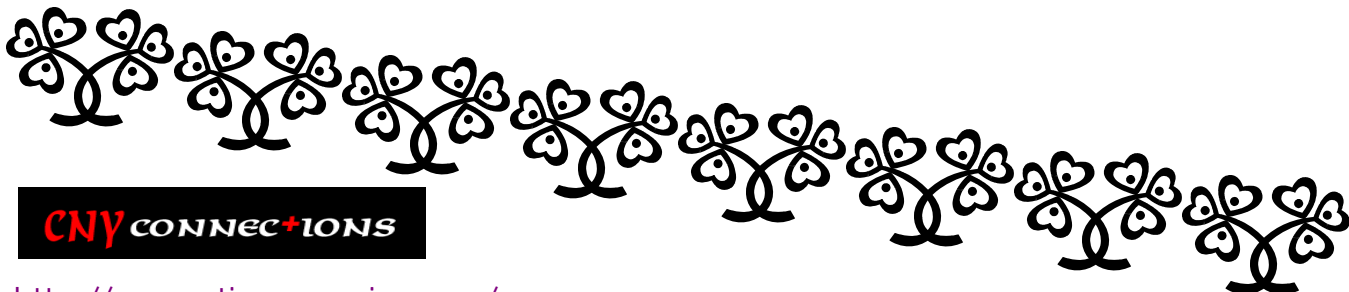


Physical illness is also sometimes associated with depression and/or sleep problems. For, example, obstructive sleep apnea (OSA) and restless leg syndrome (RLS), which cause problems getting adequate sleep, are two conditions that have a high correlation with depression. Treating the physical illness often helps improve the depression. Women, older adults and people with a serious chronic illness such as diabetes, heart disease and HIV/AIDS are more likely to experience depression and sleep deprivation can adversely affect one's ability to care for oneself properly.

In summary, don't take sleep lightly (pun intended). If you are experiencing sleep problems, discuss them with your health care professional and work with them to get treatment.

Information adapted from:

<http://www.sleepfoundation.org/article/sleep-topics/depression-and-sleep>



<http://connectionsny.ning.com/>

Check out the site...you can become a member, post a blog or video , get educational information and chat with other HIV+ people.

Check out the **ONE DECISION** page on FACEBOOK. This page is part of a social marketing campaign aimed at HIV/STI prevention the 13– 24 year old age group.

A Word from the Nutritionist



Caffeine

We are an “on the go” society and we all reach for the caffeine to fuel us along. Like calories, we need to keep caffeine in moderation.

So what is moderate? Most adults can safely consume up to 400mg/day though 250mg is considered moderate. See list below of beverages for you to gage your caffeine intake. Remember to take note the serving size.¹

Caffeinated beverages known as energy drinks are marketed to teens when the emphasis should not be caffeine but a healthier lifestyle which includes a good sleep schedule and adequate hydration. With adequate sleep and hydration, you feel better, make better choices and have a stronger immune system. Studies show our T-cells go down if we are sleep deprived and inflammation markers go up.²

What are the side effects of too much caffeine?

- ◆ rapid heart rate
- ◆ palpitations
- ◆ high blood pressure
- ◆ excessive urination

- ◆ nausea
- ◆ restlessness
- ◆ anxiety
- ◆ depression
- ◆ difficulty sleeping



Remember, drinks with caffeine should not be used for hydration since caffeine is dehydrating. When drinking a drink with caffeine, it is always good to also drink equal amounts of water.

Abrupt withdrawal of caffeine can cause headaches so reduce your intake gradually.

It always a good habit to look at the ingredient listing. Some energy drinks have the word “Gaurana” which is a tropical berry that contains a substance with the same characteristics as caffeine so the caffeine content is actually higher because of this added substance.⁵

Are there any health benefits?

Small amounts of caffeine have been beneficial for the following:³

- ◆ increases pain relief medication effects
- ◆ increases mental faculty
- ◆ reduces asthma symptoms opening up airways for improved breathing.

Caffeine and Liver Health

Caffeine is metabolized through the liver. In people with cirrhosis, the metabolism of caffeine is slowed so it is recommended to limit yourself to 1 cup of coffee or tea per day. If you have any kind of liver disease, for example hepatitis c, consume caffeine in moderation—2 cups per day, or about 250mg caffeine. If you are on interferon, this medication by itself can cause caffeine-like symptoms so it is especially important to be mindful of your caffeine intake.⁴

Remember moderation, more is not always better! Keep in mind, a healthy snack can give you energy along with some increased activity—using the stairs or getting fresh air with a energizing walk. Also, avoid over eating since large meals take energy to digest, causing you to be tired.



