

talkabout

Where we speak for ourselves

Stop and smell the roses

PLUS

The things that matter: young gay and positive

Getting on with life: one woman and disclosure

Reports from the International AIDS Society Conference

The Sanctuary

The Sanctuary Program focuses on providing information and empowering events in a safe and accepting environment

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If you'd like more information call Positive Central on 9395 0444

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Sexual Health Clinic

Men's only sexual health clinic Wednesday afternoons/evenings

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Learn the basic skills to make friends and build relationships

Peripheral Neuropathy Clinic

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JULY

Lets Get Physical

Massage Clinic

Sexual Health Clinic

Coffee & Catch Up

Get together with new friends over a cuppa

Communication for Love and Friendship: A Forum

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Join friends over a BBQ lunch in a local park

Phoenix

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Understanding Mental Illness: A Forum

Understanding Depression

Peripheral Neuropathy Clinic

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AUGUST

Lets Get Physical

Massage Clinic

Sexual Health Clinic

Communication for Love and Friendship: A Forum

The Book Club

Sharing the trials and tribulations of your favourite characters in books

Bon Appetite

Positive Nutrition and Cooking

The Sanctuary Cinema

Understanding Mental Illness: A Forum

Understanding Anxiety

Peripheral Neuropathy Clinic

SEPTEMBER

Lets Get Physical

Massage Clinic

Sexual Health Clinic

Coffee & Catch Up

Communication for Love and Friendship: A Forum

Chill

Practising Strategies to find calmness

Peripheral Neuropathy Clinic

OCTOBER

Lets Get Physical

Massage Clinic

Sexual Health Clinic

Spring BBQ

The Book Club

The Sanctuary Cinema

Last night I picked up: A forum on positive sexual health

Peripheral Neuropathy Clinic

NOVEMBER

Lets Get Physical

Massage Clinic

Sexual Health Clinic

Coffee & Catch Up

Is it HIV or am I getting old? A Forum

Discussing issues of aging

Peripheral Neuropathy Clinic

DECEMBER

Lets Get Physical

Massage Clinic

Sexual Health Clinic

Christmas BBQ

The Book Club

The Sanctuary Cinema

Peripheral Neuropathy Clinic

talkabout

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Images of people included in *Talkabout* do not indicate hiv status either positive or negative.

If a person discloses their hiv status in *Talkabout*, either in a submitted article or in an interview for publication, that personal information is in the public arena on publication. Future use of information about such a person's status by readers of *Talkabout* cannot be controlled by PLWHA (NSW) Inc.



Thanks for the feedback

Thank you to all the readers who replied to our *Talkabout* survey earlier this year. We really appreciate your taking the time to fill it out.

Here's a small snapshot of some of the responses to our key questions. Why do people read *Talkabout*? Overwhelmingly the answer was for information ("it keeps me informed and educated", "for up to date information on relevant issues", "stories relevant to HIV positive people that aren't comprehensively detailed in the mainstream press (either gay or straight)"). Some readers suggested more detail on what kind of information they were interested in ("info on drugs, treatments," and "lifestyle", and "how HIV effects my existence" and even "when Planet Poz is on."

Information is closely related to connection and support. More than one reader said they read it to stay connected, for example "*Talkabout* makes me feel 'part of'" and another read *Talkabout* to "maintain a connection with Poz community, and to be surprised!" A number of readers mentioned the personal stories (or "the honest human stories") as a reason for reading the magazine.

A couple of regular *Talkabout* stalwarts got a special mention when people said why they read it: Olga's Personals, for example, was popular, and a number of people mentioned that they enjoyed the recipes. One person suggested that the font could be bigger for Olga's and from next issue we will do just that.

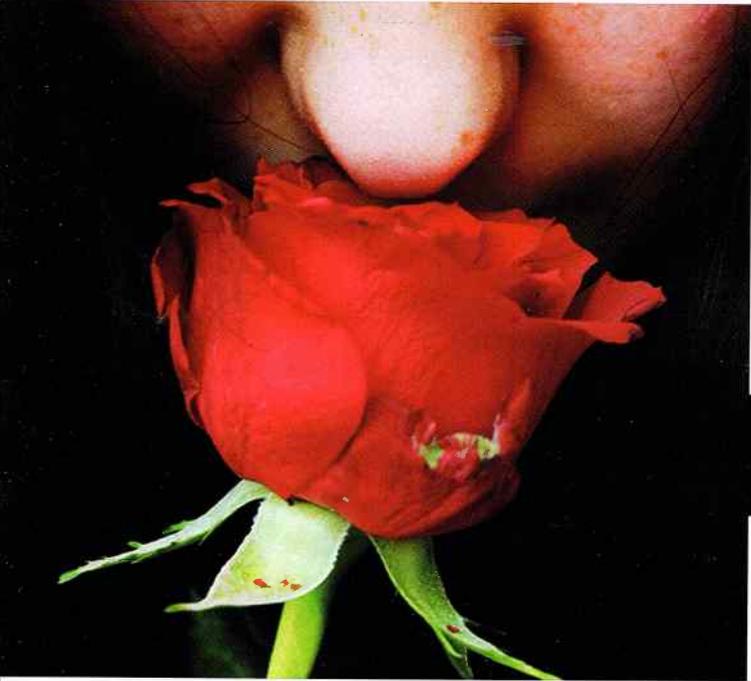
Not surprisingly, most of our readers are positive, and one reader described *Talka-*

bout as a "magazine purely for HIV positive people." However one person reported reading it "to help my HIV positive partner". Another Ankali volunteer felt *Talkabout* "provides insight into [their] client's needs", and an HIV prescribing doctor said they "enjoyed reading PLWHA's stories and community viewpoints."

And what did some readers want to see more of? A number of people wanted to see more personal stories (although a couple of readers wanted to see less of those). We have focused on HIV positive people's experience in *Talkabout* and we will continue to publish those honest personal stories, but we'll also try to maintain a balance and give readers straightforward factual articles as well. What other stories and topics would readers like to see more of? A two of us regular story, like in *The Good Weekend* - a great idea by the way, more for HIV poz heterosexual relationships, mental health and relationships, alternative therapy, back to work issues, career development, movie and theater reviews, vitamins, photos, art, and fun.

Another suggestion was to print on recycled paper, which we are now doing. Thanks again for all your suggestions and we will definitely try and follow up on as many of them as we can so *Talkabout* can continue to be a relevant and informative read for you.

Glenn Flanagan



Stop and smell the roses

Tim shares ten tips for coping with the stress which comes our way

Stress is an inescapable part of life. We all experience situations which are stressful, but if we learn to recognize them, and not just freak out, we can deal with stress instead in more productive ways. While HIV itself can be stressful, an HIV diagnosis can also be the catalyst we need to start to face and better manage the stress already in our lives.

Remember if you experience a lot of stress a lot of the time, it might be a good idea to talk to your doctor and he can refer you to someone to talk to.

Unmet deadlines can be even more stressful

In the meantime, here are my ten thoughts of mine which might help with stress:

Don't put things off

When I was first worried about being HIV positive I dealt with it the most sensible way I knew how by continually putting off going for my test. No, it didn't really help me feel less stressed. It stewed and simmered away in the back of my mind. When I finally got the positive result, one of the emotions I felt, among others, was relief. Once I had stopped putting it off and knew the outcome, I could start to do something about it.

There's nothing worse than a dreaded deadline hanging over your head, or the shadow of something you've been putting off, but know you will have to face eventually. While deadlines can be stressful, unmet deadlines can be even more stressful.

Everyone knows that good feeling you have when you're getting something done, the pleasure of achievement. And the anticipation of an unpleasant job is often worse than the fact of it once you get started.

If you've got a lot to do and don't know where to start, you should try the old trick of writing a list. As well as helping you to remember things, lists can be very satisfying to tick off as items get done. And not putting off the things that need to be done, means you can then actually enjoy your time off.

Slow down, straighten up and smile - taking care of our bodies

Stress has an immediate impact on you physically. It has on me. I can start to feel tired,

headachy, an aching back ... just bad all over. Whatever my brain is thinking, good or bad, can have a big effect on how my body reacts. If I feel stressed, I will probably start breathing faster (which can feed into your stress) and you might start to hunch up in your seat at work or home. See if your muscles get tensed up, and consciously sit up straight and try not to loosen up. If I change what I'm doing physically, I can break some of that cycle of stress.

Slow down and smile and feel the difference

Another thing you can do is to slow down, breathe more deeply, and walk more consciously and thoughtfully, even smile occasionally. It might sound strange but you'll probably feel the difference. You'll be more aware of your surroundings (in a good way) and you'll make fewer mistakes.

Our diet is also important. Eating junk food might seem like a quick fix to make us feel better when we feel stressed, but in the long run it can contribute to stress and fatigue.. So craving something sweet? Consider a piece of fruit. Being rehydrated and getting a good fluid intake is also important. Feeling dehydrated can make us feel tired and contribute to stress.

Drugs and alcohol are the same deal as junk food. We can turn to them when we feel stressed. But we can become dependent on them because they make us feel good quickly, but they can also carry a toll on our health.

This is the moment

Sometimes we'll feel stressed about what hasn't happened, and maybe it *won't* even happen. A friend of mine often reminds me in jest: "you're dead a long time." It's a funny line but it's very true. We can get so tied up in the little annoying or frustrating obstacles that we forget we'll never be in this moment again. Look around. Enjoy the sunshine. Or the rain.

Make some time for the things you enjoy doing and enjoy the life you've got. Stop and smell the roses. Take some time to do the things you enjoy doing: gardening, reading. I love looking after the plants I have in my courtyard and watching them grow.

Think about the things we can easily take for granted

What about consciously thinking about the things which make you happy in your life, those things we can easily take for granted? Count off ten things that you know make your life better. We all have them.

Use up some energy (even if you feel don't have much)

Stress makes you feel tired. So exercise would be the last thing you feel like? But I find when I'm feeling tired and stressed that is exactly when I need to do some physical exercise. Exercise can mean getting up and out of the flat and going for a walk, or swim or gym – anything that requires effort and energy. I almost always feel better after doing something energetic.

Enjoy your own company

Being alone doesn't mean you have to be lonely. We all have to alone sometimes, and it can be a good time to recharge the batteries. Make the most of the time you have on your own and don't spend it thinking about negative things. It can also be good to remember there's a difference between recharging the batteries and shutting the world out in a hostile or unfriendly way.

- And enjoy the company of other people

It can be a source of stress if you feel like you don't have support. That support doesn't mean you have to talk about your problems all the time. It can just be a matter of knowing someone to have a laugh with, and being able to forget the things that have been getting out of perspective.

If you feel like you don't know many people or anyone to connect to, there are quite a few HIV support groups around. You may not think you need the support about your HIV, but groups can give us the opportunity to meet new people or a broader range of people than we've met so far. There are lots of different groups around. Ring the PLWHA office (9361 6011 or freecall 1800 245 677) to talk about where you might connect in.

Nothing is perfect

Let's face it. Life is messy. If we go around expecting everything to be perfect, it will mean that we're never satisfied. And if we're afraid to make a few mistakes, we'll never start anything. Perfectionists can also be procrastinators. I know there have been times I haven't got things done because I've been waiting for the perfect time and circumstance. A little imperfection offers interesting opportunities for reflection and learning. Let's accept ourselves as we are.

Forgive and forget

Got a problem with someone? Be assertive and talk to them about what they've said or done. Don't bottle it up. Nursing a grievance can consume a lot of energy that could be better used in other ways.

I love reading novels and the main reason I love a good novel is because it shows me that we're all just human and fumble through life and make mistakes and sometimes hurt people.

We can empathize with someone who might have hurt us because we accept we all make mistakes. We can all act out of fear or greed or some other negative feeling sometimes. If you can forgive others then you can also forgive yourself and not be too hard on your own shortcomings.

Laughter: it's no joke

Life can also be pretty funny. A lot of our problems can come from taking ourselves too seriously and so having a distorted view of them. Those laughing groups are around for a reason. Laughing makes you feel good. It can help to try and develop a sense of humour about your situation. People who have been in stressful health situations who can still laugh seem to cope better. A lot (not all of course) situations do have a funny side and if you can see the funny side to some situations it can really help. Or when those negative thoughts seem overwhelming, why not rent your favourite comedy and have a good laugh?

Think about how someone else is feeling

Doing something for other people can make you forget some of your own problems. It can be as big a commitment as say being an Ankali volunteer, or it can be as little as ringing a friend who might appreciate a friendly phone call. Lots of people have dealt very successfully with their own HIV by focusing on helping other people. We all have problems but if all we think about are our own problems we won't get very far in dealing with them. It's ironic but sometimes we can deal better with our difficulties by forgetting about them for a while and helping someone else deal with theirs.



