

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?

The main purpose of National Alcohol and Drug Addiction Month is to focus on Prevention Works, Treatment is Effective and People Recover. 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.

http://www.helpguide.org/mental/dual_diagnosis.htm http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049 <http://www.nami.org/Template.cfm?Section=By+Illness&Template=/TaggedPage/TaggedP>

The Infectious Disease Clinic offers on-site individual , group, and case management mental health services.

All of our patients are eligible to receive services appropriate for their care.

If you would like to receive mental health services please discuss with your doctor, nurse practitioner or social worker.

Treatment Adherence Program at the DAC

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!



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.

National Gay Men's HIV/AIDS Awareness Day - September 27, 2011

NAPWA founded NGMHAAD in 2008 to raise gay men's awareness of the HIV epidemic and the role they can play in bringing it to an end.

Too much of what was true in 2008 is still true today:

- At least 1.1 million Americans are living today with HIV.
- Half of them are men who have sex with men.
- One in five doesn't know he is infected.
- At least half, possibly as many as three-quarters of new infections come from people who don't know they are infected themselves.
- There is no cure yet for HIV. "Cocktail" drugs control the virus and keep us alive, but even with the "cocktail, life with HIV is no picnic.



What's new in 2011?

- If we're positive, we do better medically if we know it early and start treatment early.
- When we're in treatment, we're less likely to infect others. (But don't throw out your condoms!)
- We have tools today to slow the epidemic down: treatment as prevention, PrEP for high-risk groups, and our old friends Safe(r) Sex and Safe(r) drug use. We were here at the epidemic's beginning. Let's be here for its end!

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.

The Importance of Magnesium



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

Males:

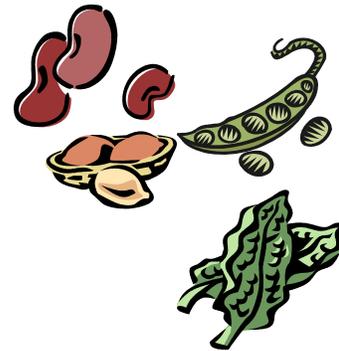
19-30yrs 400mg/day

31yrs + 420mg/day

Females:

19-30yrs 310mg/day

31yrs+ 320/day



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**

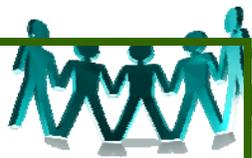
USDA nutrient database

Journal of Renal Nutrition, Vol 12, No 1 (January), 2002: pp60

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.

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.

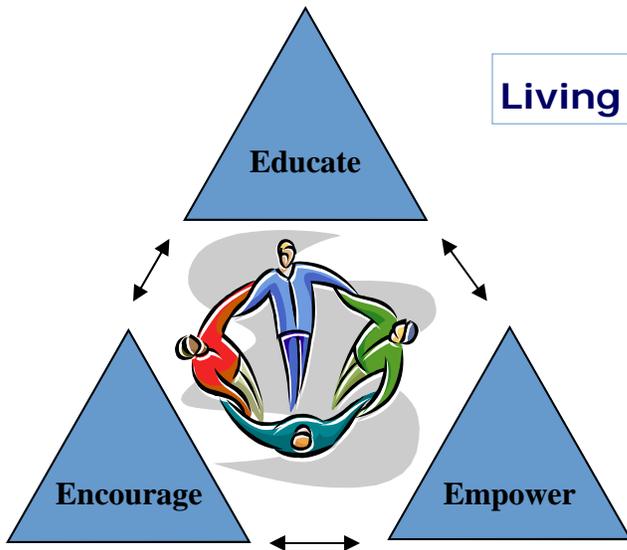
For more information contact Cheryl at 315-464-7319.

For people who have
Twitter accounts.
If you are interested in
Hepatitis C issues
check out Hepatitis NY
on Twitter.

Living Well with HCV

Peer mentor services for co-infected clients.

Individual or group



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

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.



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

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

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