Positive Outlook
UPSTATE
MEDICAL UNIVERSITY
ID Clinic Newsletter
September 2011
315 464 5533

“If you reach for something and find out it’s the wrong thing, you change your program and move on. “
-- Hazel Scott --

Staff News

Please extend a big warm welcome to:

Our new Attendings:
Tasaduq Fazili, MD
Avrille George, MD
Mark Polhemus, MD

Our new Social Worker:
Erin Day, LMSW

Our new Fellows:
Mohshena Amin, MD
Mitu Maskey, MD

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 allow 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.
September is National Alcohol and Drug Addiction Month, this year being the twenty-second year of this observance. While the emphasis is on recovery from alcohol and drug addiction, mental health is a very important part of that recovery.

When someone has a substance abuse problem and a mental health problem, such as depression, anxiety or bipolar disorder, it is called a dual diagnosis or co-occurring disorders. According to the Journal of the American Medical Association (JAMA), about 50% of individuals with mental disorders are affected by substance abuse, 37% of alcohol abusers and 53% of drug abusers also have at least one serious mental illness, and, of all people diagnosed as mentally ill, 29% abuse either alcohol or drugs. The consequences of a co-occurring substance abuse problem and a mental illness are serious for the individual and for society. Persons with a dual diagnosis are statistically more prone to violence, medication noncompliance and failure to respond to treatment than individuals with only one disorder or the other. They are more likely to be homeless or jailed. These problems extend to the family, friends and co-workers as well as society as a whole.

Some mental health disorders are more likely to be associated with chronic substance abuse than others. Schizophrenia, bipolar disorder, ADHD (attention deficit hyperactivity disorder), generalized anxiety disorder, obsessive-compulsive disorder, PTSD (post-traumatic stress disorder), panic disorder and anti-social personality disorder are commonly associated with drug or alcohol abuse.

Which comes first – the substance abuse or the mental health disorder? It depends. In some cases persons may use drugs to alleviate the symptoms of mental health disorder which is often undiagnosed. Some symptoms which may be self-medicated this way are depression, anxiety and social withdrawal. Unfortunately, substance abuse causes side effects and in the long run worsens the symptoms they initially relieved. In other cases, the mental disorder may be caused by the drug abuse. Some drugs alter the chemistry of the brain which can lead to depression and anxiety. This is especially of concern in adolescents whose brains are not yet fully formed and are still developing. In other cases, the disorders may exist independently of each other.

What are the symptoms of the most common mental health disorders associated with substance abuse? Depression – feelings of helplessness and hopelessness, loss of interest in daily activities, inability to experience pleasure, appetite or weight changes, sleep changes, loss of energy, feelings of worthlessness or guilt and difficulty concentrating. Anxiety – excessive tension and worry, feeling restless or jumpy, irritability and feeling “on edge,” racing heart or shortness of breath, nausea, trembling or dizziness, muscle tension, headaches, trouble concentrating, and/or insomnia. Mania (the “high” of bipolar disorder) – feeling exceedingly happy or extremely irritable, unrealistic beliefs, decreased need for sleep, increased energy, rapid speech and racing thoughts, impaired judgment and impulsivity, hyperactivity and anger or rage.

If you are wondering if you have a substance abuse problem, the following questions may help. The more you answer “yes,” the more likely your alcohol or drug use is a problem.

- Have you ever felt you should cut down on your drinking or drug use?
- Have you tried to cut back, but couldn’t?
- Do you ever lie about how much or how often you drink or use drugs?
- Have your friends or family ever expressed concern about your alcohol or drug use?
- Do you ever feel bad about your drinking or drug use?
- On more than one occasion, have you done or said something while drunk or high that later regretted?
- Have you ever blacked out from drinking or drug use?
- Has your alcohol or drug use caused you problems in your relationships?
- Has your alcohol or drug use gotten you in trouble at work or with the law?

If anything in this article has caused you concern, please speak with your doctor, nurse practitioner, physician’s assistant, case manager or counselor so they can assist you on your road to recovery. There is hope, you can get better.

National HIV/AIDS and Aging Awareness Day, September 18th, 2011, is a national campaign highlighting the complex issues related to HIV prevention, care and treatment for aging populations in the United States.

The CDC predicts that by 2015 50% of all people living with HIV in the U.S. will be over the age of 50.