Strategic Planning: We would like you to come and give your ideas and feedback

As part of our 2008 – 2010 Strategic Planning process PLWHA (NSW) will be holding community forums in Sydney and in regional New South Wales in the coming months. Please come along and give us your ideas as we develop the next Plan:

1. Western Sydney:

Venue: Parramatta Town Hall
Jubilee Hall 30 Darcy St Parramatta

Date: Thursday 13th September

Time: 6pm

2. Newcastle:

Venue: Karumah

Date: Saturday 15th September

Time: 11.30am

3. Lismore:

Venue: Dept of Ageing, Disability and Homecare
Level 5, 29 Molesworth St Lismore

Date: Saturday 22nd September

Time: 1pm

4. Sydney:

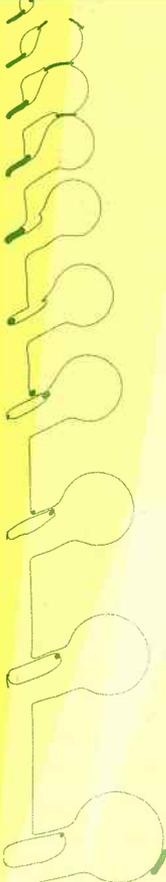
Venue: YWCA

5 – 11 Wentworth Avenue Sydney

Date: Thursday 27th September

Time: 6pm

For more info or to RSVP phone PLWHA NSW 9361 6011 or 1800 245 677 or email: admin@plwha.org.au



Optus and Company B are giving you a free seat at the theatre

Through their unique Unwaged Performance Program, Optus and Company B are giving you the chance to see some of the most exciting theatre. See below for free performance dates in 2007.

Belvoir St Theatre, 25 Belvoir St Surry Hills
Who's Afraid of Virginia Woolf?

Thursday 23 August 2pm

Real Estate

Thursday 11 October 2pm

Toy Symphony

Thursday 20 December 2pm

To claim your complimentary ticket:
Tickets are available in person only from the Company B Box Office from 1pm on the day of the presentation, Health Care and Veteran's Affairs Cards. (not valid: Seniors and Seniors Health Card)

For more information call the Company B
Box Office on 9699 3444
or visit www.belvoir.com.au



Dialup Internet

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(Email) dialupadmin@tadaustconnect.org.au

(Phone) 1300 735 439

Business Hours 9am - 5pm - Monday to Friday.



Getting on with life

Helene on how some days are easier than others

I was diagnosed eleven and a half years ago, in December 95. I was 34.

It was totally unexpected and a real shock. I met somebody and thought we'd do the 90s thing and get tested before we had sex. As it turned out my boyfriend didn't get tested and we ended breaking up soon afterwards. I went back for the result and was told I was HIV positive.

I thought I'd never have sex or children ...

I had no exposure to HIV at all. I knew about the Grim Reaper Campaign, so my first reaction was: 'I'm going to die pretty soon.' I thought I would never have sex again and never have children. Getting the diagnosis was a shock and, with limited information and scare tactics on television, these were

I continued to work and did everything as usual. That was the most important thing for me.

I had no exposure to HIV at all. I knew about the Grim Reaper Campaign, therefore my first reaction was I'm going to die pretty soon.

the conclusions I drew. None of those things came true.

After my first visit to Albion Street I felt a bit better. I was still in shock, but I think it was more to do with the lack of information and not being in touch with any people who had HIV. Eventually, I accessed services and got good support. I was also put in contact with another positive woman and found that really important. People don't expect women to be positive unless they're living in a third world country.

I'm the sort of person who likes to have as much information on board as I can so I can make informed decisions. At the time I was reading, speaking to people and getting on with my life. I continued to work and did everything as usual. That was the most important thing for me.

They say people come into your life for a reason. At this stage, I was already involved in self help groups and group therapy. Through one of these groups I met a man. Even though I had HIV; he still found me attractive and wanted to have a relationship with me. We were together for about five months and during this time we had safe sex. The fact he was in my life, at that time, was very lucky. He was a wonderful support.

Even though I had HIV; he still found me attractive and wanted to have a relationship with me.

Later, I moved overseas and met the man who would eventually become the father of my daughter. As things were getting more serious, I disclosed to him. We continued with our relationship and I got pregnant. He panicked and thought if I got pregnant that meant he could have been infected. He didn't but he left for about six months and came back just before our daughter was born. We were together for about three years after that, but we never had sex again.

My social worker said if I want some stability in my life, like going back to work and not getting sick, maybe it's time to think about treatments.

A reminder I do have HIV

I went on treatments during my pregnancy. I found it hard to start because it was admitting that I did have something wrong with me. My daughter was born negative. She's eight now.

Until recently, I didn't even think about HIV. I have never been on treatment other than when pregnant, so I haven't had that daily reminder. And I haven't had any symptoms so I've been blissfully ignorant of it. Now because I have a few health issues related to HIV and low t-cells, I'm thinking about treatments. I haven't quite got there, but I'm working on it with my doctor.

If I take treatments now, for myself, it's an admission that I do have HIV.

It's very scary and it feels like it's a point of no return. Once I start treatments, I'll have to stay on them forever and that's why I'm so reluctant. It was one thing with both of the pregnancies; I could stop taking them when my babies were born. If I take them now, for myself, it's an admission that I do have HIV. My social worker said if I want some stability in my life, like going back to work and not getting sick, then maybe it's time to think about it. When I was pregnant the second time, I do remember feeling really well. Treatments could give me a better quality of life, but it feels like a very big step.

Disclosure - where to draw the line?

When I was diagnosed my father had finished treatment for lung cancer and was quite sick. I didn't want to burden him or my sister with my diagnosis. I was concerned especially for her. There's no way I could tell my sister because we had just lost our father. I couldn't burden her with that because she would assume that I would die too. It was less to do with shame for myself, but more to do with the effect it would have on my family.

Disclosing to potential partners changed a lot over the years. For some reason I became more lenient about where to draw the line.

I've disclosed to three friends and probably four or five lovers or potential lovers and that's it. When I was diagnosed I rang a gay friend, because I thought he would understand. He was really shocked and couldn't believe that it was me and not him. One other person I told was a girlfriend and I thought she would take it really well and be supportive, but it turned out the other way. After that I didn't disclose unless it was absolutely necessary.

Disclosing to potential partners changed a lot over the years. After my diagnosis, the first time I had sex I found it relatively easy with my then partner because of his circumstances. He had an understanding of HIV. There was one person after him I disclosed to before we were sexual. After this relationship I had a long gap of no-one. I eventually met someone and we did everything apart from sexual intercourse before I disclosed. For some reason I became more lenient about where to draw the line. I can't really explain why it changed. It's not very sensible disclosing in bed when you're about to have sex.

It's very difficult to find a way to disclose. And because I have a history of issues with relationships, I think that maybe it's my fear of rejection as well, which did happen on one occasion. It has got more and more difficult actually. I'm in a new relationship and I have disclosed to him, but I didn't do it until after sex, and that's something I feel bad about. I will always have this small fear that he will feel angry and decide that I did the wrong thing.

I guess in keeping with my lack of disclosure, I haven't planned to tell my eight year old daughter. I still feel that way unless I get sick or I go on treatment. On the other hand is that fair? Is it better to disclose now when I'm fairly healthy? Then if I did get sick it wouldn't be such a shock to her. On the other hand, why do it when it's not necessary? At eight it would be difficult for her to keep my diagnosis confidential and I wouldn't want it to go around her school. With my son I don't have to think about that for quite some time yet.

If I get to the point of wanting to go down that road I would probably try and get in contact with other parents who have disclosed to their children to see how they did it. I would actually research the whole topic and plan it before I did it.

Right now ...

For the last eleven years I've been able to forget about the fact that I'm HIV positive because it hasn't affected me in any way. Now it's actually affecting me and I need to do something about it. With that comes the realisation that if I get sick, what's going to happen? What will happen to my children?

I've been single for a long time and so to have somebody who cares about me and accepts me, for who I am, is wonderful.

I have good medical support. I also have a social worker and saw a counsellor for a while. My social worker is very interactive. I get phone calls to see how I'm going; this

person can find things out for me if I need some help and gives me advice. It's really, really valuable.

Emotional support is important as well and that would come from Poz Het or a positive women's group, and also my social worker/counsellor. I don't really have the time to go to things, but knowing there are people I can call is important. I do benefit from actually going regularly to something, but it's tricky with distance and kids. And because I haven't disclosed, every time I do something related to HIV, I have to make up things like "I'm going to a workshop on relationships". I have to lie. It can be tricky making things up all the time. Sometimes it gets a bit much and I don't bother.

I've been positive for at least 12 years, maybe longer and lead a normal life I'm a mother of two negative children who are just gorgeous. I've been single for a long time and to have somebody who cares about me and accepts me for who I am, is wonderful.

Knowing there are people I can call is important.

You need to be resourceful, don't sit there and wait. Get out there and find out what you need.

PS Since I did this interview (February 2007), I have two things to tell you, which are relevant to both my personal story and living longer. I started on treatment, about three months ago, and feel absolutely fantastic. It was almost instant - certainly after a couple of weeks I felt like a new person! Secondly, I am pregnant again at 46! Our baby is due in January and again I will be going through Maternal Foetal Medicine* and Clinic 16, both at Royal North Shore Hospital. They looked after me so well last time and I feel very comfortable being under their combined care again.

*Maternal Foetal Medicine** This service provides assessment and diagnosis of pregnancy complications and ongoing pregnancy management.

pwd
people with disability



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- advocacy – working with you to find a solution.

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Free call:
1800 422 015

PWD – Supporting people living with HIV/AIDS

People with Disability Australia Incorporated



HIV medications: outpatient pharmacies in NSW public hospitals and sexual health clinics

These are the outpatient pharmacies in public hospitals and sexual health clinics in NSW which dispense ARVs (antiretroviral drugs).

In theory, every hospital pharmacy in NSW is authorised to dispense ARVs, but they only start to stock them if there is a local demand. Locating all the hospital pharmacies which do rise to meet the demand is difficult.

This list provides you with the main hospital pharmacies that actually store these drugs. However, the very first time a patient accesses the services they must provide the pharmacy with a prescription from an S100 prescriber (your GP), together with a letter acknowledging that they are entitled to the Prescribed Benefits Scheme (PBS). So, it would be a good idea to speak to your doctor before going to a pharmacy

Important note: Some pharmacies may close on Fridays or prior to a holiday, as part of their low activity day. If you are running low on your medication, it is better to plan ahead. Please call your local pharmacy to check if they are not open in the usual hours. If you have difficulty getting your medication, call your pharmacy to see if they have some advice.

Outpatient hospital and sexual health clinics in Sydney

Albion Street Centre

150-154 Albion Street
SURRY HILLS NSW 2010
Tel: (02) 9332 9650

Pharmacy hours:

Monday-Wednesday from 9:00am-5:30pm (closed between 1:30pm-2:30pm)
Thursday from 9:00am-7:00pm (closed between 1:30pm-2:30pm)
Friday from 9:00am-3:45pm (closed between 12:30pm-1:30pm)

Sydney Hospital

Macquarie Street,
SDYNEY NSW 2000
Tel: (02) 9382 7379

Pharmacy hours:

Monday, Tuesday, Thursday and Friday from 8:00am-5:00pm
Wednesday from 9:00am-5:00pm

St Vincents Public Hospital

Victoria Street (corner of Burton Street)
DARLINGHURST NSW 2010
Tel: (02) 8382 2594

Pharmacy hours:

Monday to Friday from 9:00am-5:00pm, Thurs to 7pm, cashier closes at 5pm (except on low activity day).

Royal Prince Alfred Hospital

Missenden Road
CAMPERDOWN NSW 2050
Tel: (02) 9515 6111

Pharmacy hours:

Monday to Friday from 8:00am-5:00pm

The very first time a patient accesses the services they must provide the pharmacy with a prescription from an S100 prescriber.

Royal North Shore Hospital

Pacific Highway
ST LEONARDS NSW 2065
Tel: (02) 9926 7015

Pharmacy hours:

Monday, Tuesday, Wednesday and Friday 8:30am-5:00pm
Thursday from 8:30am-5:30pm

St George Hospital

Gray Street
KOGARAH NSW 2217
Tel: (02) 9113 3051

Pharmacy hours:

Monday to Friday from 10:00am-5:00pm

Westmead Hospital

Corner of Hawkesbury and Darcy Roads,
WESTMEAD NSW 2145
Tel: (02) 9845 6542

Pharmacy hours:

Monday to Friday from 9:00am-5:00pm

Other NSW Pharmacies

Central Coast

Gosford Public Hospital

Holden Street
GOSFORD NSW 2250
Tel: (02) 4320 2111

Pharmacy hours:

Monday to Friday from 8:30am-5:00pm

Hunter

John Hunter Hospital

Lookout Road
NEW LAMBTON NSW 2305
Tel: (02) 4921 3000

Pharmacy hours:

Monday, Wednesday, Thursday and Friday from 8:45am-6:00pm
Tuesday from 9:15am-6:00pm

Wollongong/Illawarra

Port Kembla Hospital

Corner of Cowper Street and Fairfax Road
WARRAWONG NSW
Tel: (02) 4223 8000
Tel: (02) 4223 8190

Pharmacy hours:

Monday to Friday from 2:00pm-4:00pm

Mid-North Coast

Coffs Harbour Base Hospital

354 Pacific Highway
COFFS HARBOUR NSW 2450
Tel: (02) 6656 7472

Pharmacy hours:

Monday to Friday 8:30am-4:00pm

Northern Rivers

Lismore Base Hospital

Uralba Street
LISMORE NSW 2480
Tel: (02) 6621 8000
Tel: (02) 6620 2477

Pharmacy hours:

Monday to Friday from 9:00am-5:00pm

Tweed Heads Hospital

Powell Street
TWEED HEADS NSW 2485
Tel: (07) 5506 7420

Pharmacy hours:

Monday to Friday from 10:00am-5:00pm

This information will be available at www.plwha.org.au/pharmacies



Kaboom!

