



The Women's
Interagency HIV Study
Washington, DC Metropolitan Area

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A Note From Dr. Young

I want to wish all of you a WIHS Happy Anniversary as we are now officially 20 years old. Who would have believed that I could write this back in 1994-5 when we began our first recruitment? Over these years WIHS has grown from the original six sites (Washington DC, Chicago, Bronx/Manhattan and Brooklyn in NYC, Los Angeles, San Francisco) to ten sites with the addition of 4 sites in the south (Atlanta GA, Chapel Hill NC, Birmingham AL, Jackson MS, and Miami FL). 2,144 women remain active nationally with retention rates of 78% for our HIV negative participants and 82% for our HIV positive participants. The result has been over 650 papers in peer-reviewed journals and WIHS presentations at multiple national and international conferences. Each and every one of you has contributed to this new fund of knowledge regarding women's health. All of the staff here at the DC Metropolitan WIHS want to take this opportunity to thank you for your contributions and for your loyalty to this study and its purpose. You should feel very proud of your accomplishments and for promoting knowledge of women's health needs. I hope you will take time to visit both our national WIHS website at <https://statepiaps.jhsph.edu/wihs> and our DC Metropolitan website at <http://wihs.gume.georgetown.edu> for more details. We look forward to our continued work together.

Interview with Margo

Margo, the new WIHS Medical Assistant, was kind enough to spend a few minutes being interviewed for this edition of SisterTalk. She is a native Washingtonian who enjoys swimming in her free time and whose favorite food is macaroni and cheese: a perfect comfort food. She became a medical assistant several years ago, so that she could begin reaching her goal of one day becoming a nurse. She enjoys many things at WIHS, but her favorite part has been meeting many of the great participants in the study and hearing their inspirational stories. When asked about the most interesting place she had been, Margo smiled, and said she once took a trip to West Virginia, where the car went through the tunnels high up in the mountains. It was both a scary and exciting experience, she explained.

WIHS Hearing Study



If you participated in the Washington, DC WIHS hearing study, the results were published in the December 2014 issue of *Journal of the American Medical Association-Otolaryngology*. This is a well known and highly respected journal! The title of the article is: *Hearing loss among HIV-seropositive and HIV-seronegative men and women*. We found 18% poorer hearing for average high and 12% for average low frequencies among HIV+ men and women compared to HIV- men and women. For the HIV+ men and women, very surprisingly, we did not find any of the HIV disease related measurements (for example, amount of HIV virus or lymphocytes that are affected by HIV in the blood or exposure to HIV medications) that explained this loss. So, we will be starting a new study in 2015 to help us explain this hearing loss, so be on the lookout for a letter in the mail announcing the study.

Dr. Michael Plankey, PhD



Eyeglasses Program for Those in Need

The Prevention of Blindness Society of Metropolitan Washington is offering a program where glasses can be bought for as little as \$35 a pair (please note progressive, transition, high index, scratch guard, unusual prescriptions, and tints cost extra). A person will need a NEW signed and dated ORIGINAL doctor's prescription. Copies and faxes of eyeglass prescriptions will not be accepted. You can call (202) 269-0203 to make an appointment or for further information. Appointments are scheduled Tuesday—Friday from 9:30 to 12:30.

Are Two Condoms Better Than One?

There is some debate as to whether two male condoms (referred to as double bagging) provide better pregnancy protections and HIV/STD protection than using just one condom. Though it may seem like this would provide extra protection, the practice is not currently recommended by medical experts. The evidence, though the subject has not been strongly studied, does not support the use of two condoms used together .

The general belief amongst health experts, the National Health Service, and the U.S. Department of Health & Human Services, is that the use of two condoms at once can increase the friction between condoms and thus increase the likelihood that one or both would break.

Also, male condoms should NEVER be used at the same time as a female condom. When used as one's only contraceptive method, female condoms are 79% to 95% effective. Like its male counterpart, the female reduces the risk of many sexually transmitted infections including HIV.

