

STUDY
TO
HELP
THE
AIDS
RESearch
EFFORT

Commemorating 40 Years
1984 — 2024



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Dear SHARE Participants: as we write this, SHARE has just completed its 40th year of operation, and started its 41st. This is a remarkable achievement. It places SHARE, and its parent study, the Multicenter AIDS Cohort Study (the MACS) as one of the longest-running studies of any kind, and certainly as one of the longest, if not the longest, of the health effects of HIV. During these 40 years, the study has made major contributions to our understanding of how HIV is transmitted, how such transmission can be prevented, how HIV is best treated, and how to test and maintain health in people now living for many years with HIV because of highly effective anti-HIV medications. These days, SHARE and the MACS, now part of the MACS/WIHS (Women's Interagency HIV Study) Combined Cohort Study, or MWCCS, are studying the health of men and women living with HIV into their elderly years, to learn how it may be different from the health of individuals living without HIV as they age. Few other studies are able to address this very important question as well as we can.

It goes without saying, but we will say it anyway, that none of this would have been possible without your amazing commitment to the SHARE study for all this time. It is not an exaggeration to say that the whole world has benefitted from your commitment and contributions. This is the reason the study has been funded through March of 2026, and why it may be extended even after that (we do not know this for sure yet, but it is possible).

In recognition of all the men who are participating, or have participated, in SHARE with such dedication, we will be hosting a commemoration of 40 years of SHARE this Fall. Save the date: it will be on Nov. 14th, 2024, at the Glass Pavilion on the Johns Hopkins University Campus. You will be receiving a specific invitation to this event, with more information and details.

Men in SHARE and the MACS have sometimes wondered, what exactly are all these contributions that the study has made? To answer this, MACS investigators have recently compiled a list of the 130 most influential papers that have come out of the study since the 1980s. These research studies were selected from the more than 3200 manuscripts that have been published in the MACS, WIHS, or MWCCS in the past 40 years. This list will soon be available on our study's web site (www.mwccs.org), along with summaries of the papers (in plain language) and the papers themselves for any who want to look at them.

As the MACS used to do, the MWCCS holds study-wide meetings twice a year to review progress on ongoing studies and plan new studies. The most recent meeting was on May 15-16, at the Los Angeles study site. We are pleased to report that the study is very active, with more projects, more young and new investigators, and more new knowledge being produced, than ever. We are increasing our efforts to make this knowledge available to you more easily, in a timelier fashion, and in language that is not too technical. As a start, we have included descriptions of some recent findings in this newsletter.

As always, we are grateful for your many contributions to the study, including your feedback on our study operations that helps us do the best job we can for you. We also appreciate the help we get from the SHARE Community Advisory Board (CAB) on this. We are always available as shown below if you have any questions or matters you would like to discuss with us. We wish you a good Summer and hope to see you at our 40th anniversary commemoration in November.



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SHARE Activities in Baltimore and DC

For the past four years SHARE, along with the three other MACS sites, have been integrated with the nine sites of the former Women’s Interagency HIV Study (WIHS) to form the new MACS/WIHS Combined Cohort Study (MWCCS). As part of the MWCCS, SHARE has continued to follow men already enrolled in Baltimore and Washington, D.C., and we are also recruiting a few new men into SHARE to increase the size of our study and to replace men who are no longer in the study. Our ongoing goal in the MWCCS is to better understand the long-term consequences of living with HIV, and of aging with or without HIV, including possible effects of HIV and/or medications on chronic diseases and on aging itself. We also want to learn about the mechanisms of these consequences.

In Baltimore, SHARE clinic is still conducted on Tuesday and Friday evenings, and one Saturday morning per month, in the Johns Hopkins Clinical Research Unit.

In Washington, D.C., the SHARE clinic is still conducted at Whitman-Walker (WW) on weekday mornings and one Saturday morning per month.

For additional questions regarding the MWCCS please contact Dr. Joe Margolick at 410-955-1436 (jmargoll@jhu.edu) or Dr. Todd Brown at 410-502-2327 (tbrown27@jhmi.edu).