What happens when you go too far during a sexual encounter and don't consider the consequences? **Greg Page** recounts an anguished and difficult personal story.

I wasn't going to write this under an alias, but then I decided against it. I decided I was going to explain the situation honestly, ask for the readers' remorse and then move on. Then I realised that, like a lot of things to do with HIV in the world we live in, I fear that there is never really total understanding and compassion. So I'm keeping my alias. For now.

I met a ridiculously hot guy and we had ridiculously hot sex

A few months back I met a ridiculously hot guy and we had ridiculously hot sex. That isn't the issue. I didn't know if he was positive or negative and neither did he about me. We fucked with a condom and it was great. Terrific. Fireworks. Kaboom!

We decided to meet up again and have more of a session in a hotel room. He has a long-term partner, as do I, so we thought this would make life easier. And it did. Except that after ripping each other's clothes off (not to mention the complimentary white terry-towelling hotel robes) we got down to business and had ridiculously hot sex again. Kaboom!

Getting carried away

This time, I have to tell you, we didn't use a condom. I'm not exactly sure why. It just kind of happened. That sounds like a bad cop out and maybe it is, but I can only tell you that I don't know what I was thinking. I guess I wasn't thinking. It felt good, yes, but I do remember feeling a twinge of guilt in the back of my mind as it was happening. But the excitement of it all, the very hottest of it all, and that rapturous moment just carried me away. Yes, I got carried away. Well, so did he. Kaboom!

The next day suddenly I remembered what I had done. What we had done. I chatted online with a sexy Egyptian guy who lives in London who likes to cam for me occasionally. He's also positive and understands a lot of what I'm talking about. Thank God for the internet. I told him what had taken place.

I had to be honest, upfront and live with the consequences

"You have to tell him now so he can go and get PEP," he advised me.

I realised he was right – there was no alternative. Should I not tell him? No,

"I think you should go and get PEP," I told him.

I couldn't do that. I had to be honest, upfront and live with the consequences. I owed it to him. I believed my fuck buddy was mature enough and together enough to deal with the fact that I'm positive, we had unsafe sex, and he needed to do something about it. I also wondered if he too were positive, as he hadn't said anything about what we had done after it had taken place. After we lay spent, exhausted and drowsy in each other's arms. It just kind of disappeared as we were so thrilled by our dangerous liaison in a hotel room, sequestered away from our lovers and interruptions.

Talking about it

I called him as soon as I got offline.

"I have something to tell you," I warned him.

"Oh," he didn't seem particularly fazed.

"I'm positive," I blurted out.

"I thought you might be," was his cool reply.

"And..." I waited to see if there was anything else forthcoming from him, but there didn't seem to be. "We had unsafe sex yesterday."

"I know," he sighed. "I've been thinking about that."

"I'm guessing you're not positive then?" I asked quietly.

"No, I'm not but it's not a big issue," he said quite calmly. "If it happens it happens."

I wondered why he was being so relaxed about it all. Then he told me that one of his boyfriends had died of

AIDS and that they had been having unsafe sex and he was still negative. He didn't think he was at risk.

"And if I am then life is a terminal illness," he joked.

I didn't laugh.

"I think you should go and get PEP," I told him.

"Okay, I'll think about it," he replied.

I didn't know what else to say or do. I couldn't force him to go and get PEP. I could just warn him that he might sero-convert if he didn't do it soon.

"Leave it with me," he just said.

"Let me know what you decide," I said quietly.

A few hours later he called to tell me that he had just picked up his PEP from the hospital and had started a month's course.

"They also did blood tests, but they won't know the results for three months," he said, again quite calmly.

I was relieved that he was doing what he should be doing – looking out for his health.

To cut a long story short, my ridiculously hot fuck buddy did the course of PEP and we kept hooking up when we could for sex and it all seemed good. Then it was that three month after period when he had to go and see the doctor.

"I'll be fine," he said, waving away my worried expression. "I've been through this before."

it's not worth taking a chance

The result

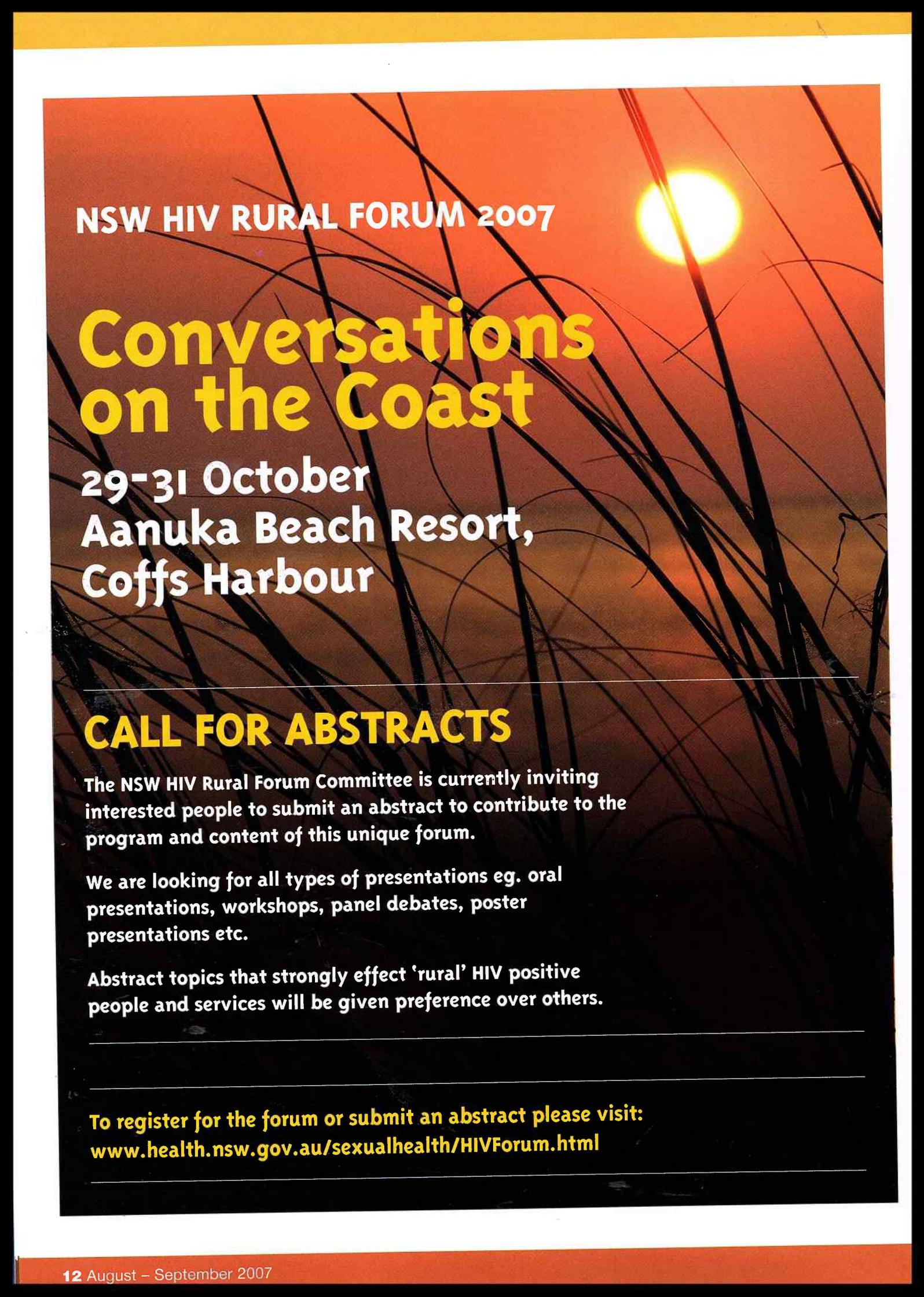
That night he came and saw me and told me the result. He was positive. I was devastated. Not only had I done something morally wrong, but also – in NSW at least – legally wrong.

Now my fuck buddy has to live with being positive, as well as knowing it was me who infected him. He still has to tell his boyfriend too, which he is dreading. Thankfully, they haven't had unsafe sex in the last few months. That would be too much for me to cope with.

It seemed almost pathetic, shallow and pointless to say it but I did

In a way at least my own experience of sero-converting prepared me for how he would react. There were the waves of grief, the sobbing, the recriminations, the madness and the "I am going to be alone for the rest of my life, which is going to be short!" statements. I tried to comfort him as best I could. I told him that life goes on and – as he had always joked – it was a chronic illness anyway. It seemed almost pathetic, shallow and pointless to say it, but I did. Now I have to live with the fact that I had passed on the virus. It's not a particularly pleasant thought, but at present my concern is mainly for him and for how he is doing and his health.

Perhaps the moral of this story, if there is one, is it's not worth taking a chance. Use a condom. Practice safe sex. It's not just a line on a poster on a wall in some sex-on-premises venue, but a valid statement. Now I carry that sadness for the rest of my life in realising that I failed not only my fuck buddy, but myself as well. Be aware, be very aware! Kaboom!



NSW HIV RURAL FORUM 2007

Conversations on the Coast

**29-31 October
Aanuka Beach Resort,
Coffs Harbour**

CALL FOR ABSTRACTS

The NSW HIV Rural Forum Committee is currently inviting interested people to submit an abstract to contribute to the program and content of this unique forum.

We are looking for all types of presentations eg. oral presentations, workshops, panel debates, poster presentations etc.

Abstract topics that strongly effect 'rural' HIV positive people and services will be given preference over others.

**To register for the forum or submit an abstract please visit:
www.health.nsw.gov.au/sexualhealth/HIVForum.html**

The Joy of Pets

Little Balls of Pleasure

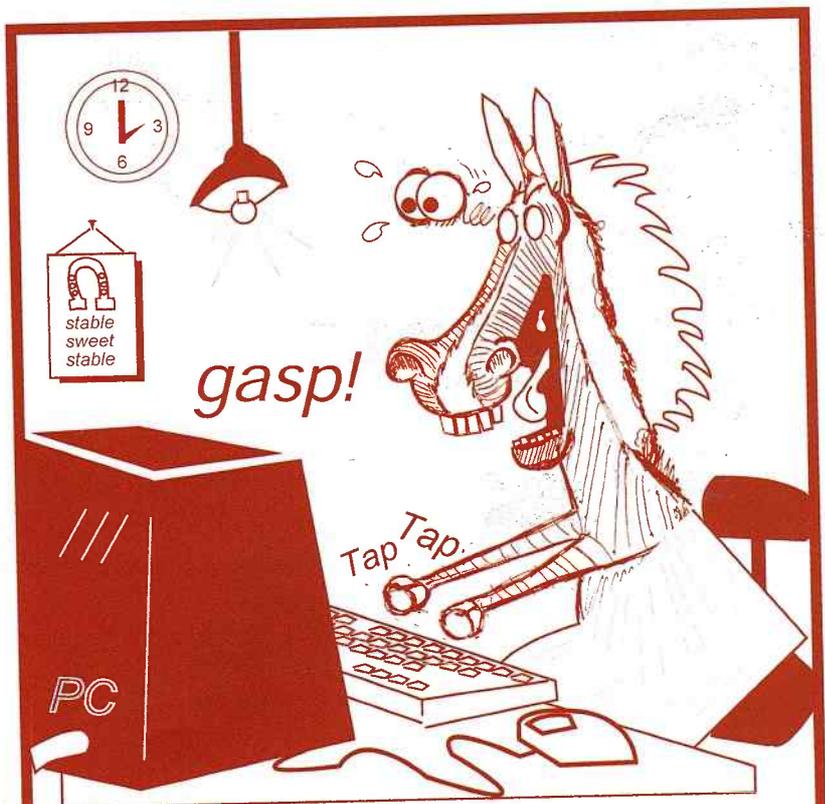
There are two fluffy balls of pleasure close to my heart these days. It isn't what you might be thinking, it's not some exotic European chocolate! The feathery bundles of joy are two budgies. What great little pets they can be, always pleased to see you and never judgmental (although I swear they have attitude if I've been away too long). Not only are they cute these fragile critters can be surprising role models and a good example of how to weather a storm. No matter what happens birds just seem get on with it; they know how to chill out and it's contagious. If I feel blue I only need look at them for a wake up call. When I feel bitter and twisted they sweeten the air with cheerful chatter. If I forget to see the big picture they somehow remind me to keep it simple stupid! When I'm hung up on trivial things they remind me that life is just too short - and they should know. When I feel alone they show me a friend is never far away. Who'd have thought two little birds could make such a big difference?

Humbled

Would you like to see your pet in *Talkabout*? Send in your photo and how you feel about your pet (up to 200 words) to: editor@plwha.org.au

PS. PAWS

PAWS (Pets Are Wonderful Support) is available for positive people to access help with pet care. We are always looking for clients and volunteers. Please contact Vicky at the PLC 9699 8756



He was more hung than anyone else in the chatroom. It wasn't until he swapped pics that he realised BarebackChat wasn't his scene.