Caffeine Intake¹



Sodas and Energy Drinks

Product	Serving (mg)	Caffeine (mg/ounce)
• Jolt Energy	23.5 oz	280
• Red Bull	8.3 oz	80
• Mountain Dew	12 oz	55
• Pepsi	12 oz	39
• Diet Pepsi	12 oz	37

Coffee

Product	Serving (mg)	Caffeine (mg/ounce)
• Starbucks Coffee	12 oz	260
• Dunkin Donuts Coffee	16oz	206
• McDonald’s Coffee	12oz	109

1- Chou KH, Bell, LN. (2007). Caffeine content of prepackaged national-brand and private-label carbonated beverages. *J Food Science*, 72(6), c337-342.

2- Mann, D. (2010, January 19). *Can better sleep mean catching fewer colds?* Retrieved from WebMD website: www.webMd.com

3-Chenowith, C. (2006, December 3). *Caffeine—benefits and risks*. Retrieved from Disabled World website: www.disabled-world.com

4- Palmer, M. *Caffeine’s effect on those with Hepatitis*. Retrieved from Liver Disease website: www.liverdisease.com

5- Jellin, J. (2011, January). Energy drinks. *Prescriber’s Letter*, 18(1), 5.



Treatment Adherence Program at the DAC

What is Resistance?

HIV medications are designed to keep your viral load (the amount of HIV virus in your blood) under control by preventing the virus from replicating (or making copies of itself). Sometimes HIV is able to overcome the effects of a medication and keep replicating anyway. When this happens, we say that HIV has developed resistance to that medicine.

Resistance is a major challenge in HIV treatment. Resistance decreases the ability of HIV medicines to control your virus and knocks out your treatment options. The best way to prevent resistance is to stick closely (adhere) to your HIV medication regimen. With good adherence, resistance is less likely to develop. This gives your current medicines the best chance of working and keeps more treatment options open to you in the future.

What Causes Resistance?

After infecting a CD4 cell (the disease fighting white blood cell), HIV uses that cell to make many new copies of itself that infect other CD4 cells. This process happens very quickly—HIV can make billions of copies of itself every day. When making new virus, HIV must copy its genetic information. Copying happens so fast that mistakes are made. These mistakes are called mutations, and they occur randomly.

Some mutations are harmless. They produce weak copies that can not infect other CD4 cells. But other mutations cause big problems, they prevent certain HIV medications from working effectively. If a drug does not work against a mutated virus, the virus will replicate rapidly. This can cause your viral load to go up, and it may be necessary to change medicines to get HIV back under control.

The main reason your doctor gives you a combination of HIV medicines instead of just one is to block replication as much as possible. A combination of medicines is much better at fighting HIV replication than one alone. With less replication, mutations and resistance are less likely.



Check back next month for more information on drug resistance and how to avoid it.

Information adapted from <http://www.thebody.com/content/treat/art58998.html>



National Women and Girls HIV/AIDS Awareness Day

March 10

National Women and Girls HIV/AIDS Awareness Day is a nationwide observance that encourages people to take action in the fight against HIV/AIDS and raise awareness of its impact on women and girls.

Learn more about National Women & Girls HIV/AIDS Day at:

<http://www.womenshealth.gov/nwghaad/>



Spotlight on Hepatitis C



Do you know about Hepatitis C in the African American Community?

African Americans represent 12% of the U.S. population, but make up about 22% of the chronic Hepatitis C cases.

February is Black History Month. This annual celebration is a time set aside to commemorate the achievements by African Americans and to educate the American people about the central role of African Americans in U.S. history. This month also presents an opportunity to educate the public and health professionals about serious health problems within the African American community, including the Hepatitis C virus. Currently, there is no vaccine for Hepatitis C and the best way to prevent the virus is by avoiding behaviors that can spread it. For those already infected, early detection can save lives.

Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. This can happen from sharing equipment for injecting drugs, receiving blood transfusions or organ transplants before 1992, getting a needlestick injury in health care settings, through unprotected sex and even being born to a mother who has Hepatitis C. And some people don't know how they got infected.

While African Americans represent only 12% of the U.S. population, they make up about 22% of the chronic Hepatitis C cases. In fact, African Americans have a substantially higher rate of chronic Hepatitis C infection than do Caucasians and other ethnic groups. Within the African American community, men in their 50's show the highest rates of infection with 1 in 7 men living with chronic hepatitis C.

Although hepatitis is a serious health problem within the African American community, too few African Americans at risk get tested. Fortunately, a simple blood test can determine if a person has ever been exposed to the virus. And early detection can save lives.

Share with your friends and family what you have learned about Hepatitis C. If you think you have been exposed to the virus, talk to your doctor or health care provider about getting tested.