What’s New At SHARE

We Are Recruiting In the Study	New Incentives for Continuing Participation
<p>BENEFITS to Joining the Study:</p> <ul style="list-style-type: none"> • Help researchers better understand HIV and AIDS, the long-term effects of HIV medicines, and men’s health in general • No-cost confidential laboratory testing (includes T cell count and viral load) • Flexible scheduling, including weekends in DC or Baltimore • A friendly, supportive environment with light refreshments <p>ELIGIBILITY:</p> <ul style="list-style-type: none"> • People with or without HIV • Men, trans men, trans women, and gender-fluid or non-binary people ages 30-70 <p>COMPENSATION:</p> <ul style="list-style-type: none"> • \$20 for completing a 60-minute screening visit • For people enrolled, compensation for time and effort for study procedures (see next column) 	<ul style="list-style-type: none"> • We are now offering visits during the day • New sub-studies • We have increased compensation for the following study components: <ul style="list-style-type: none"> ◊ Core Visit - \$100 (remote interview, and in-person clinic components) ◊ Interim Visit - \$50 (remote interview) ◊ Mental Health Evaluation Visit (CIDI) - \$75 ◊ Echocardiogram Visit - \$25 ◊ Fibroscan Visit - \$25 ◊ Stool Collection Visit - \$20 ◊ Stigma Study Visit - \$50 ◊ Pulmonary Function Test - \$35

SHARE AT WHITMAN WALKER

Dr. Jenn Kwait, Site Principal Investigator

Happy Summer from the Whitman-Walker (WW)-SHARE team. We have so enjoyed connecting with the D.C. SHARE participants throughout the study visits! We thank you for all your tremendous commitment and dedication to SHARE!

Many of you have spoken with or met our current WW team, so just a few introductions and updates in case you have not heard! Nate O'Brien joined the team in August 2022 as our Research Manager. Nate came to WW-SHARE after working on a study to promote the mental, emotional, and physical well-being of gay couples by improving communication and understanding of men's health. This study was in the Center for Research and Education on Gender and Sexuality (CREGS) at San Francisco State University. He has been hard at work learning all the details of SHARE and leading our research team who implement the study day-to-day, in partnership with our wonderful participants. Other members of our current team are Joe Glover, Tommy Ramirez, Jessica Castaneda, and Azar Bivins. Maria Rybicki-Newman will also be conducting study interviews to support the team as needed. Tommy, Jessica, and Maria have joined SHARE recently, quickly getting up to speed and looking forward to meeting you all. Janelle Schrag, WW's Director of Research Programs, continues to support the team in all things administrative. Georgie McTigue left WW in early June to head to medical school after over a year with the WW-SHARE team—we will miss her very much!

Dr. Jenn Kwait leads the team as the Whitman-Walker Site-Principal Investigator. In this role, she continues to participate in several aspects of the research, including working with the National Community Advisory Board (NCAB) to develop a new study survey about how people experience HIV stigma, are able to cope with the stigma they experience, and build resilience in response to stigma. She has also been involved in discussions with all the MACS/WIHS Combined Cohort Study sites (including SHARE) about exploring ways to support participant engagement in the research as people age and face more challenges in getting to in-person study visits. This will certainly be a continuing discussion, and we look forward to your input down the road!

We are proud to have such a committed team. We all appreciate our time with SHARE's amazing participants and love hearing about the lives you have led and lead! Please always feel free to reach out to me (jkwait@whitman-walker.org; 202-939-7629) or any of the SHARE staff members introduced here (SHARE phone: 202-745-6137) if you have questions or concerns, or if we can help you.