Syphilis: Check it out

A serious STI which hasn't gone away

Infectious syphilis is increasing - again

Syphilis cases have dramatically increased in New South Wales in recent years, from just 20 cases among residents of South East Sydney in 2001 to 159 in 2004. Over the next two years the number of reported cases of syphilis dropped only slightly. Now the bad news is syphilis is on the increase again this year. Here is some basic information about syphilis. Better informed can mean better protected or more quickly treated.

Who is more at risk to get syphilis?

Men who have sex with men account for 90% of the cases of infectious syphilis. De-identified data from the patients show that about 50% of these men were HIV positive.

So if you are HIV positive, sexually active and having sex with men, it makes good sense to have a regular blood test (ie. every three months) for syphilis.

If you've had it once can you get it again?

Yes. You can be reinfected with syphilis, and recently, the number of reinfections, as a proportion of new cases, has increased. HIV positive men counted for most of the reinfections.

How would you know if you had syphilis?

The only way to really know if you have syphilis is to have a blood test. Many people (30% in one recent study of Sydney men with syphilis) don't notice any symptoms, or symptoms may be easily missed. The symptoms include a small painless sore in the area of infection, and/or swollen lymph glands, rashes, fever, sore throat, muscle aches and tired-

ness. If you have recently had any other STI like gonorrhoea or chlamydia, you should ask your doctor for a syphilis test as well.

How can you prevent it?

Using a condom, while not a complete protection, significantly reduces the risk of getting syphilis. If you don't use condoms with other positive men, then the need to test regularly for syphilis and other STIs is very important.

What are the effects of syphilis?

Syphilis can increase your viral load and decrease your CD4 count, and it can also increase the likelihood of passing on HIV to a negative partner. Syphilis may also progress more rapidly in HIV positive people and this makes regular testing even more important for people with HIV. If left untreated, it can seriously damage your health (and can cause damage to your heart, brain and nervous system).

How is it treated?

Syphilis is treated with a course of antibiotics – usually a series of ten injections over ten days. You need to complete the course to ensure the infection is cleared up.

Where can I go for testing and treatment?

You can ask your GP or HIV doctor for a test when you have your regular blood tests done. If it makes you feel more comfortable, you can also go to a sexual health clinic (which are free and you don't have to use your real name).

For more information and a list of clinics visit the website www.whytest.org



after hours

snax chat chill

Have you been diagnosed HIV+ in the last few years?
Want to meet with other newly diagnosed gay men?
After hours is a drop in night for you!
When: Thursdays, monthly from 7pm
Contact: Glenn on 9361 6011
Email: glennf@plwha.org.au



halc

HIV/AIDS Legal Centre Incorporated

FREE LEGAL ADVICE

HALC provides free legal advice, information and referral to people living in NSW with an HIV related legal problem.

To make an appointment please call us on

02 9206 2060

All information is kept strictly confidential.

9 Commonwealth Street,
SURRY HILLS NSW 2010
Freecall 1800 063 060
Fax (02) 9206 2053
Email halc@halc.org.au
10am to 6pm Mon to Fri



bobby goldsmith foundation on-line forum



bobby goldsmith foundation
practical emotional financial support

What is the BGF Online Forum?

The Online Forum is BGF's internet peer support service. Although the forum is primarily designed for people living with HIV/AIDS, we welcome anyone who is affected by HIV/AIDS to participate.

Living with HIV/AIDS can be a lonely and isolating experience. That's why peer support is so important. The idea behind peer support is that people living with HIV/AIDS provide emotional and practical support to each other.

Joining the BGF Online Forum is an opportunity to share information and experiences with others who are also HIV positive. You can read the existing posts, join in an ongoing conversation or start up a discussion on a new topic.

By talking with other people who deal with similar things as you do on a daily basis, you can find answers to all sorts of questions, including some you might never have considered.

How to Join

Joining the BGF Online Forum is easy. Log on to www.bgf.org.au and register a user name and password to have unlimited access. What are you waiting for? Drop in, have a look and get involved.

PO Box 97, Darlinghurst NSW Australia 1300
tel. 02 9283 8666 fax. 02 9283 8288
email. bgf@bgf.org.au www.bgf.org.au



The things that really matter

Rob Sutherland on being 26 and living with HIV for seven years

Modern life is so hectic, and free time so scarce, that it's rare we get much chance to actually take a moment and reflect on the years passed and what we have learnt along the way. So at 26 years old and after seven years of living with HIV, that's what I find myself doing.

I guess every person living with HIV will vividly remember the day they were diagnosed; it's not something easily forgotten. For me it happened in a suburban medical centre at Brookvale in 2000. It's the day I was first faced with my own mortality, and that's not something easily faced at the age of 20, having contracted HIV a year earlier at the age of 19. It's also the day I awoke from the naivety and cocoon of youth and started to grow up very quickly.

Sheltered, happy and secure

Having lived 20 years of a very sheltered, happy and secure life on the Northern Beaches it's the day I awoke from that slumber and came crashing head first into a new reality. One filled with uncertainty, fear and what seemed like insurmountable challenges. Because of a real lack of awareness, sickness and death after several years was my initial understanding of the diagnosis. I couldn't believe how quickly life could change from being near perfect, having just 'come out' to, and being accepted by family and friends, to sitting in this clinic being told I had a disease that I knew nothing about, other than the

fact that it would kill me. What can only be described as the most acute sense of panic and fear, soon gave way to numbing shock.

HIV was never even on my radar as a 19 year old guy on the Northern Beaches of Sydney, having just ended a two year relationship with my first girlfriend. I attended an all boy's Catholic high school in Manly and despite that fact was not sexually active at school. I very rarely ventured to the city and hence had no contact with the gay com-

I had no contact with the gay community or scene

munity or scene, I hadn't even a single gay friend at the time I contracted HIV. It was a casual encounter, my first with another guy. Yep, 19 and the first time I had sex with another guy. I had no comprehension at the time what impact a drunken one night stand could, and ultimately would have, on the rest of my life. To be honest, when it happened I was more preoccupied with the fact that I was actually having sex with another guy than I was about using a condom.

Hating doesn't bring comfort

When hearing of my experience, people often ask whether I'm angry towards the

guy who infected me. My answer to that is simply no. My dad was the first one to tell me that there is nothing to be gained from dwelling on the past, on what has been done and cannot be changed. I soon realized that I still had a life to live and because I now perceived it as shorter, I had more to pack in than most. Hating someone for passing on something they may or may not have known they had, doesn't help me. It doesn't bring comfort. It only takes up time and energy that I would prefer to invest in other things. I have certainly learnt the hard way that life really is too short.

So much angst to be simply who we are

When it comes to my diagnosis, I was more annoyed that I live in a society where young guys (and girls) who are questioning their sexuality need to go through so much angst, self loathing and rejection to simply be who they are. When asked about the factors implicit in me contracting HIV, I always first acknowledge that I'm the main factor as I accept responsibility for my own decisions. I'm the only person responsible for my own body and health. But are there influencing factors, yes. My youth? Yes. Alcohol? Yes. But just as much of an influence and a reason cited much less commonly is society's influence.

From birth every single major influence we are subjected to and that helps shape our concept of ourselves, especially in our

formative years is based on a norm of heterosexuality. This includes the traditional family experience, what we are taught at school, what is preached to us by religion, and what we are exposed to constantly by the media. So that when I reached the stage where I started to realize that I didn't fit into this norm, for the first time in my life I saw myself on the outer. I felt like there was something fundamentally wrong with me. For someone who was always somewhat of a 'golden child' – being school captain at primary school and high school and always performing well at sport and academics, this had a significant effect on my confidence and self perception.

And so, because I had been conditioned to think that these feelings were wrong and dirty, I wasn't open about them, instead having to explore my sexuality on my own and without support. This took me places I was not yet familiar with and yes I did things I was probably not all that comfortable with. So that when I found myself first having sex with a guy, I had never even really had a discussion about gay sex with anyone, how to negotiate sex or even about what was and wasn't safe. I didn't feel I could talk to my family or my mates (all straight) or work colleagues. I couldn't easily meet other gay guys to get to know and socialise with or form friendships with, like I could easily do with girls my age. I couldn't bring guys home like I could a girl because I was terrified what my parents would think. This is despite them being a wonderfully supportive and accepting family.

I consider HIV one of the most influential teachers I've had

I think it's pretty obvious why young gay and lesbian people suffer worse health outcomes than their heterosexual peers and it's a fairly sad indictment of society. When young queer people are unable to be open and frank during their years of sexual experimentation and development it doesn't place them in a good position to make healthy and informed decisions.

But if HIV has taught me anything, and it certainly has - I consider it one of the most influential teachers I've had, it's the value of positive thinking. It's the main thing that got me through the first few years after diagnosis (the other being my family). From thinking I had infected my 18yo boyfriend when I was diagnosed (we ditched condoms in the relationship after several months, without being tested), to talking publicly about HIV in talks to school students and various

have never been in anything other than a serodiscordant relationship

media, disclosing to new partners (which for me never gets much easier), to dealing with the impact this has had on my family. Positive thinking and an optimistic outlook has underpinned it all. I'm a great advocate of its value.

An easy life isn't necessarily a good life

There is no doubt that for me HIV has made life that little bit harder. I've now had HIV for seven years and my health has remained good and I am yet to take medication. But it's the uncertainty around what lies around the corner. Every runny nose or cough I get still makes me wonder whether it could be the HIV. When I'm tired and run down and find it hard to get out of bed in the morning, I wonder whether it's HIV or is it that I'm just tired.

I guess the hardest thing though, has been the effect it has on relationships. I had a boyfriend of a year (my first) when I was diagnosed and that relationship fell apart because of it. He was only 18 and thought the whole scenario too overwhelming to deal with. It's at that moment that I knew relationships had just got a whole lot more complicated for me. But hey an easy life isn't necessarily a good life I kept telling myself, and I was determined to have a good life.

It certainly hasn't stopped me from having relationships but it does add another dimension to those that I do have. I have never

been in anything other than a sero discordant relationship; my partners have always been HIV -. Because I never actively sought out other HIV + guys, all my friends, guys I meet socially, and those that I have dated have all been HIV - (or at least none are openly positive). That's a lot of disclosure to negative guys and at times it does wear me down. Every time I have a casual sexual encounter or start dating someone and consider disclosure, it's a reminder that HIV is still a big issue for many guys. Particularly younger guys who are less likely to know someone who is HIV +. As a younger HIV + guy I have found it difficult to create any kind of network amongst my peers simply because most guys living with HIV are older. People often find it strange that at 26, having lived my entire adult life with HIV, I have never really had an HIV + mate or lover. I guess I have been lucky enough to have had a great family, bunch of friends and partners who have been empathetic and supportive enough for it to not matter so much.

One example of this is when I disclosed to my current partner earlier this year. Immediately he reacted with total support and understanding, despite the fact he was only 19 years old, not being 'out' and this being his first gay relationship. Whilst disclosure on such a personal level is still a big challenge, it's times like this that renew my belief that generally people are accepting.

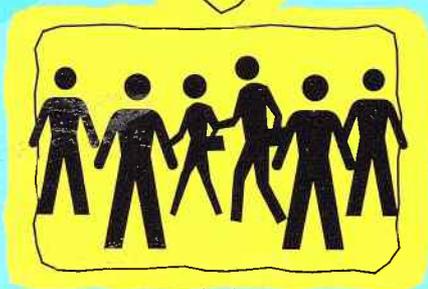
So for me, HIV has totally reshaped my life and taken me on a road I never thought I would be traveling. It's now so clear to me to value those things that really count in

It's times like this that renew my belief that people are generally accepting

the end – health, family, love and moments with those you care about. I appreciate life and how fragile it can be. I live more for the moment than I probably otherwise would. It's given me a more accepting and open view of life, people and the world in which we live. It's been a huge part of shaping the person I am today and I know I'm a better person because of it.



729



HIV positive and getting on with it?



Would you like to meet
with other gay men
living longer with HIV?

**729 is a social discussion
night for you!**

Thursdays, monthly from 7pm

Contact Hédimo on 9361 6011

Email: hedimos@plwha.org.au





A trial, but definitely worth it

Malcolm Leech on participating in a recent treatment trial for peripheral neuropathy

One night in January 2003, I was dancing at a nightclub, my favourite activity, when suddenly I stumbled and almost fell. I was steadied by a couple of people who laughed and made some remark about the drugs I was on and my style of dancing. After laughing along with them, I hobbled to the nearest seat and sat down. But it was not about drugs. My feet were painful. They were burning, which was something I had experienced before. This time they felt like two sponges and I had no sensation and could hardly feel the floor. For the first time my balance was not as acute as it usually was. It scared me because I had never fallen on a dance floor in my life.

These sensations came and went over the next couple of months. At first I thought that the numbness might be a precursor to diabetes, a hereditary condition in my family, but that didn't explain the pain. One day I was visiting a friend who had peripheral neuropathy, and I asked him to describe the symptoms. To my horror they were identical to what I was experiencing. There were days when I was completely pain free, and days when I wasn't, but the numbness in my feet seemed to be here to stay.