The National Health Service of England, the world's largest publicly funded health service, caution that it is safer to only use one condom at a time, and that using two condoms is a really bad idea".

The U.S. department of Health & Human Services advises, "don't use a female and a male condom at the same time, as this may cause both condoms to break or tear."

As previously mentioned, the medical research on this topic is scarce. One study in The Journal of Human Sexuality explains that using two condoms simultaneously is problematic when it come to minimizing your exposure to bodily fluids and this practice can lead to increased friction thereby elevating the likelihood of a condom ripping.

When worn correctly, one male condom is adequate (88% - 98% effective) for pregnancy prevention and for protection against some STDs such as HIV/AIDS. If you are concerned about pregnancy prevention, you can opt to use condoms in combination with other contraceptive methods and also extra-strength condoms have been shown to be even more tear-resistant than normal strength condoms.

*Text adapted from article by Dawn Stacey, "Is Using Two condoms Better Than Just Using One?"
<http://contraception.about.com/od/malecondom/ftwocondomes.htm>*

Taking It One Day At A Time Study

The WIHS would like to thank those women who participated in the Aging and HIV study. The results from the study were published in the AIDS Patient Care & STD Journal (volume 28, number 7) in 2014 with the title Taking It One Day At A Time: African American Women Aging with HIV and Co-Morbidities. Co-morbidity is a term for a condition such as diabetes, heart disease, or cancer. Due to the natural progression of aging, as well as accelerated aging caused by HIV, many HIV infected individuals will experience at least one other co-morbidity. The WIHS recruited 23 women to come to the Washington DC office and in small groups of three to seven people discuss various topics. The main subjects discussed were aging, HIV, co-morbidities, and how they care for themselves now in their plans for care in the future. Participants age range, for these focus groups was 52 years old to 65 years of age.

Participants were asked to define what HIV self-management means to them. There was a general consensus across all focus groups that HIV self-management consists of adhering to a daily medication regimen, eating well, exercising, doing something good for others and self, and engaging in spiritual activities (i.e. prayer, meditation). The women described that the most effective way for them to self-manage their health was to take it one day at a time so as not to become overwhelmed with trying to manage HIV along with their other co-morbid conditions and family commitments.

The authors of the scientific paper findings suggested that neither aging nor HIV are always at the forefront of women's concerns when they discuss their illness self-management. Co-morbid conditions, specifically diabetes and hypertension, were perceived to be more difficult to self-manage than HIV. This difficulty was not primarily attributed to aging or HIV, but rather to daily life struggles such as reduced income and health insurance and employment. The findings suggests that women may not be focused on how getting older may impact their self-management strategies, rather they are focused on living well in the present.

It was determined that engagement in HIV care is no longer a single-disease issue and hope to attain optimal health and well-being in our HIV-affected populations by treating this disease only. Therefore, to ensure that participants receive optimal health care, HIV specialist should continually consult with their patients general practitioners in order to stay abreast of patient treatments and prescriptions regarding co-morbidities.

Article is a brief summery of the study done by Lari Warren-Jeanpiere, PhD, Heather Dillaway, PhD, Pilar Hamilton BS, Mary Young, MD, and Lakshmi Goparaju, PhD

Adult Children of AIDS Victims

Take Their Memories Out of the Shadows

Excerpts from Courtney Sullivan's article in the New York Times of the same title

Dated March 20, 2015

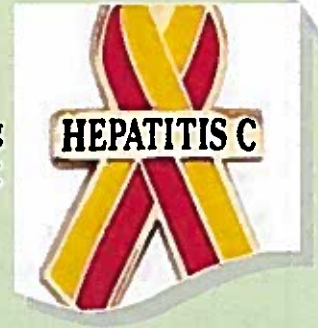
On a Thursday night in January, the atmosphere at the Housing Works Bookstore Café in SoHo was heavy with nostalgia. More than 100 people mingled, drank wine and swayed in place to hits of the '70s and '80s. Old family photographs were projected onto a big screen: images of parents hugging their children close, or teaching them to ride a bike.