Whitman-Walker LIZ Building at 1377 R St, NW,



Second Floor LIZ Welcome Area

ECHOCARDIOGRAM STUDIES

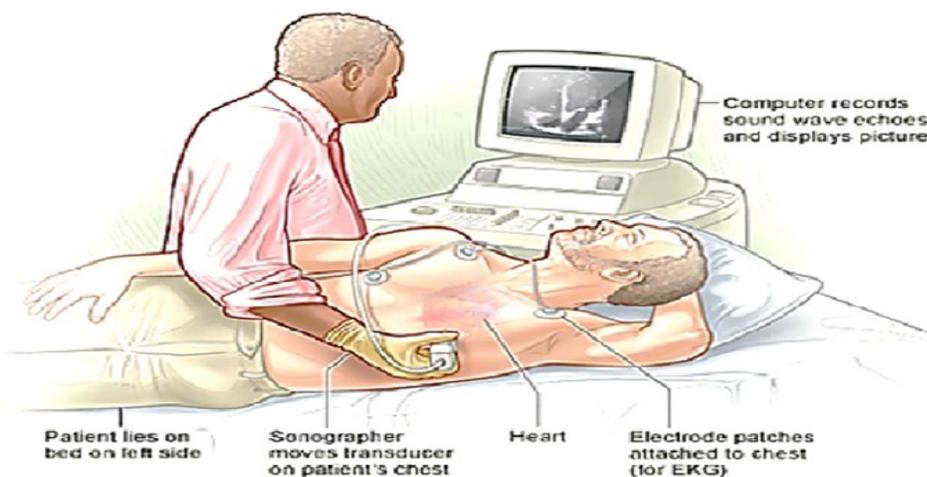
Dr. Kathy Wu

An echocardiogram (echo) is a noninvasive way of visualizing the motion and internal structure of the heart and large blood vessels using sound waves. The overall purpose of the MWCCS echo study is to investigate how frequently abnormalities in the structure and function of the heart occur, whether this differs between people living with HIV compared to people without HIV, and what factors lead to such differences. In November 2022, the new wave of echo studies began. Participants who previously underwent echo testing are being invited to return for a follow-up study about 5 years after the first one, to look for changes in the structure and function of their heart. This will allow us to determine if these changes differ between people living with and without HIV and between men and women. This new wave of testing will also include men and women who were recently enrolled in the MWCCS. This study will continue until at least October 2025, and our target enrollment across the entire MWCCS is at least 2900 men and women, including SHARE participants.

The results from the initial wave of echo studies remain a rich resource for investigation, particularly when combined with findings from our other heart imaging studies, such as the coronary CT exams performed from 2015 to 2017. We previously found that men living with HIV were more likely than men without HIV to have abnormal heart relaxation (also known as diastolic dysfunction). This can be a risk factor for future heart failure. Recently, we found that patterns of body fat deposits were related to a higher frequency of abnormal heart relaxation. These patterns include higher amounts of fat around the outer layer of the heart (also known as epicardial adipose tissue) and lower amounts of fat under the skin (also known as atrophy of the subcutaneous adipose tissue). The relationship between these patterns of fat deposition and abnormal heart relaxation was present in both men living with HIV and men without HIV and did not depend on the extent of HIV viral suppression. These findings suggest that fat deposits may be useful markers of risk for future heart failure. If so, fat deposits may be potential targets of therapy. Changes in fat deposition could also be a reason for the higher frequency of heart failure among people living with HIV.

We plan to analyze the echo data from participants who have had 2 echo studies, to evaluate how their heart structure and function have changed over 5 years and what factors predict these changes. We are also studying the use of artificial intelligence to automate reading of echo studies, which would make this process faster and more accurate. Other exciting ongoing projects include analysis of proteins in the blood as markers of heart structure and function; these studies can potentially improve our understanding of mechanisms of heart disease among people living with HIV.

We greatly value your dedication to the MWCCS and its echo research, which adds to our deepening understanding of how HIV and aging affect the cardiovascular system. We look forward to the next phases of the MWCCS collaborations with your support.



This illustration shows a man having an echocardiogram. The man lies on his left side, and the sonographer moves the instrument attached to the machine over the man's chest, while viewing the echocardiogram pictures on the monitor. See further information at: [Heart Tests - Heart Tests | NHLBI, NIH](#)

Hearing and Balance Study

Dr. Michael Plankey

We are excited to share that, with support from the National Institute on Deafness and Other Communication Disorders, our hearing research continues. We are inviting all SHARE participants enrolled in the MWCCS study, who took part in the previous MACS Hearing & Balance study between 2008 and 2012, to participate in our new study.

What Does this Study Involve?