Trial and error

My specialist sent me for a Nerve Conduction Study where the doctor virtually electrocuted my feet. This was even more painful than the neuropathy.

My GP referred to this as Nazi torture and I could not agree more. The purpose of the test was to determine if the neuropathy had been caused by HIV or not. Well I could have told them that it was, because I was HIV positive and I hadn't even started treatment.

My GP referred me to a neurologist to have the condition monitored. The neurologist suggested increasing my dosage of epilum, which in some cases can help with neuropathy. Although I don't like the feeling of being too "drugged" I agreed to give it a go, but it didn't have any effect on my neuropathy.

Nevertheless it seemed to stabilise. I had good and bad days, monitored the situation with bimonthly appointments with my neurologist, and had Panadeine Forte on hand at all times if the pain

I had no sensation and could hardly feel the floor

became too much. I have to be cautious about the amount of Panadeine I take because it contains paracetamol which is bad for the liver.

I tried acupuncture, which seemed to work for some people but not for me, and I stopped it. I even tried laser treatment, as it had worked for about seventy-five per cent of the people who chose it. Again I was in the minority. It didn't work and I soon stopped that treatment as well.

A turn for the worse

At the beginning of 2006 I was starting to think that I was wasting everyone's time and money seeing the neurologist, when things started to become worse.

By August the pain was intolerable and my balance was so bad when I walked up stairs I had to hold onto the handrail. I was about to go on a trip to Ubud in Bali. My GP consulted with the specialist and they agreed that I should take eight Panadeine Forte a day to get me through the trip and until I could see the neurologist again. He suggested that I might need to try something stronger like morphine, which was something I did not want to hear.

I managed to have a good time in Ubud but could not do the walking I used to do. My legs and feet would tire easily, and the pain, even with the Panadeine Forte, became quite intolerable.

During my next visit to the neurologist I was there for half an hour instead of the usual fifteen minutes. We discussed alternatives, including changing HIV medication, but the current combination was working so well with minimal side effects. Of the eight major medical conditions I have, HIV has always been the least of my concerns.

I agreed to start on the dreaded morphine. Of all the drugs I have had to take it would have to be my least favourite.

Being aware of treatment interactions

After a week, I returned to see the neurologist and told him the pain was better but still not tolerable. After much discussion, we agreed to add another drug called Allegron, an anti-depressant, which can, when taken in small doses, aid in pain relief.

The pain was better, but after a few weeks I noticed a significant change in my mood. The dysphoric hypomania, a medical condition I am prone to, was back. My GP sent me back to my psychiatrist who confirmed the diagnosis and told me that it was most likely caused by the Allegron which is in a class of anti-depressant drugs I'm unable to take. I had forgotten this and will never forget it again.

I had to withdraw from the Allegron, increase the epilum, and take another drug called risperdone to control the hypomania. When you have so many doctors who prescribe medication for you, there is so much to remember. I feel it is my responsibility to ensure that they do not prescribe a drug that causes adverse

reactions. For example my neurologist wanted to prescribe Abacavir instead of the Allegron, but I have hypersensitivity to Abacavir and it will kill me. This is all part of me taking control of my health.

A new treatment trial

Towards the end of 2006 my neurologist asked me whether I'd like to take part in a new research study to determine whether a new treatment could end the pain of neuropathy. It was a one off treatment where capsaicin patches are placed on your feet for either thirty minutes or an hour. The drug in these patches is a man-made version of a peppery substance found in chilli peppers called capsaicin and the patches are placed directly over the painful areas. The study was to be conducted over fourteen weeks.

When you have so many doctors who prescribe medication for you, there is so much to remember

Screening Visit

On a Wednesday afternoon mid January I presented myself to the Immunology and Infectious diseases section of St Vincent's Hospital for the screening visit. The clinical nurse measured my height and weight, took blood, conducted an ECG and asked about the medications I was taking.

The neurologist asked me another set of questions about the level of pain and amount of medication I was taking to ease it. Because I was only taking 30mg of morphine per day and still experienced a great deal of pain, I was still eligible to go on the trial.

At the end of all of this the clinical nurse gave me a Pain Diary question-

naire, which I had to complete each night at 9pm, rating the pain on a scale of zero to ten, and making any comments if necessary. I had to keep scoring in the diary for two weeks before the patches were applied to my feet.

The nurse briefed me on the whole procedure extremely well. In fact I felt more prepared for this trial than I have for any other.

Study Patch Application Visit

Two weeks after the Screening visit I went for the Study Application visit. My blood pressure, temperature, CD4 Count and viral load were measured and heart rate monitored. During this visit I had to rate the level of pain before, during, and after the study patch application.

A numbing cream was put on my feet before the patches were applied. The cream was left on for an hour, and I was grateful that I took a book along to read.

After the numbing cream was removed, the patches were finally placed on my feet, and they had to be left on for either thirty or sixty minutes. Mine were to be left on for thirty, and I hoped that this was not an omen that I was going to receive the placebo. It was a double blind trial, so we had no idea.

During the time the patches were on my feet, they felt warm and there was a tingling, but no burning, sensation. After thirty minutes the patches were removed and my feet were cleaned.

I had to stay at the clinic for an hour while regular observations were taken of my vital signs, followed by completing a survey about my general state of health. I gave the nurse my completed pain diary, and was given a new one for the next four weeks. They also gave me some Panadeine Forte to take home on the condition that I take back what I hadn't used so that they would know how much pain medication I needed to use after treatment.

That night my feet were so warm I could not sleep with them underneath a sheet, but then it was summer.

Every Wednesday for the next few weeks, the clinical nurse called me to see if I had experienced any problems. I hadn't, and my pain ratings were mainly zero, and occasionally went to a score of one. The treatment seemed to be working.

Follow up visit week 4

Four weeks later, my visits with my neurologist did not last for long because the pain had miraculously gone away. I returned the box of Panadeine Forte unopened. I am currently taking morphine, and wondered if this was the reason why.

During this visit when my neurologist examined my feet, I experienced some sensation in my left big toe. That may not seem significant, but for five years I had no sensation whatsoever. This doesn't mean that the neuropathy is cured. I still have mobility issues including poor balance, but it is marginally better.

Follow up visit week 8

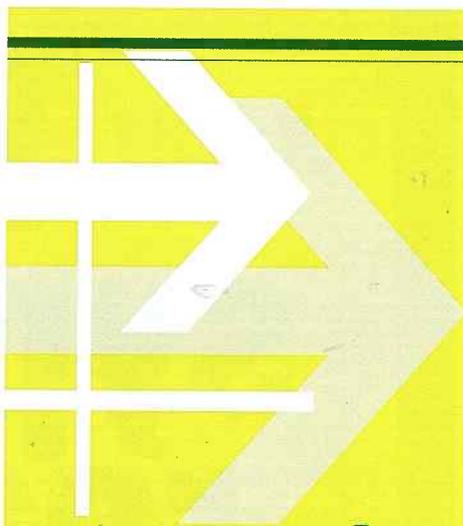
After the eighth and final week, I am back at St Vincent's hospital. I hand over my final pain management diary. I am weighed, blood pressure and temperature are taken, and there are more blood tests. I then fill out the endless forms relating to my general well being, including my mental health, which I found to be somewhat curious, but completed it anyway.

The trial has been a major success for me because although I still have peripheral neuropathy, the amount of pain is significantly reduced. Brett the nurse asked me if I would participate in the treatment again and I said that I would.

In my next visit to the neurologist, I discover I have some sensation in my toes that I have not experienced for many years. I also have to start withdrawing from the morphine I have been taking for the past seven months combat the pain when it became so severe. The withdrawal is a very unpleasant experience but I realise that my body will adjust in time and I should feel well again.

On a final note, if anyone has peripheral neuropathy and an opportunity comes along to participate in the trial, give it a go. The benefits far outweigh the efforts made to participate in it.

Are you thinking of participating in a clinical trial? PLWHA NSW has a factsheet called Clinical Trials, on the benefits and risks and what you should know before you join one. See www.plwha.org.au and look up factsheets or phone PLWHA 9361 6011 or 1800 245 677



Positive Jobsearch

- Specialist for HIV+ & Hep
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- 1 on 1 Assistance
- Flexible Delivery
- On going help

Job Futures Waverley Works

Level 1, 135 Crown St
Darlinghurst 2010

Ph. 9356 2444

Fax 9356 4410

**Having
syphilis can
really fuck
with your
IMMUNE
system...**

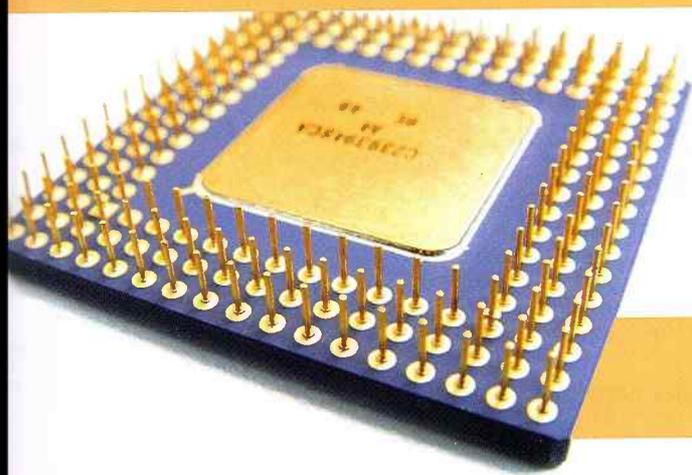
so get an STI test.

Even if you have no symptoms syphilis can reduce your CD4 count.

While condoms are effective for preventing HIV transmission, they may not be as effective in preventing syphilis - but they'll still reduce your risk.

For more info on STIs, testing, treatments or the location of clinics and doctors, check out www.whytest.org or call the Sexual Health Infoline on 1800 451 624.

 **acon**
community health and action
www.acon.org.au / tel. 9206 2000 / 1800 063 060



Can you believe this?

What are the some of the stranger things happening in the world of HIV:

Microchips mulled for HIV carriers in Indonesia's Papua

Jul 24 Antara News Agency

Lawmakers in Indonesia's Papua are mulling the selective use of chip implants in HIV carriers to monitor their behaviour in a bid to keep them from infecting others, a doctor said Tuesday.

John Manangsang, a doctor who is helping to prepare a new healthcare regulation bill for Papua's provincial parliament, said that unusual measures were needed to combat the virus.

"We in the government in Papua have to think hard on ways to provide protection to people from the spread of the disease," Manangsang told AFP.

"Some of the infected people experience a change of behaviour and can turn more aggressive and would not think twice of infecting others," he alleged, saying lawmakers were considering various sanctions for these people.

"Among one of the means being considered is the monitoring of those infected people who can pose a danger to others," Manangsang said.

"The use of chip implants is one of the ways to do so, but only for those few who turn aggressive and clearly continue to disregard what they know about the disease and spread the virus to others," he said.

A decision was still a long way off, he added.

The head of the Papua chapter of the

National AIDS Commission, Constant Karma, reportedly slammed the proposal as a violation of human rights.

"People with HIV/AIDS are not like sharks under observation so that they have to be implanted with microchips to monitor their movements," he told the Jakarta Post on Tuesday.

"Any form of identification of people with HIV/AIDS violates human rights."

According to data from Papua's health office cited by the Post, the province has just over 3,000 people living with HIV/AIDS. Some 356 deaths have been reported. Papua has a population of about 2.5 million.

Poz sex...

Before we shag
can you please
sign this waiver

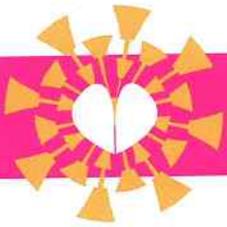


Anyone for meditation on Mondays?