Seventeen of those children were in attendance, grown now, and united by a common truth: The parents in the pictures are gone, all of them lost to AIDS. The playlist was a tribute to them, a mix of their favorite songs, as selected by the sons and daughters who traveled from as far away as Toronto, St. Louis and Los Angeles to be there.

In October of 2014 the Recollectors were formed; an online community of adult children of parents lost to AIDS. "When AIDS first emerged in the U.S. decades ago, there was a collective cultural assumption that the disease primarily affected gay men who had no children," the group's website says. "But that was never true: men and women of all sexual identities, income levels, and cultural backgrounds contracted HIV, and in variety of ways. Many of these people, including gay men, were survived by children." Through Kickstarter, they raised nearly \$14,000 from 235 backers. So far, the group has 92 members, from age 20 to 58. They live in 20 states, as well as Switzerland and Canada. Some were born H.I.V.-positive.

In addition to the usual symptoms of grief, many Recollectors also struggle with what Ms. Abbott described as "the legacy of secrecy and how it twists you." The group views storytelling as a form of activism - correcting a false narrative and reclaiming their shared past. They aim to build a printed and oral history of their experiences. Some share stories and photos at theircollectors.com and on the group's public Facebook page. Many more are active on only its private Facebook page.

The Recollectors are partnering with StoryCorps, a nonprofit oral-history group, to bring some of their stories to National Public Radio. They have plans for more meet-ups, and hope to add an educational component to their mission, teaching young people about the history of AIDS in America.



It is estimated that approximately 3.2 million individuals are living with chronic hepatitis C infection in the United States. Hepatitis C is a virus that is transmitted through infected blood or bodily fluids. Testing of blood components was implemented in 1992 after recognition of this distinct virus and availability of an adequate test, so receipt of transfusions prior to that year is a risk factor for acquiring hepatitis C infection. In addition, infection may occur in individuals who have used injection drugs, even inhaled drugs, if there is contamination of shared utensils and obtaining tattoos if equipment (needles or ink) is shared. There is documented transmission with sexual activity though this is not very common. Hepatitis C can also be transmitted from mothers to their infants.

In the United States, the highest number of hepatitis C infection is found among individual born between 1945 and 1965. Many individuals may not have symptoms when they become infected with hepatitis C, and so many do not know they have this infection. Some of the symptoms of patients with chronic hepatitis C infection includes things such as fatigue or development of other conditions including diabetes. As a result, the Centers for Disease Control and Prevention (CDC) now recommends that all individuals born in the time period be tested for hepatitis C. It has been standard practice to test all individuals with HIV for hepatitis C because of the shared risk factors for HIV and hepatitis C, so most patients with HIV should know their hepatitis C status.

The degree of scar tissue provides important insight regarding risk for worsening liver function including liver failure. Among the group who develops chronic hepatitis C infection, 20-30% of individuals develop cirrhosis over a period of 20-30 years following initial infection. Risk of development of cirrhosis is increased with advancing age and use of alcohol. In addition, HIV co-infection is also associated with more rapid progression of liver disease to cirrhosis.

Once cirrhosis develops, there is an annual risk of development of liver tumors or of decompensation where the liver is no longer functioning well, resulting in swelling of the abdomen filling with fluid (ascites), swelling of the legs, confusion, and development of varicose veins in the esophagus and stomach with risk of bleeding. The risk of developing liver tumors once cirrhosis is established is 1-4% per year, and of development of ascites is 2-5% per year.