If you agree to participate in this study, we will ask you to complete a hearing questionnaire about your lifetime hearing history, and to take four standard hearing tests: 1) Pure Tone Audiometry: this test is to measure hearing loss, 2) Speech Discrimination: this test checks your ability to recognize and repeat words to measure your hearing and your ability to understand what you are hearing at different volumes, 3) Tympanometry: this test looks for middle ear problems by using a soft plastic probe to measure how much the air pressure in your ear changes when a sound is played, and 4) Dichotic Digits Testing: this test measures your ability to understand and repeat 80 pairs of numbers given to both ears at the same time. It will take approximately 1 hour and 45 minutes for you to complete all components of this study. You will be compensated for your time and effort, and reimbursed for transportation.

What Are We Measuring?

Our aim is to determine if there has been any hearing loss since the previous study or if there is any new hearing loss that was not present in the previous study. Additionally, we seek to investigate if having hearing loss affects brain function. This research will provide insights into the relationship between hearing loss and brain function in people with and without HIV infection.

Study on Stigma and Chronic Disease

Drs. Jenn Kwait and Sabina Haberlen

Another study newly underway at SHARE aims to explore how experiences of stigma that stem from different systems of oppression and discrimination, such as homophobia and racism, together affect chronic diseases and health outcomes in sexual minority men with and without HIV. This study aims to answer to the following research questions: 1) In what ways do middle-aged and older gay and bisexual men experience stigma and discrimination in healthcare settings? 2) Does stigma make it more difficult to manage chronic health conditions, such as high blood pressure, high blood sugar, high cholesterol, and HIV?

The National Heart, Lung, and Blood Institute (part of NIH) sponsors this study. Dr. Mackey Friedman at Rutgers University is the Principal Investigator for this study, with Drs. Sabina Haberlen and Jenn Kwait leading this work at SHARE. This study began at Whitman-Walker (WW) in D.C. in 2023 and just began in Baltimore in June 2024.

What Does this Study Involve?

For people who participate, this study will collect information about stigma in community settings; stigma in healthcare settings; stress; intimate partner violence; social support; resilience; coping skills; your relationships with healthcare providers; high blood pressure, high blood sugar, and high cholesterol; and HIV-related healthcare use in the past year (if applicable). This study will also collect information about the variability of your heart rate and how much cortisol (a hormone that is related to stress) you produce. Each year for 4 years, you will be asked to complete a short (20-minute) survey using a smartphone, computer, or tablet. You will be asked once to a) donate a small amount of scalp hair for cortisol testing and b) have an electrocardiogram (EKG).

For those of you who have already consented to participate in this study during your study visit, we thank you. For those who have not been in for a SHARE visit since this study was begun, we look forward to discussing it with you more. If you have questions, please contact Sabina Haberlen (shaberlen@whitman-walker.org; 410-223-1832) at the Baltimore site or Jenn Kwait (jkwait@whitman-walker.org; 202-939-7629) at WW.

PULMONARY FUNCTION TEST (PFT)

Dr. Meredith McCormack

Since the spring of 2017 SHARE and MACS participants have been performing breathing tests to measure lung function. More than 3000 SHARE and MACS participants have had these tests performed across different sites, and many participants have completed tests at more than one SHARE visit. This enables us to look at changes over time. So far, we have learned that HIV is associated with impairments in the ability of the lung to transfer gas and that there are different patterns that emerge when looking at changes over time. Next steps include looking at what factors may influence changes over time, including factors specific to HIV and environmental factors that may be especially influential in lung health of individuals living with HIV. The data that SHARE participants continue to provide over time will help us answer these questions.

New Study on SMELL

Dr. Nicholas Rowan

SHARE just began a new study to assess the sense of smell among SHARE participants. The purpose of this study is to explore the prevalence of inability to smell and its potential links to cognitive decline and frailty, particularly among people living with HIV. Very little research on this subject has been done. This study also aims to better understand whether loss of smell function affects quality of life, cognitive health, and physical well-being. This study is supported by The Johns Hopkins University Center for AIDS Research.

What Does this Study Involve?