A small meditation group meets at ACON

9 Commonwealth Street
Surry Hills
Monday evenings at 6pm.

Contact Graham
c/- ACON Ph: 9206 2000



Olga's personals

Men Seeking Men

Jailbird: 30yo, GWM, 6'3 brown hair/eyes. Pos for 10yrs. GSOH. Looking for pen pals to help me keep in touch with the world. Looking for other DTE guys round my own age. I'm open minded to all lifestyles. ALA **Reply 200606**

Behind Bars: 30yo, 6'1, 78kg, grey eyes/brown hair, good looks, GWM, DTE, GSOH, seeking pen pals 30+ for ongoing friendship and fun. Prefer genuine guys. ALA **Reply 210606**

40 yo HIV+ 6 ft 3 89 kg eastern European handsome affectionate passive guy WLTM HIV+ top guy who looks after himself. Like to settle down with view to LTR **Reply 230806**

European, good looking HIV+, NS professional 44, 179 cm, 75kg smooth, gym fit body. Living a peaceful life in inner Sydney without drugs or smoky clubs. Enjoys cinema, theatre, fashion and good food/restaurants. WLTM versatile, professional / working guy with slim athletic build up to 45 who has a similar outlook and lifestyle and believes in a monogamous LTR **Reply: 240806**

Affectionate loving stable man seeking romantic partner for TLC and LTR. And it takes two to work at this. ALA I'm mid 50s. I'm DTE and NS. Parramatta area. Please FWLTM you. No www.com. **Reply 010906**

Sydney Dark skinned passive guy, slim 32 yrs, HIV+, living in the Eastern Suburbs, seeks an active man. ALA **140906**

Sydney East. A man's man. Small but fairly well formed HIV+ youthful 50s guy WLTM guy to spend some chill out, maybe fun times with. Seeking intellectual stimulation and some tactile fun. **220906**

33 yo Goodlooking, fit, healthy 6'2 male masc and genuine and very straight acting. ISO LTR with DTE guy who is also looking for a LTR and wants to settle down with someone special. Been positive for one year. ALA **270906**

Sydney, 39 yrs good looking, fit Aussie guy 2 yrs HIV+ GSOH affectionate, honest, genuine guy ISO same with a view to a LTR ages 25 -45 yrs. Interests include gym, nude sunbathing, socializing and quiet nights at home cuddling up. ALA with photo. **Reply: 161106**

23 yo, HIV+ 3 yrs. Central coast, GWM, DTE, 5 ft 11, 65 kg, brown hair/eyes, athletic build. Well hung, versatile (prefer bottom) handsome, mature. Enjoy a drink/smoke str8 acting. WLTM leather, uniform, tradie types for hot sexual encounters. ALA. **Reply: 171106**

Desperately seeking Mr Eveready. He just keeps going and going. However unlike the rabbit not from hole to hole + + not an issue. No blame no shame. I'm single and young looking. Live alone. New to Noosa. Visitors welcome **Reply: 211106**

37 yo poz btm bear/cub, straight acting/looking non scene, 5 ft 7, 90kg, hairy, tatts, pierced, shaved head, goatee beard, a bit wild and dirty minded GSOH DTE view to LTR looking for new adventure with like minded straight acting bloke ALA **Reply: 151206**

Sydney 43 yo, 197 cm, 95 kg, solid/chunky, Healthy HIV+ GWM seeking LTR with healthy guy. Prefer someone working, non smoker, active/versatile, sensual and sexual, independent yet sharing. Must love kissing, cuddling, massage and sex. **Reply: 110107**

Newtown 32 yo 6 ft green eyes 80 kg shaved head HIV+. Seeking guy to 45 for friendship with view to LTR. Looking for, and to be, a mate, lover, rock. Animal lover a must. Nationality open. ALA. **Reply: 150107**

Eastern subs young 64yo HIV+ French man in good shape str8 acting 70 kg, NS, moustache, hairy chest-legs, adventurous, sincere WLTM top guy age open for friendship, intimacy with view to LTR. I am DTE, enjoy dinners, movies, travel and more. Let's meet. **Reply: 180107**

Attractive GAM 40, 177 cm, 63 kg. Athletic, toned, smooth, gum fit. Considerate, fun loving, great smile, good health. To share optimistic future with GWM. Affectionate mate to settle down with. **Reply: 250107**

36 years young, positive over 12 years, lives in Blue Mountains, DTE GSOH looking for pen pals with people who are not embarrassed about their sexuality, versatile WLTM 18 -45 ALA Give it a go! **Reply: 160207**

Lonely guy looking for DTE guy like myself. Hopefully I'm not the only HIV guy in my 50s who is looking for relationship. I'm lonely ALA **Reply: 020507**

Sydney City. Fit caring HIV+ guy, good looking 47 yrs 6ft 72 kg into gym, yoga, outdoors WLTM DTE guy for friendship, relationship, prefer NS fit guy with positive outlook on life. Photo appreciated. **Reply: 130607**

Lilyfield, 46 HIV Poz guy, 74 kg Not bad looking, mo, goatee, hairy 5ft 9, WLTM Poz guy to 50 for LTR for good times, quiet nights, occ rage. ALA No time wasters please. **Reply 140607**

Seeking friend / partner, 53 years old, slim, good looking and positive four years and well, GSOH and DTE. Looking for friendship / LTR, inner west area, genuine and loving and versatile. **Reply: 260707**

Newcastle/ Central Coast/ Sydney. Pos 42, 183 cm, athletic 84kg DTE GSOH versatile work fulltime, not into scene, straight acting, enjoy eating in/out, movies, DVDs, like to keep fit and well. ISO similar versatile top 30 to 45 y/o with view to LTR. ALA with recent photo. **Reply: 300707**

Men Seeking Women

52 yo hetro +ve Sydney male seeks lady for company, friendship and/or whatever develops. 5'5 tall. Slim, fit and well. Like sailing, diving and swimming. Also enjoy travel, movies, dining out and yoga. Don't smoke and not a big drinker either! Would be nice to have female company, either +ve herself or understanding of HIV. **Reply: 070706**

41 yo HIV+ Male. I've been positive since early '98. I'm in good health, GSOH, down to earth. I love dining out, beaches, I play chess. I'm seeking same: N/S N/D. I'm Danish born, been in Australia 24 years. I'm a Brisbane boy. I'm looking for a lady between 35-45 **Reply 160606**

36yo HIV+ male hot Italian 6 ft 95 kg solid build green eyes dark hair, seeking female any age (older the better) for friendship / relationship/ hot kinky sex ALA So get out your pens ladies and drop me a line. You will not regret it. Ciao. **Reply: 280806**

38 yo HIV+ male European background, blue eyes, brown hair, wants to meet a woman aged 30 - 45 who is good natured and full of life and love. She would share my enjoyment of art, music, going to the beach, dinners for two and escaping to the mountains. View LTR if suited. **190906**

From Melbourne with Love. HIV positive male, youthful 40s, seeking female companionship to share, encourage and be there for each other. I am of northern European heritage, Caucasian, 6ft tall; green eyes; longish, blonde/brown hair; engaging personality. Always looking for new, interesting and worthwhile things to do and in which to focus one's attention on. **Reply 310707**

Contemporary guy: Cool attitude. Living in the moment. Spiritually aware, dark smouldering looks, great smile, good health, bedroom eyes, muscular, medium height, love arts, music, travel, outdoors, candle-lit dinners. +ve Sydney based 40, humorous. You: loving, considerate, light-hearted, just the way you are. Wants long term relationship. **Reply: 101006**

HIV positive male would like to meet a positive heterosexual woman for long term relationship. I'm 6 ft tall, 38 years old, black hair with hazel eyes, GSOH, love to laugh and make others laugh. Interests include movies, music, talking, cooking and eating out. **Reply: 090107**

In custody. 34 yo male, 6 ft 2, slim build, blue eyes dark blonde hair, tatts, GSOH, DTE, like sports, music and quiet nights at home with good company. Looking for 25 to 45 yo female for pen pal and companionship to start with, then see what happens. HIV+ is not a problem. ALA **Reply: 220207**

47 yo +ve male, Sydney (European), gentle, sincere, hard working, intelligent, healthy, affectionate with two wonderful children, seeks kind hearted lady to share family life (single mums welcome). Migrated last year, love Australia. WLT correspond and meet with possible view to LTR **Reply: 010607**

Women seeking men

HIV+ lady, petite, sincere and loving, down to earth, love to laugh and have fun. I love nature and like being active, movies and music. Guys would have fun. **Reply 240706**

HIV+ female. Wanting to meet someone in the NSW/VIC Border area. I have been positive for nearly six years. Fit and healthy and not on meds. I am 5ft 4 brown eyes, blonde/brown shoulder length hair of solid build. Looking for someone genuine, for friendship and hopefully long term relationship. I love animals, quiet nights at home and the country life. **Reply: 120307**

Seeking African man for marriage. Must be Christian, non-smoker, fully employed and resident. Me: white, attractive, sensual, quiet, family oriented, very good cook, caring and affectionate, understanding. I have two children. Serious men only. No time wasters please. **Reply: 150307**

ALA	All Letters Answered
LTR	Long Term Relationship
GSOH	Good Sense of Humour
NS	Non Smoker
ISO	Looking For
DTE	Down To Earth
WLTM	Would Like To Meet
GAM	Gay Asian Male
GWM	Gay White Male
TLC	Tender Loving Care

When placing and answering personals

Be clear about who you are and what you are looking for. Too much detail can be boring, and too little may be too vague. Be honest to avoid disappointment for you and your correspondent.

Do not give out your work or home address, telephone number or email address until you think you can trust the person. Use a Hotmail or Yahoo address.

Like you, other people may be anonymous. You can't always believe everything you are told.

When meeting someone:

Have reasonable expectations. Don't let your fantasies run away with you – how somebody seems might not be who they are face-to-face.

Meet for the first time in a busy public place, like a bar or club, or with friends. You can go to a private place after you have met the person and think you can trust them. Don't rely on the other person for transport.

Let someone know who you are meeting and where. You can leave a note, keep a diary, email a friend, or ask someone to phone you on your mobile to make sure you are alright.

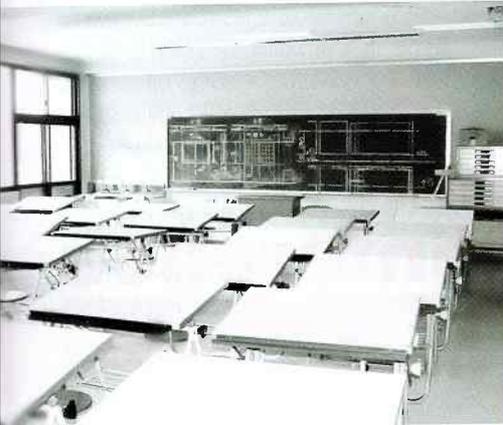
Apply commonsense and the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful.

How to respond to a personal

Write your response letter and seal it in an envelope with a 50c stamp on it – Write the reply number in pencil on the outside – Place this envelope in a separate envelope and send it to Olga's Personals, PO Box 831, Darlinghurst 1300.

How to place a personal

Write an ad of up to 40 words – Claims that you are HIV negative or claims about blood test results cannot be made. However, claims that you are HIV positive are welcome and encouraged – Any personal that refers to illegal activity or is racist or sexist will not be published – Send the personal to Olga, including your name and address for replies. Personal details strictly confidential.



Luke and the Positive Speakers Bureau

A young AIDS educator

The human face of HIV

The Positive Speakers Bureau (PSB), is among the most important work of PLWHA (NSW) does, and it is still as relevant today as it was 13 years ago.

With the aim of encouraging understanding, dispelling myths about people with HIV/AIDS and countering ignorance, fear and discrimination wherever they exist, the Bureau has been an active voice for people living with HIV/AIDS in New South Wales since 1994.

Today, PSB provides a diverse range of trained speakers to schools and universities, professional and community groups, with the opportunity to hear first hand the experiences of people living with HIV/AIDS. This is done by way of real life presentations.

Each of the speakers has their own personal approach when engaging with different audiences. Their stories may be personal, but together, they represent the reality of living with the virus: from diagnosis to treatments, from stigma to disclosure.

Here is Luke's story, as he told a group of 15 people being trained as Anjali volunteers at the Albion Street Centre two months ago:

Early memories

Luke is 29 years old and has been living with HIV for twenty five years. He has been involved with the Bureau for the past eleven years.

A person with the bleeding disorder haemophilia, he was infected with HIV and Hepatitis C as a young child by blood products used to treat his haemophilia. In the earlier days of the epidemic knowledge about HIV was very limited and confusing. At the time, his parents were advised not to disclose

his status. They were unguided and with little help they had to quickly learn as much as they could about the infection in order to better care for their child.

His school memories of living with HIV are a combination of having to understand and cope with the impact of HIV and trying to conceal from his school mates the reasons why he was taking medication. This was due to the stigma associated with having HIV at that time. Because he was a person with haemophilia, he often used this as an excuse for his being, at times, ill.

he had to conceal from his schoolmates why he had to take those medications

As he grew older and understood more and more about his infection, he did not accept that people could discriminate against him because of that. He became vocal about his condition and started confronting prejudices straight on, and this was how he became a young AIDS educator. He remembers that some of the discrimination towards him had to do with the fact that he was perceived to be gay. This was because of the association between HIV and homosexuality.

During his later teenage years, he became very sick, and like any teenager, he rebelled

at times against the fact that he had to take his daily dosages of antiretrovirals. He understood however that the newly discovered anti-HIV medications were a necessary evil to keep him healthy, and that he had to continue to take them for the rest of his life.

Coming of age with HIV

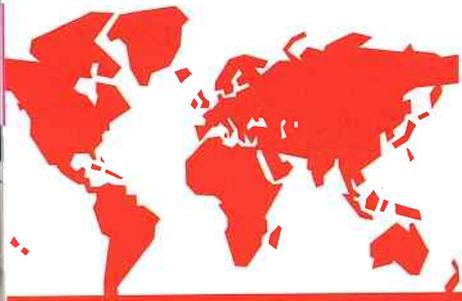
Growing up with HIV represented yet another challenge: he was at an age when young people become sexually active. But how could he go through this experience when he was living with a virus that was also sexually transmitted? What if he infected his sexual partners? What if they rejected him because of his HIV status?

He learnt about safe sex and learnt that he would have to disclose his status to his prospective partner, but that did not take away the fear of infecting her. He found that his girlfriend was quite accepting and loved him despite his illness. Later this year Luke will marry his girlfriend of eight years.