There has been a lot of media coverage of the newer hepatitis C treatments in the past year as we have entered a new and exciting era of treatment. In the past, treatment for hepatitis C was extremely challenging, requiring the administration of interferon injections weekly anywhere from six to twelve months, a medication which was quite difficult to tolerate because of the side effect profile. The interferon was administered along with an oral medication called ribavirin that is associated with anemia and also requires close monitoring. These medications had limited effectiveness, and resulted in curing hepatitis C in only 30-40% of cases. In 2011, two additional oral medications were approved that when used with interferon and ribavirin increased the effectiveness of the treatments to 50-70%. It was finally in late 2013, and more definitively in 2014 that additional medications have been approved that have provided the opportunity to move to all oral medications except in special circumstances where interferon use would still be considered. Cure rates with these newer all oral combinations is expected to exceed 90%, and really approaching 100% with perfect adherence. The treatment durations with these agents are also significantly shorter, 12 weeks for most individuals, and 24 weeks for patients with cirrhosis. The newer medications are also very effective even among individuals who have not been cured with prior treatments.

The remaining challenges now are in provision of these expensive medications to all who need them. These newer medications are very expensive, with the market price ranging from \$83,000 to \$95,000 for treatment of one individual for 12 weeks of therapy. This has led to requirement for pre-approvals by insurance companies prior to release of the medications for use. The pre-approval process requires that health workers provide information regarding the type of hepatitis C infection, the degree of scar tissue or fibrosis in the liver, information about prior treatments and outcomes, and in some cases, evidence that the patient is no longer actively using illegal substances that may affect their ability to take the medications on a regular basis as prescribed. Some programs are also limiting initial approval for those with more advanced disease first, but in time, we expect that all individuals will be eligible and approved for treatment. Despite these hurdles, we are starting to see incredible success with these treatments. Our final test of cure is done 12 weeks after the last dose of the medication is taken. It is incredible that we can now tell the majority of people that we will be treating with these medications who have lived with a virus for a very long time that they are cured. Until access to these medications is improved, it is imperative for patients with hepatitis C to continue to see their provider at regular intervals until access to the medication is gained.

Article written by Dr. Seble Kassaye

Exercise Options in DC, MD and VA

Exercise is important for both your physical and mental well-being. Fortunately, there are many opportunities to exercise in our local area. The DC department of Parks and Recreation has many opportunities for exercise.

Currently, going on this winter, at the King Greenleaf Center in SW Washington is a **Step To It Class**. This is a light cardio class with a little weight training for beginners on Tuesday and Thursday from 6pm to 7pm. For more information, contact the recreation center at 202-645-7454.

Montgomery County has its **Indoor Walking Program** for people 55+ in age. The three centers currently offering the program are: the Boure Drive Community Center (on Tuesdays and Thursdays from 12-2:30); the East County Community Center (on Mondays, Wednesdays and Thursdays from 10-11:30); and the Longbranch Community and Senior Center (from Mondays thru Fridays from 10—11am).

There is also the **Senior Shape** program. This program is a collaboration between Suburban Hospital and Montgomery County Recreation. The classes entail strength, flexibility, and aerobic exercise training. Written permission from a doctor must be provided to join the class.

Zumba classes are offered all around the Washington Metropolitan area. Southgate Community Center located (at 12125 Pinecrest Rd., Reston, VA) has Zumba classes on Tuesday nights at 6:30 at a cost of \$5 for Reston residents and \$60 annually for non Reston residents.

Article by Charlotte Cantrell Doran



**Burn Calories,
Not Electricity**



Take the Stairs!

Walking up the stairs can burn 5 calories in one minute and also burn calories
throughout the day. It also reduces the risk of heart disease.

If Sitting is the New Smoking —

What are we to do about it

Dr. James Levine of the Mayo Clinic, and author of *Get Up! Why Your Chair Is Killing You and What You Can Do About It*, is credited with first declaring that "sitting is the new smoking." He explores this topic in his book and provides a roadmap to tackling a major health issue that requires large-scale behavior change.

Mass behavior change is hard, but it has been done before. Fifty years ago, smoking was a common, socially accepted habit ravaging the health of millions. That changed dramatically, thanks to a decades-long campaign to reverse the epidemic. That effort has reduced adult smoking rates in the U.S. from 42.4 percent to 18.1 percent. This successful approach provides a template for mounting a similar effort to reverse the trend toward sedentary behavior.