If you choose to participate, we will ask you if you think you have any problems with your sense of smell. Then you will be given the Brief-Smell Identification Test (B-SIT), which involves identifying various odors from a "scratch and sniff" booklet. This test is easy to complete, taking 5-10 minutes, and directly measures your sense of smell. For added convenience, men unable to attend SHARE study visits in-person will have the option to perform this test remotely, with all materials mailed directly to men. Everyone who participates in this study will be compensated \$10 for their time and effort in contributing to this significant study.

What Are We Measuring?

This study is focused on documenting the prevalence of smell loss and examining its association with cognitive health and frailty among participants. By correlating self-reported and measured smell function with cognitive and frailty assessments that are already conducted during the annual SHARE visit, we aim to uncover potential predictors and outcomes that are related to smell loss.

The HIV Vision Study

Dr. Ali Abraham

Age is important in the risk of eye disease. This study was aimed at fostering healthy aging through prevention and correction of vision loss. The purpose of the study was to better understand the burden and impact of vision loss and eye conditions in an aging population of men and women living with and without HIV. 154 SHARE participants who were 60 years and older had their eyes and vision checked; here are some of the things we found.

Among 74 participants living with HIV and 65 participants living without HIV of similar age distribution (87% were male at birth, 57% were non-Hispanic White, and 35% were non-Hispanic Black, 97% had currently well-controlled HIV), we found that how well people see was mostly similar between participants living with and without HIV in this study. For example, 4% of participants living with and 1% of participants living without HIV had distance vision loss (vision used for driving) when using their regular eyeglasses. The corresponding numbers were 9% and 4% for near vision loss (vision used for reading), and 3% and 4% for contrast sensitivity impairment (vision used to identify stairs edges in dim light). Among people with vision loss, 15% of participants living with HIV and 5% of participants living without HIV were able to reach normal vision when we used a standard diagnostic device that allows the participant to see with their best corrected vision during the exam. This means that 15% of participants living with HIV and 5% living without HIV were walking around daily with less than their best vision, despite many wearing glasses.

We saw high proportions of people with dry eye, a condition that makes eyes feel dry and scratchy (56% of participants living with and 49% of participants living without HIV) and glaucoma, a condition that causes damage to the main nerve of the eye (19% of participants living with and 25% of participants living without HIV). However, the proportions of participants living with HIV who had retinitis (4%) and acute uveitis (0%) were low. The latter two conditions are inflammatory changes often associated with HIV infection and AIDS based primarily on reports from decades ago, before the era of modern antiretroviral therapy. Additionally, cataracts were found in 49% of participants living with and 20% of participants living without HIV, with about half of the participants with cataracts having previously undergone cataract surgery.

It is important to note that most distance and near vision loss can be readily corrected by a pair of proper eyeglasses, and dry eye symptoms can often be helped by using over-the-counter artificial tears. Aging adults should get regular vision checkups and keep their eyeglasses, including reading eyeglasses, up to date because poor vision negatively impacts many aspects of our lives, particularly as we age. Although the proportions of people in the study with dry eye and glaucoma were much higher than the proportions seen in the general aging adult population regardless of HIV serostatus, aging adults living with HIV who are taking antiretroviral therapy with a suppressed viral load do not appear to have more risk of vision loss and eye disease than those living without HIV. Regular consultation and good adherence to treatment are keys to healthy eyes as we age.

These research findings were presented in 2023 at the Association for Research in Vision and Ophthalmology annual meeting, the 34th Annual Wilmer research meeting, and the MWCCS Executive Committee meeting.