Luke underwent a 12 month course of treatment for Hepatitis C in 2004 and was declared Hep C free in late 2005. He is proud of his involvement with the Positive Speakers Bureau, and with his continued role as an HIV Educator.

In his own words, this is how he described his experience as one of our speakers 10 years ago:

"I was satisfied and even emotionally high due to their response. It's funny, to me my story is only average, but to them it was amazing."
Luke Chipperfield (now aged 29)



The International AIDS Society Conference

The 4th IAS (International AIDS Society) Conference was held in Sydney in July. More than 5,000 delegates from 133 countries came together for the four-day event to examine the latest developments in HIV related research.

Much of the focus of the conference was on:

- The development of novel treatments that offer new hope to people who have developed resistance to existing medications.
- New biomedical prevention strategies available and others on the horizon, such as female-controlled microbicides, male circumcision and the use of pre-exposure prophylaxis (PrEP).
- New knowledge of HIV pathogenesis (origins and development) and the mechanisms through which HIV causes immune deficiency.
- Operations research detailing what we've learned, to date, about what is working on the ground in communities across the globe.
- Updates on the clinical implications of an aging population of people living with HIV, as well as on pediatric treatment issues.

Is HIV treatment actually reducing heart attack risk?

New study data reported at the conference indicates that HIV treatment—despite its often negative effects on blood lipid levels—may actually reverse artery hardening that can lead to a heart attack or stroke.

Research has shown that immune activation—and possibly HIV itself—can contribute to the formation of plaques inside blood vessel walls, possibly leading to artery hardening (arteriosclerosis). In turn, some investigators are now hypothesizing that antiretroviral (ARV) treatment may actually have positive effects on cardiovascular health—and there is a growing

body of evidence suggesting that patients on treatment have less likelihood of getting cardiovascular disease than those are not on HIV medications.

Adding to the mounting data is a clinical trial comparing Efavirenz, Kaletra and both drugs combined in patients starting treatment for the first time. It found improvements in flow-mediated dilation (FMD), a cardiovascular test for arteriosclerosis that measures the ability of blood vessels to expand, in patients after six months of potent ARV therapy.

Patients on treatment have less likelihood of getting cardiovascular disease than those are not on HIV medications

According to Francesca Torriani, MD, of the University of California, San Diego, it didn't matter which treatment regimen patients were on—it was the reduction in viral load that had the positive effect on patients' FMD scores.

HIV linked to higher skin cancer risk

Skin cancer rates are higher among HIV-positive people than among the general population, according. The new findings suggest that skin cancer screening should be a component of routine HIV care, even for those with healthy immune systems.

Nancy Crum-Cianflone, MD, and her colleagues with the TriService AIDS Clinical Consortium in Bethesda, Maryland, explained that

skin cancer is more common among patients with compromised immune systems, notably organ transplant recipients receiving immunosuppressive drugs.

While there has been no shortage of research showing that rates of Kaposi's sarcoma (KS) have dropped sharply over the past 10 years due to the widespread use of antiretroviral (ARV) treatment, there has been little data regarding the incidence of non-AIDS skin cancers.

To explore rates of melanoma and both squamous cell and basal cell carcinomas, Dr. Crum-Cianflone's group evaluated data from a cohort of 4,507 HIV-positive patients. Enrolled between 1987 and 2006, the participants had been followed for an average of 5.4 years.

Comparing these data to those mined from U.S. cancer registries, the authors reported a 2.3-fold increased risk for basal cell carcinoma among HIV-positive patients and a 3.1-fold increased risk for malignant melanoma.

The greater risk of skin cancer was not associated with immune suppression. The average CD4 count at the time of cancer diagnosis was 432 cells, suggesting an increased risk even among those in earlier stages of HIV disease. Similarly, there were no associations between skin cancer risk and having either a high viral load or a history of human papillomavirus infection—a major cause of squamous cell cancer.

In summary, Dr. Crum-Cianflone's group wrote that, in light of the significant increase in basal cell carcinoma and malignant melanoma, "Implementation of skin cancer screening should be considered given the aging HIV population.

Aging with HIV: Are cancer, heart disease, dementia the new challenges?

With improved antiretroviral therapy (ART) bringing decades of extra life to the developed world, the impact of HIV on the aging process is beginning to become a pressing concern

as researchers attempt to determine whether the giants of geriatric medicine - dementia, heart disease and cancer - will occur sooner or more frequently in HIV-positive people as they age.

Professor Brian Gazzard of the Chelsea and Westminster Hospital, London, explored these new challenges in a plenary presentation at the IAS Conference.

Prevalence of HIV is increasing in older age groups. In the United Kingdom a third of all adults who are HIV-positive are 55 years or over. Life expectancy is improving year by year, thanks to improved ART, but in addition to longer life there is also the input of new seroconversions into older age groups.

Analysis of HIV-positive diagnoses in the UK shows that a growing number of people are being diagnosed with HIV at ages over 50 - up from around 5% of all new diagnoses in 1995 to just under 10% of gay men and heterosexual men in 2005. Data from CASCADE, the UK national HIV cohort, show that just over half of all HIV infections are estimated to have occurred after the age of 30.

But while these factors increase the number of people with HIV who are reaching old age, the expected life span is still short of that of the general population. The international Antiretroviral Cohort Collaboration estimated in 2005 that a person diagnosed with HIV at the age of 20 had a life expectancy of 33 years, compared to 58 years for an equivalent individual in the HIV-negative population.

The interrelationships between aging, HIV and the potential effects of ART are complex. Diseases of aging can be more common in those with HIV infection, have a worse prognosis and ultimately decrease life expectancy. While noting that some groups at risk of HIV may already have a greater risk of early death (giving the 'dispossessed' as an example), Professor Gazzard went on to explain how the effects of HIV were strongly related to aging.

While these parallels between the aging process and HIV progression may cause concern for some patients, Professor Gazzard compelled the audience to recognise that death is inevitable for us all. There is research still to be done and while meaningful improvements in outcome for people with HIV and increasing age might not be achievable beyond a certain point, these data could inform the origin and development of age-related diseases in everyone.

www.aidsmap.com

New drugs effective against HIV resistance

A combination of two new HIV drugs can reduce the virus to undetectable levels even in patients with a highly resistant strain, according to two studies presented at the conference.

In the DUET-1 and DUET-2 trials, researchers tested the new protease inhibitor darunavir (Prezista) against the combination of darunavir and emtravirine, a new non-nucleoside reverse transcriptase inhibitor (NNRTI). In both arms of the trials, low-dose ritonavir was also given.

The proportion of patients reaching an undetectable level of HIV -- defined as fewer than 50 copies of HIV RNA per milliliter of blood -- was 17% higher for patients on the combination in DUET-1 and 18% higher in DUET-2, investigators reported at the International AIDS Society meeting.

A typical patient in the two parallel studies had been treated with up to a dozen drugs, had suffered one or more AIDS-defining illnesses, and had a CD4 cell count of about 100.

"They were also harboring highly-resistant virus," said Christine Katlama, of the Hôpital Pitié-Salpêtrière in Paris, who presented the studies.

She noted that two-thirds of the patients had two or more mutations that caused resistance to NNRTIs and half had four or more mutations that generate resistance to protease inhibitors.

Usually, when patients need salvage therapy, "we don't even think of the NNRTIs, because they will have usually developed resistance," said Jose Gatell, head of the infectious diseases and AIDS units of the University of Barcelona Hospital. "Now we will have something (in that class) available to us that works."

www.medpagetoday.com

Hepatitis C clusters reveal international transmission among HIV-positive gay men

Clusters of acute hepatitis C in the United Kingdom and elsewhere in Europe provide further evidence that sexual transmission is occurring internationally among HIV-positive gay men, researchers reported.

Six years ago, sexual transmission of hepatitis C (HCV) among gay men was almost completely under the radar, with many physicians believing that it was a very rare occurrence.

Beginning in the early 2000s, however, doctors in large cities in the UK and Europe (including the Netherlands, Germany and France) started seeing outbreaks of acute hepatitis C, mostly among HIV-positive men who have sex with men. There have now been nearly 400 such cases reported in London and Brighton alone, and similar outbreaks have since been observed in Australia and the United States.

These acute HCV infections appear to be sexually transmitted, and have been linked to risk factors including unprotected anal sex, fisting, multiple partners, group sex practices, concurrent sexually transmitted infections, and non-injection recreational drug use.

Given the mobility of gay men between European cities like London, Amsterdam and Berlin, an international group of researchers decided to investigate patterns of HCV transmission in northern Europe.

Mark Danta from the UCL Institute of Hepatology in London and colleagues recruited 190 HIV-positive men who had been diagnosed with acute HCV infection between 2000 and 2006. Of these, 107 were from the UK, 51 were from the Netherlands, 24 were from Germany, and eight were from France.

All were men who have sex with men, with an average age of about 38 years. Between two-thirds and three-quarters of the men in the various countries were taking HAART, and the mean CD4 cell count ranged from about 400 to about 600.

Using blood samples, the researchers constructed phylogenetic trees to better understand the linkages between these cases. Phylogenetic testing compares viral gene sequences with a control group in order to determine the likelihood that samples from the study group are related. Although phylogenetic testing is not considered a reliable way to prove that one individual has infected another, it can provide suggestive information about clusters of infection.

The researchers concluded that this phylogenetic analysis reveals a large HCV transmission network among HIV-positive gay men in Europe, and that travel between countries presumably plays an important role in transmission. Further, they noted, international mixing increased with larger cluster size, indicating rapid spread of regional outbreaks to neighbouring countries.

They recommended that national public health agencies should implement targeted prevention strategies, including HCV screening for high-risk HIV-positive men who have sex with men, to reduce the spread of hepatitis C in this population

www.aidsmap.com

Sydney Declaration on research

The International AIDS Society released the Sydney Declaration, which calls for increased research funding to fight HIV/AIDS worldwide.

The declaration proposes that donors allocate at least 10% of their HIV resources to research and states that "although funding remains insufficient to meet the increasing need for services, it is imperative that the global community does not lose sight of the future while responding to the immediate crisis."

Conference participants added that this should be additional funding and not taken from existing resources. The research also needs to be planned and structured, with input from people living with HIV and affected communities.

oral health forum

Wednesday 19 September 2007
7 - 8:30PM @ PLC

Rsvp to: Ron Tripp rtripp@acon.org.au or (02) 9699 8756

All PLWH/A and HIV/AIDS service providers and/or area health workers welcome.

- ▶ **Dr. Trevor Morris ((B.D.S Dentist) of Holdsworth House Dental Practice):** Information from a 'holistic health perspective' about current/common oral health issues and trends among plwha.
- ▶ **Dr. Peter Foltyn:** In addition to working at St. Vincent's 3 days/week, Dr. Foltyn works in private practice 2 days per week with 3 dentists
- ▶ **Rob Lake (CEO, People living with HIV/AIDS NSW (PLWHA)):** Advocacy issues on improving access to affordable dental care for people with HIV around NSW
- ▶ **Andrew Terry (R.D.H. Dental Hygienist, Holdsworth House Dental Practice):** on oral health maintenance/preventative-care and practical strategies to maintain good oral health
- ▶ **Lance Feeney and Ron Tripp:** the development of ACON's HIV Maintenance new oral health resource, (including referral pathways) and new government policies for Medicare and other government policies affecting Oral Health Care and Services

ACON's HIV Maintenance project information fact sheet & PLWHA,NSW fact sheets available for distribution at end of forums.

PLANET POSITIVE

**a social night for HIV positive people
and their friends**

When: Friday 26 October from 6pm to 10pm

**Where: back of the Carrington Hotel
563 Bourke St Surry Hills**





Our lives

The following stories are from the last writing workshop PLWHA (NSW) ran with Karumah in Newcastle... you'll notice HIV itself doesn't get a mention in these.

The last appointment

Exhausted from a demanding day, waiting in anticipation, anxious. Waves pound the beach with such force, gulls shriek and the sun was setting outside the window. Tying up the office, my mind was on the arrival of my last appointment. He sounded just incredible.

Craven A cigarettes, my favourites, had ingrained themselves into the fibers of my clothes. My breath stank. Was it the slow decay of the molar? I must make that appointment. A car door slams. Is it him? No. A woman races up the cement path towards the busy highway.

I looked around. Everything prepared. Coffee, water... The roar of a motor bike he straddled. Dressed in black leather, a dark helmet, five foot eight. He walked towards the entrance.

The end of a long day together

So I sat down at the end of another long day, ready to sip a nice hot cup of tea. It was a cold night and all I wanted was to sit and enjoy a little television before bed. She was not long home from playing over the road with a group of new found friends. I heard her coming in and sensed disruption, and had just remembered her school skirt needed to be sewn up. She had pinned it already and asked me if I would do it now. I begrudgingly agreed because I knew it was important to her and that she'd tried to do it.

She got the pink sewing box, brought it to me, got the needle and cotton, grabbed the skirt and sat down beside me on the brown two-seater lounge. After five minutes she looked at me and said:

"Thanks for doing that mum. I love watching you do things. Now next time I'll try to do it, but it won't be like yours.

I love you."

I sewed up the skirt happily while she leaned up against my left arm. She learnt to sew while I learnt to appreciate her that little bit more... again.