Review of the cost of physical activity interventions as a preventive tool "versus" treatment of diseases where sedentary behavior is a factor is also important. The Surgeon General's 1964 report on tobacco helped start the anti-smoking movement. The first Surgeon General's report on physical activity and health was published in 1996. Similar to the Surgeon General's 1964 report on tobacco, the 1996 report illuminated a lot of evidence linking sedentary behavior to a wide range of negative health outcomes including premature death, heart disease, diabetes, obesity, hypertension, and cancer.

As one health care executive said recently, "If sitting is the new smoking, we are somewhere in the 1970s with sedentary behavior." What began in the 70s for smoking is now unfolding for sedentary behavior in the wake of the Surgeon General's report, and a steady flow of new evidence on the preventive health benefits of physical activity. A heightened focus on prevention, advances in technology, and insights from behavior change science have led to a wave of innovation in products and services designed to motivate physical activity -- a significant step in the right direction.

Deciding what to do for sedentary patients is the frontier of this work today. The good news is that physical activity interventions -- analogous to smoking cessation programs -- are where tremendous innovation is occurring. Zamzee's kid-friendly physical activity program is one of many approaches being tried at forward-thinking health care institutions. These programs should be widely integrated into clinical practice and reimbursed through Medicare, Medicaid, and private health plans, just as anti-smoking tools have been integrated over the last 50 years.

By following the successful path forged by the tobacco-control movement and its anti-smoking campaigns, I'm confident the "anti-sitting" movement can be mobilized to similar success in reversing the epidemic of sedentary behavior. *Excerpts taken from Lance Henderson's blog on 10/17/14 in the Huffing Post*



Healthy Spices



The benefits of cooking with spices have been in the news recently. Whether or not cooking with spices will improve your health is still being studied. However, it certainly can improve the taste of food and can keep us from over using salt.



Cinnamon can possibly lower cholesterol, and help treat Type 2 Diabetes. Cinnamon can also help stabilize sugar (which is great for weight loss).

Who among us does not like a cinnamon bun or some sort of pastry with cinnamon flavor. However, for just a few dollars at the store we can buy the spice and add it to all sorts of things: coffee, oatmeal, on top of peanut butter toast, mix it in vanilla yogurt, or add it to a sweet potato.



Rosemary is an ever-

green shrub that originates from the Mediterranean area. It has been added to food and used as a medicine for over a thousand years. It has been reported that Rosemary helps with stimulating the immune system, improving concentration.

Culinary experts recommend choosing fresh rosemary over the dried form, since it has a better flavor. Both fresh rosemary and dried form rosemary can be found in most supermarkets. If you use fresh rosemary, just rinse it under cool water and remove the stem or add the sprig to soup and remove when serving. It is a wonderful seasoning to chicken dishes and can be added to tomato sauces.



Parsley is another easy to find and affordable fresh herb. The herb contains vitamin C, is rich in antioxidants, and has high quality of iron, so it is

good for people suffering from anemia. Sprinkle it in omelets, add as a garnish to soups, or add it to your vegetable salad.



Turmeric belongs to the ginger family and is a beautiful bright yellow in color. It has been used in India and the Middle East for thousands of years. There are numerous health benefits and current research is looking into its possible help in preventing Alzheimer's disease and cancer growth. You can add it to roasted vegetables and to cooked rice. You can try it with greens; such as kale or collards.

Article by Charlotte Cantrell Doran

Recipes

Skillet Rosemary Chicken

Ingredients

3/4 pound small red-skinned potatoes, halved, or quartered if large

Kosher salt

2 sprigs fresh rosemary, plus 1 tablespoon leaves

1 clove garlic, smashed

Pinch of red pepper flakes

Juice of 2 lemons (squeezed halves reserved)

2 tablespoons extra-virgin olive oil

4 skin-on, bone-in chicken breasts (6 to 8 ounces each)

10 ounces mushrooms, halved



Directions

* Preheat the oven to 450. cover the potatoes with cold water in a saucepan and salt the water. Bring to boil over medium-high heat and cook until tender, about 8 minutes ; drain and set aside.