Community Advisory Board (CAB) Corner

Rick Poloway, CAB Chair

4 decades

This Fall we will gather to celebrate what I refer to as my longest relationship. It was 1984 when 4,954 of us in Baltimore, Washington D.C., Chicago, Pittsburgh, and Los Angeles volunteered to be in the largest AIDS Cohort Study, hoping to help understand what was happening to us and our community. SHARE, here in the Baltimore/Washington region, enrolled 1,153 men (60% in Baltimore, 40% in DC) who were willing to be poked and prodded, giving blood, stool, hair, urine, fingernail and toenail samples, doing whatever necessary to Help the Research Effort. Five years ago, we joined with the Women's Interagency HIV Study (WIHS) to form the MACS-WIHS Combined Cohort Study (MWCCS; website MWCCS.org) now 13 clinical sites with 4,607 participants. Over the 40 years the MWCCS has studied over 12,000 men and women and has provided data for over 3200 research papers, resulting in huge gains in the prevention and treatment of HIV/AIDS. Tony Fauci, the former director of the National Institute of Allergy and Infectious Diseases (NIAID) affectionately referred to us as "The study that keeps on giving." When SHARE started, HIV was undiscovered and no treatments for HIV infection were available. Today we have an incredible toolbox of medications supporting Pre-exposure prophylaxis (PrEP), Treatment as Prevention (TasP), and Post-exposure prophylaxis (PEP), and the 2030 Initiative of U=U, Undetectable equals Untransmissible, aiming to stop the transmission of HIV.

We have lost many along the way and we honor their memories and contributions to HIV research.

A little over a year ago we lost the longtime Chair of our Community Advisory Board, Chris Camp. I am humbled to have been elected by the CAB to pick up the standard and carry on his amazing legacy. Chris took over as Chair of the CAB in 1988 and invited many of us to serve, an opportunity to represent the cohort and our concerns. He then served as CAB chair for 36 years! In addition to the passing of Chris, we lost John Camp on July 12, 2022, and Carlton Smith on May 29, 2024. Both were dedicated to serving and supporting the efforts of HIV prevention, treatment, and care; the three of them will be truly missed!

SHARE is represented at the National CAB (NCAB) of the MWCCS by Wes Morrison and Michael Plankey, collaborating with all 13 clinical sites to address the concerns of all participants. I invite you to check out the NCAB site at <https://statepi.jhsph.edu/mwccs/ncab/>, and I welcome any feedback or suggestions.

The SHARE study is currently in an open enrollment period, and we are seeking new participants to fill out our ranks. Also, please contact Jacquett Batson 410-955-7090 (jjohns20@jhu.edu) or Keara Jones 410-955-7090 (kjone270@jh.edu) if you are interested in serving on the CAB.

I look forward to joining together later this year to acknowledge and celebrate the amazing group of medical staff, researchers, and cohort participants that have contributed to our four decades of HIV/AIDS Research. You all truly make a difference.

Plain Language Summaries of Some Recent Findings from the MACS/WIHS Combined Cohort Study

1. Longitudinal associations of relationship support and strain and internalized homophobia with mental health among middle-aged and older gay and bisexual men

Summary:

Close relationships are very important for well-being and may be especially significant for the mental health of older gay and bisexual men given they have faced significant stigma growing up. We found that strain in men's relationships with their primary partners was associated with worse mental health and that this also explained some of the association internalized stigma had on mental health.

Aging & Mental Health, Volume 27, Pages 1609-1618, Published 2022; accessible at:

(<https://pubmed.ncbi.nlm.nih.gov/36415908>)

Authors (SHARE authors in bold): Nicholas Perry, Tamar Goldenberg, David Huebner, Andre L Brown, **Deanna Ware**, Steven Meanley, **Sabina Haberlen**, Mark Brennan-Ing, James E Egan, Linda Teplin, Ken Ho, Roger Detels, M Reuel Friedman, **Michael Plankey**

2. Psychosocial Syndemic Classes and Longitudinal Transition Patterns Among Sexual Minority Men Living with or Without HIV in the Multicenter AIDS Cohort Study (MACS)

Summary:

Heavy drinking, smoking, and depression are common in people with HIV. These conditions often cluster. We looked at the association of having these conditions together with death in sexual minority men using data from 1999 to 2018 from the Multicenter AIDS Cohort Study. Men with more of these conditions had a higher risk of death than men with no conditions or only one condition. There was an important relationship between combinations of these conditions and HIV on death risk. These findings show that linking screening to treatment for combinations of these conditions might be important to health.