Once-daily triple HIV drug receives FDA Approval

On August 10th 2011 the US Food and Drug Administration (FDA) approved a new HIV drug - Complera. This is a single tablet that contains the two medications found in Truvada (Tenofovir also known as Viread & Emtricitabine also known as Emtriva) and a new medicine called Rilpivirine. Rilpivirine is a non-nuke (NNRTI) similar to another medicine in that drug group - Sustiva. They both work equally well against HIV. Unlike Sustiva, Rilpivirine does not have the same central nervous system (CNS) side effects like dizziness. This means that this new medication may be more tolerable for some people. Complera should be taken one time a day with food. Unlike Sustiva (and medications containing Sustiva such as Atripla) Complera does not need to be taken at bed-time to decrease CNS side effects.

Complera is not for everyone.
- It can interact with some anti-seizure medications, some antibiotics (especially those used in the treatment of TB) and should be taken apart from some common anti-reflux medications like omeprazole (Prevacid) and Pantoprazole (Protonix). As with many other HIV medications you should also avoid St. John’s Wort (an herbal supplement).
- It is appropriate for people who are starting out on medications rather than people who have been on several different regimens.
- It is very important to take Complera every day as prescribed. People who miss doses are more likely to become resistant to the Rilpivirine in Complera than they would to Sustiva (found in the other single combination pill - Atripla). Complera is less forgiving than Atripla if you miss a dose!

NGMHAAD uses partnerships with many other government and private HIV agencies, this website, and a Twitter campaign to -
- Increase gay men's sense of urgency about the epidemic.
- Help them understand their risks and learn how to protect themselves and others.
- Motivate them to seek testing and treatment if they test positive.
- Enlist them to HIV stigma and homophobia.
Magnesium is a mineral (like Calcium) and is needed for more than 300 reactions in the body.

Magnesium helps:
- maintain normal muscle and nerve function
- support a healthy immune system
- keeps bones strong
- regulates blood sugar levels
- promotes normal blood pressure
- keeps heart rhythm steady
- how our body provides us with energy

Half of your total body magnesium is found in your bones and the other half is found inside cells of your body. Only 1% is found in blood, but the body works very hard to keep blood levels stable.

**HOW MUCH MAGNESIUM DO I NEED?**

The Recommended Dietary Intake (RDI) for

<table>
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<tr>
<th>Males:</th>
<th>Females:</th>
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<tr>
<td>19-30yrs 400mg/day</td>
<td>19-30yrs 310mg/day</td>
</tr>
<tr>
<td>31yrs + 420mg/day</td>
<td>31yrs+ 320/day</td>
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**WHAT FOODS PROVIDE MAGNESIUM?**

Legumes are one of the best sources along with nuts, seeds and whole grains. Green vegetables such as spinach and swiss chard are also good sources.

*Spinach and Swiss Chard 1/2c cooked = 75mg.*

Wheat germ –is a good source of magnesium providing 69mg per 1/4c. Look for wheat germ in the cereal section of your grocery store. Wheat germ is the inner part of the wheat kernel that is separated out when the wheat is milled into white flour. Refined grains are generally low in magnesium since the germ and bran are removed.

**Tips to Increase Your Magnesium Intake:**

* Sprinkle wheat germ over hot or cold cereal, soup, yogurt or any other food
* Add beans to vegetable soup, salad or chili (1/2c. beans provides 35mg magnesium)
* Make a meal of grilled Halibut (3oz. = 90mg magnesium), spinach (1c = 150mg magnesium) and brown rice (1c. = 80mg magnesium)
* Snack on 1oz. pumpkin seeds (168 mg magnesium)

**WHO MAY NEED EXTRA MAGNESIUM?**

Extra may be needed when a specific health problem causes a loss of magnesium. Your Doctor or Nurse Practitioner would then determine if you need a prescription.

**References:**
- Eat Up by Charlie Smigelski, RD
- USDA nutrient database

**Millet:** An African grain and a staple of the North African diet.

To cook millet as a grain instead of rice, just simmer 1/2 cup in 1 1/2 cups of liquid. If you leave it alone as it cooks, you’ll get fluffy grains like rice; if you stir frequently and add a little extra liquid during cooking, you’ll get a dish that resembles mashed potatoes. It takes about 25 minutes to cook millet by simmering.

Source: Andrew Weil, MD [www.drweil.com](http://www.drweil.com)
**Anger Management**

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

A support group is offered on Thursday afternoons at 1:30pm to help you learn to manage your feelings.  

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

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**Living Well with HCV**

**Peer mentor services for co-infected clients.**

**Individual or group**

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If you would like to speak to a peer mentor please contact:  
John Wikiera at 315-542-1703 or Ralf Bernecker at 315– 476-1125

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**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 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 please ask a staff person for an application.  

**The next meeting of the CAB will be in September 15, 2011.**

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**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

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Please ask your social worker if you have any questions about mandatory Medicaid Managed Care enrollment.

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As of May 1, 2011 the ID Clinic will be accepting the NY Bridge Plan.