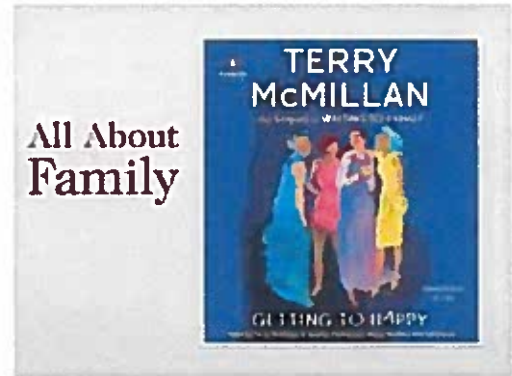
* Pile the rosemary leaves, garlic, 2 teaspoons salt and the red pepper flakes on a cutting board, then mince and mash into a paste. Transfer the paste to a bowl. Stir in the juice of 1 lemon and the olive oil. Add the chicken and turn to coat.

* Heat a large cast-iron skillet over medium-high heat. Add the chicken, skin-side down, cover and cook until the skin browns, about 5 minutes. Turn the chicken; add the mushrooms and potatoes to the skillet and drizzle with the juice of the remaining lemon.

* Add the rosemary sprigs and the squeeze4d lemon halves to the skillet; transfer to the oven and roast, uncovered, until the chicken is cooked through and the skin is crisp, 20 to 25 minutes.

The Book Corner

Reading a good book is a great way to pass the time. One book that might interest some is *Getting To Happy*, the Terry McMillan book that continues the story of Savannah, Bernadine, Robin and Gloria. At this point in their story, Savannah decides to divorce, Robin is tired of her job, Bernadine can't get past the second divorce, and Gloria faces devastating sorrow. The chapters take them on one at a time: four plot threads blend when the women get together. One of the WIHS staff, who read the book, gave it three stars out of five.



Chicken Soup for the Soul: Reader's Choice 20th Anniversary Edition

This special anniversary collection has a double-dose of inspiration - personal stories of how *Chicken Soup for the Soul* changed lives, *and* the life-changing story itself!



Twenty years later, *Chicken Soup for the Soul* and its stories are still motivating people! This special twentieth anniversary collection celebrates the power of storytelling. Readers share their personal, inspiring stories about how a *Chicken Soup for the Soul* story made a difference in their lives, paired with the life-changing story itself. It's a double dose of inspiration!

Do Not Quit

When things go wrong, as they sometimes will
When the road you're trudging seems all uphill
When the funds are low and the debts are high
And you want to smile, but you have to sigh

When care is pressing you down a bit
Rest if you must, but don't you quit
Life is queer with its twists and turns
As every one of us sometimes learns

And many a fellow turns about
When he might have won had he stuck it out
Don't give up though the pace seems slow
You may succeed with another blow

Often the goal is nearer than
It seems to a faint and faltering man
Often the struggler has given up
When he might have captured the victor's cup

And he learned too late when the night came down
How close he was to the golden crown
Success is failure turned inside out
The silver tint in the clouds of doubt

And you never can tell how close you are
It might be near when it seems afar
So stick to the fight when you're hardest hit
It's when things seem worst that you must not quit

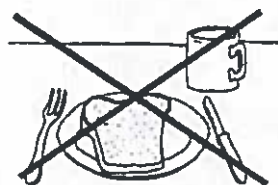
Author Not Known

FINAL NOTES

**PLEASE FAST AT LEAST 8 HOURS PRIOR TO
YOUR APPOINTMENT**

*This means no food, coffee or tea, gum, etc.
But please be drinking plenty of water and take
your medicine.*

WIHS tests fasting plasma glucose and cholesterol, this is why it is necessary to fast



Visit our new website!

<http://wihs.gumc.georgetown.edu>

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