AIDS and Behavior, Volume 27, Pages 4090-4105, Published 2023; accessible at:

(<https://link.springer.com/article/10.1007/s10461-023-04123-y>)

Authors: Yiyang Liu, Stephen D Ramos, David B Hanna, Deborah L Jones, Jason M Lazar, Jorge R Kizer, Mardge H Cohen, **Sabina A Haberlen**, Adaora A Adimora, Cecile D Lahiri, Jenni M Wise, Mackey R Friedman, **Michael Plankey**, Natalie E Chichetto

3. Pulmonary Function and Quality of Life in Aging Men With and Without HIV from the Multicenter AIDS Cohort Study

Summary:

People living with HIV have greater pulmonary function impairments and decreased health-related quality of life compared to uninfected peers. In this study, we sought to determine the association between pulmonary function and health-related quality of life. We found significant association between decreased pulmonary function and lower physical health and respiratory health status. We also found that the associations were more pronounced among older ages (50 and 70 years). Interventions aimed at preserving pulmonary function can be effective in improving overall quality of life for aging people with and without HIV.

AIDS Research and Retroviruses, Volume 39, Pages 621-632, Published 2023; accessible at:

(<https://pubmed.ncbi.nlm.nih.gov/37276144/>)

Authors: Mona Abdo, Ken M Kunisaki, Alison Morris, Valentina Stosor, Dong Chang, Gypsyamber D'Souza, Kristina Crothers, Madiha Abdel-Maksoud, Carolyn DiGuseppi, **Todd T Brown**, Kristine M Erlandson, Samantha MaWhinney

Plain Language Summaries of Some Recent Findings from the MACS/WIHS Combined Cohort Study

4. Patterns of objectively measured physical activity differ between men living with and without HIV

Summary:

Fatigue is a common complaint among people living with HIV. However, fatigue is difficult to measure, and the measurements can vary widely. These measurements are often questions that ask if someone is “unable to get going” or “feels everything was an effort” or feels “work/activity difficulty due to physical health.” We examined which one of these questions was most related to everyday physical activity in men living with and without HIV. We found that “work/activity difficulty” was most related to both low physical activity and living with HIV. This question potentially measures fatigue specific to living with HIV.

AIDS, Volume 36, Pages 1553-1562, Published 2022; accessible at:
(<https://pubmed.ncbi.nlm.nih.gov/35979829>)

Authors: Lacey H Etzkorn, Fangyu Liu, Jacek K Urbanek, Amir S Heravi, Jared W Magnani, **Michael W Plankey**, **Joseph B Margolick**, Mallory D Witt, Frank J Palella Jr, **Sabina A Haberlen**, **Katherine C Wu**, **Wendy S Post**, **Jennifer A Schrack**, **Ciprian M Crainiceanu**

5. Methods for Home-based Self-Applied Polysomnography: The Multicenter AIDS Cohort Study

Summary:

Data on the frequency of breathing abnormalities during sleep in people living with HIV are limited. Increasing age and body mass index are associated with such abnormalities. However, whether these factors affect people living with HIV differently than people without HIV is unknown. In this study, home overnight sleep monitoring was done to assess breathing and blood oxygenation during sleep. Abnormal breathing as defined by Medicare was more frequent in men with HIV than those without HIV. This was primarily due to more mild and moderate breathing abnormalities in men with HIV. Age and body mass index affected this frequency similarly in men with and without HIV. HIV viral load, CD4 cell count, and specific anti-HIV medications did not affect this frequency. Breathing abnormalities during sleep were common regardless of HIV status. However, they were more common in men living with than without HIV using the Medicare definition of abnormal breathing. These results suggest it is important to diagnose abnormal breathing during sleep in men living with HIV.

Sleep Advances, Volume 3, Published 2022; accessible at:

(<https://academic.oup.com/sleepadvances/advance-article/doi/10.1093/sleepadvances/zpac011/6575758?login=true>)

Authors: **Naresh M Punjabi**, **Todd Brown**, Rashmi N Aurora, Sanjay R Patel, Valentina Stosor, Hyong Jin Cho, Halla Helgadóttir, Jón Skírnir Ágústsson, Gypsyamber D’Souza, **Joseph B Margolick**

In Memoriam

Although SHARE has been successful in producing an enormous amount of important data, we must always remember the many SHARE participants who have not survived the past 40 years.

This page is dedicated to their memory