For more information about Hepatitis C, go to <http://www.cdc.gov/hepatitis/C/index.htm>

Information taken from <http://www.cdc.gov/hepatitis/BlackHistMnth-HepC.htm?source=govdelivery>

HIV/AIDS in Black America: The Uphill Battle

By Kellee Terrell
From The Body

February 4, 2011

In the fall of 1991, during a game of capture the flag in my eighth grade gym class, the teacher told us to stop playing, get in two lines and be very quiet. She told us that a serious announcement was going to be made. A few minutes later, over the speaker system, the principal played a press conference that was on the news. Earvin "Magic" Johnson, star of the Los Angeles Lakers basketball team, announced to the world that he was HIV positive.

I was completely shocked. Growing up, all I "knew" about HIV was that it was a white disease, and a gay one -- except for Ryan White, who somehow contracted HIV through a blood transfusion. I was under the impression that this was not something that black people had to worry about.

Almost 20 years have passed since Johnson's public disclosure, and so much has changed.

The face of this epidemic in the U.S. is now one that resembles mine. AIDS is the number one killer of [black women](#) ages 24-35. [Black men who have sex with men \(MSM\)](#) have the highest HIV rate among all racial groups of MSM. Overall, while African Americans make up 14 percent of the overall U.S. population, they account for more than half of all new HIV infections that are diagnosed each year. And to make matters worse, African Americans are more likely to be diagnosed with HIV *and* AIDS at the same time than any other racial group, meaning they're less likely to [get tested until they're very ill](#).

To review the entire article please visit: <http://www.thebody.com/content/art60383.html>

Living Well with HCV

A peer facilitated group for co-infected clients.

Do you have Hepatitis C (HCV)? Are you considering or currently receiving Hepatitis C treatment? Do you have questions or concerns about HCV treatment? We are offering a Peer facilitated group. The goals of the group are to provide: Education, Encouragement and Empowerment. The Peer facilitators have first hand experience with HIV and HCV treatment.

Hepatitis C treatment is challenging and we want to help give you the tools needed to be successful. The more information you have, the better able you are, to make the best health care decisions for yourself.

The group meets once a week from 6-7:30 PM. The location of the group has free, off street parking. If you need transportation assistance, we can discuss possible options with you. If you are interested in attending the group, please call Kelley Flood at 464-5533.

Educate, Empower



and Encourage

Infectious Disease Clinic
725 Irving Ave, Suite 211
Syracuse, NY 13210

Phone: 315-464-5533
Fax: 315-464-5579
www.upstate.edu/id/healthcare/dac/

Anger Management

Worried about always feeling angry?
Wondering how to get through a day without feeling that way?

A support group is offered on Wednesday afternoons to help you learn to manage your feelings.

For more information contact Cheryl at 315-464-7319.



HIV/AIDS Services:

ACR: 1-800-475-2430

FACES: 1-866-95-FACES

STAP, Southern Tier

AIDS Program:

1-800-333-0892

NYS Dept. of Health:

English: 800-541-2437

Spanish: 800-233-7432

Liberty Resources: 315-701-0293

Hotlines and Services:

CONTACT: 315-251-0600

CPEP: 315-448-6555

Vera House: 315-468-3260

Consumer Advisory Board!

- The DAC Consumer Advisory Board is looking for new members. Are you interested in working with a dynamic group of consumers? We need your input! The CAB is starting a Speakers Bureau and is involved with issues that affect you.
- You can be an important voice within the DAC and the regional/statewide HIV community. If you want to know more about the CAB please speak with Missy, Kelley or Judy. To become a member you must complete a membership application and speak to Kelley or Judy prior to attending.

The next meeting of the CAB will be March 17th at 4:15.

March 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Colorectal Cancer Month http://preventcancer.org/colorectal3c.aspx?id=1036 National Social Work Month		1	2 Anger Management 1:30 Living Well with HCV 6:00 – 7:30pm	3	4	5 
6	7	8	9 Registered Dietician's Day--Thanks, Terry! Anger Management 1:30 Living Well with HCV 6:00 – 7:30pm	10 	11	12
13 Daylight Savings Time begins  Don't forget to spring ahead!	14	15	16 Anger Management 1:30 Living Well with HCV 6:00 – 7:30pm	17  Happy St Patrick's Day! CAB 4:15pm	18	19
20 Spring Begins 	21	22	23 Anger Management 1:30 Living Well with HCV 6:00 – 7:30pm	24	25	26
27	28	29	30 Anger Management 1:30 Living Well with HCV 6:00 – 7:30pm	31	 http://connectionsny.ning.com/ Come check them out and join the buzz!	