Understanding

Of course Mandy the kelpie was trotting along happily. She was proud to be out walking such a quality human. The world was always a better place within his proximity. It was like a tonic. Where would our conversation flow and what gems of wisdom would I carry away with me today? Something to expand an understanding into what the word is on the street. Not the street that was supposed to be hip or cool, but one that was all its own. Not a street buzzing with excitement and poncing and parading, but a smooth and relaxing avenue of the chilled.

She was proud to be out walking such a quality human

Remembering you

I remember the days we left in our past. I want to know why we parted company, and sometimes wish that it had never occurred. I remember the dreams I had of you but never discussed openly – Why was that? I wonder. I wonder if you had dreams for us as well. Did you wish us a long future? Did you see us traveling to distant, faraway lands and sucking the marrow out of life, engaging in other cultures and languages?

I remember the velvet smoothness of your coffee coloured skin. The way we kissed as friends, and made love as equals and brothers with great respect and compassion. The years diminish your image and the burden of you within my senses, but I hope time will never steal the beauty of that affair or ever taint my regard for you. I remember your laughter.

PLWHA NSW runs a number of writing workshops a year. Check our website for details on coming workshops: www.plwha.org.au



Rites of Passage So Can You Cook? No 25



Tim Alderman

This is the 25th cooking column I have done for *Talkabout*, which means I have been doing this column for four years now. I'd like to thank everyone who has supported the magazine, and have enjoyed the various writings and contributions. I hope you have enjoyed reading my articles and columns as much as I have enjoyed writing them. My personal contributions to *Talkabout* now span a period of ten years, including a long stint on the Publications Working Group.

I have to say that reading back through all the articles and columns I have submitted over the years makes me aware of just how much my writing style has changed, and the pieces are in many ways indicative of how I have grown and matured through my experiences with HIV and AIDS. My articles range from the almost innocent in the early days; to the practical; up to the more cutting edge (some would say irascible) things that I write today, though my output article-wise isn't as prolific as it used to be.

I'm proud to say that a couple of articles have caused a huge furore – always an indication that you have hit a nerve – and a few have never been published because of their controversial nature. I've found the ageing process very satisfying, as I am no longer afraid to throw the punches, be it for the better or the worst. Despite anything, I am a passionate supporter of *Talkabout*. It is one

of the few resources the HIV community has that allows those infected and affected by HIV to have a personal voice about life with HIV. The fact that *Talkabout* has now been going as long as it has shows just how valuable a resource it is. Writing can be a catharsis, a way of purifying and purging pent up frustrations and emotions. I feel some of the very personal stuff I have written over the last couple of years is some of my best. I still manage to surprise myself sometimes.

Food is present at every celebration and event in our lives

To this end, *Talkabout* has truly proved its worth. Anyway, on to cooking. Got waylaid for a second there.

Few realize just how important a part food plays in our lives. It is present at every celebration and event in our lives, be it a baptism, a wedding, a birthday, an anniversary, a funeral, or the getting together to enjoy the conviviality of friendship. We celebrate with food at home, at the homes of friends and relatives, in cafes and restaurants, around

the barbeque, on picnics and at parties. It is so integrated into our lives I doubt we even think about it. It covers all our rites of passage. It is cultural, indulgent, comforting, celebratory, and religious.

I think we use food as much as we do as it is a way of sharing, something we can all share in common. Whether you are a carnivore, an omnivore, a vegetarian or a vegan you use your own style of food to celebrate the great things in your life, and sometimes the sad. It is an integral part of our existence. As a way of honouring the ritual of food, and to celebrate going into year number five with this column I would like to offer some truly indulgent treats to share with friends. Okay, they may be a bit work intensive, or perhaps a bit expensive but hey, isn't that what it's all about.

Enjoy, indulge, celebrate.



BRUNCH

Scrambled Eggs and Salmon on Croissants

- 4 eggs
- 4 tablespoons pouring cream
- 40g unsalted butter
- 125 smoked salmon, sliced
- 2 teaspoons finely chopped dill
- 2 croissants or 2 brioche buns

Beat the eggs and cream together in a bowl. Season with salt and freshly ground black pepper.

Melt the butter in a non-stick frying pan over low heat, then add the eggs. Using a wooden spoon push the mixture around until it starts to set, then add the salmon and dill. Continue to cook, gently folding the salmon and dill through the mixture until the eggs are mostly cooked and there is just a little liquid left in the pan.

Serve the croissants filled with the scrambled eggs.

Serves 2

LUNCH

Chargrilled Prawns with Lime Aioli

- 1 large green chilli, seeded
- 1 garlic clove
- 1 teaspoon dried oregano
- ½ teaspoon ground cumin
- grated zest and juice of 1 lime
- juice of 1 orange
- 4 tablespoons olive oil
- 24 large raw prawns, peeled and deveined, tails intact

Lime Aioli

- 4 garlic gloves
- ½ teaspoon salt
- 1 egg yolk
- ½ teaspoon finely grated lime zest
- 2 teaspoons lime juice
- 170ml olive oil

Using a mortar and pestle (or short bursts of a food processor if you don't have a mortar



and pestle) grind the chilli, garlic, oregano, cumin, lime zest, lime juice, orange juice and olive oil together to make a marinade. Season with a little sea salt and ground white pepper. Toss the prawns in the marinade, then cover and refrigerate for 1 hour.

Meanwhile, soak 24 small bamboo skewers in cold water for 30 minutes to prevent scorching.

To make the lime aioli, pound the garlic and salt to a smooth paste using a mortar and pestle (or your food processor). Scrape the paste into a large bowl, then whisk in the egg yolk, lime zest and lime juice. Whisking continually (again, this can be done in a food processor with the motor running) slowly add the olive oil a little at a time, until you have a thick mayonnaise. Season to taste, then cover and refrigerate until ready to use.

Heat a barbeque plate to high. Thread the prawns on the skewers. Cook the prawns for 1½ minutes or until they just turn pink and start to curl, then turn and cook for a further 1½ minutes, or until just opaque. Serve at once with the lime aioli, and Pumpkin & Hazelnut Salad.

Serves 4

Pumpkin & Hazelnut Salad

- 1kg Kent or Jap pumpkin
- 1 tablespoon vegetable oil
- 100g hazelnuts
- 3 tablespoons tahini (now available in supermarkets)
- 125g plain yoghurt
- 1 teaspoon ground cumin
- ½ teaspoon finely chopped garlic
- 1 tablespoon lemon juice
- 200g baby rocket
- 1 tablespoon olive oil
- 1 teaspoon red wine vinegar

Preheat oven to 180°C. Peel pumpkin and cut into bite-sized chunks. Toss them in a bowl with the vegetable oil and season with sea salt and freshly ground black pepper. Spread over baking tray and roast for 20 minutes or until golden brown.

Meanwhile, roast the hazelnuts on another baking tray for 5 minutes or until the skins start splitting. Remove and allow to cool.

Mix the tahini, yoghurt, cumin, garlic and lemon juice to a smooth paste, then season to taste.

Rub the skins off the cooled hazelnuts and roughly chop the nuts. Put them in a bowl with the rocket and add the olive oil and vinegar. Toss together. Divide amongst plates, then top with pumpkin chunks and dollop with the tahini mixture.

Serves 4

DINNER

Parmesan Lamb Pies

- 2 tablespoons olive oil
- 2 onions, peeled and finely diced
- 2 garlic cloves, chopped
- 500g minced lamb
- 2 celery stalks, finely chopped
- ¼ cup grated carrot
- 1 teaspoon ground cinnamon
- 400g tin chopped tomatoes
- 250ml red wine
- 3 eggs
- 200g Greek-style yoghurt
- 100g grated parmesan cheese

Preheat the oven to 200°C. Heat the olive oil in a frying pan over medium heat, then add the onions and garlic. Cook until the onion begins to soften and turn a golden brown. Add the lamb and increase the heat. Brown the lamb and add the celery, carrot, cinnamon, tomatoes and wine. Reduce the heat to medium and simmer until the liquid has reduced. Season to taste with sea salt and freshly ground pepper.

Spoon the mixture into four individual ramekins or a medium baking dish.

Put the eggs, yoghurt and half the parmesan into a bowl and whisk to combine. Spoon the mixture over the pies and sprinkle with the remaining parmesan. Bake for 20 minutes, or until the top is golden brown. Serve with Warm Vegetables with White Beans.

Serves 4

Warm Vegetables with White Beans

- ½ cup olive oil
- 6 slices pancetta, finely chopped
- 1 red onion, finely diced
- 2 garlic cloves, crushed
- 1 teaspoon finely chopped fresh rosemary leaves
- 2 celery stalks, thinly sliced
- 1 large eggplant, finely diced
- 2 red capsicums, finely diced
- 400g tin chopped tomatoes
- 1 orange, zest grated, juiced
- 400g can cannelloni beans, drained and rinsed (always rinse canned vegetables)
- 2 tablespoons finely chopped flat-leaf parsley
- 2 tablespoons extra virgin olive oil
- basil leaves, to serve

Heat the oil in a large frying pan over medium heat and add the pancetta, onion, garlic and rosemary. Cook until the onion begins to soften, then add the celery, eggplant and capsicums. When the eggplant begins to soften add the chopped tomatoes, orange zest and orange juice. Cover and continue to cook for 30 minutes.

Add the cannellini beans and cook for a further 1-2 minutes, then fold in the parsley and spoon onto a serving dish. Drizzle with the extra virgin olive oil, and scatter with basil leaves.

Serves 4

ANYTIME INDULGENCE

Chilli Chocolate Marquis with Poached Fruits

- 325g god quality cooking chocolate, broken up
- 75g unsalted butter, softened
- 1 hot red chilli, deseeded and finely chopped
- 100g icing sugar
- 2 egg whites
- 200ml crème fraiche (dairy case near sour cream)
- 1 small mango, halved and stoned (or use frozen if out of season)



- 300g lychees, peeled and stoned (use canned if out of season)
- 15g caster sugar
- 6 tablespoons tequila or rum
- 100g blueberries

Line a medium loaf tin with cling wrap.

Melt the chocolate in a medium-sized bowl and leave to cool.

In a separate bowl, beat together the butter, chilli and 50g of the icing sugar until smooth. Whisk the egg whites in a clean bowl until soft peaks form then beat in the remaining icing sugar.

Stir the chocolate into the chilli butter and then the crème fraiche. Immediately fold in a quarter of the whisked whites to lighten the mixture, then fold in the remainder. Turn the mixture into the tin, level the surface and chill for at least 4 hours until firm.

Slice the mango and halve the lychees. Heat the sugar in a small saucepan with 100ml water until the sugar dissolves. Bring to the boil and boil for 3-5 minutes until the liquid turns syrupy.

Remove the syrup from the heat and stir in all the fruits. Leave to cool then turn the fruit into a bowl and stir in the liqueur.

Invert the marquis on to a plate and peel away the cling wrap. Cut into thick slices, transfer to serving plates and top with the poached fruits.

White Chocolate & Lavender Madeira

- 150g white chocolate, broken up
- 8 lavender sprigs
- 25g sugar
- 125g unsalted butter, softened
- 2 eggs, beaten
- 125g self-raising flour

- 25g ground almonds
- icing sugar, for dusting

Preheat oven to 180°C

Grease and line the base and long sides of a medium loaf tin with baking paper. Grease the paper. Melt the chocolate in a small bowl.

Pull the lavender flowers from the stalks and beat them in a bowl with the sugar and butter until smooth and creamy (discard the stalks). Gradually beat in the eggs, adding a little of the flour to prevent curdling.

Stir in the melted chocolate. Sift the remaining flour over the bowl and gradually fold in with the ground almonds.

Turn the mixture into the tin and level the surface. Bake in preheated oven for 40 minutes until risen and firm to the touch.

Transfer to a wire rack to cool, and serve generously dusted with icing sugar.

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Health and Fitness: Ask Ingrid

Gym instructor **Ingrid Cullen** answers your questions about training and physical fitness.

Great, you guys are starting to get the hang of this question business. Please keep them coming.

Question 1

How much exercise is ok to do when you are pregnant?

This is pretty easy to work out. The answer is something similar to what you were doing before you became pregnant. As you progress you will find that you do need to reduce the intensity by about 10% each month or so, and go from contact type sports or risky exercises to safer options which don't involve heavy weights and collisions.

So instead of squatting with a free weight and a heavy weight at low reps, you might go to medium reps at a slightly lighter weight on the leg press. Or go for running and walking on the treadmill over playing squash or basketball.

The other important thing to remember is your baby is affected by rises in temperature sooner than you are, so pay extra attention to keeping cool and avoid overheating. As you progress towards the end of your pregnancy you will find your back and other core muscles will become overworked more quickly, and you may need to adapt training to avoid overloading your lower back in particular. Examples of the things you would do might be: power walking instead of running, or sitting rather than standing for some of your exercises. Remember sudden changes in position will affect your blood pressure more easily, so again exercise may need to go from lying to sitting, then to standing, rather than just leaping up and feeling dizzy.

But most importantly remember, it's a good idea to remain fit or even get fit to handle labour better, so try to stay active without overdoing it.

Question 2

I've heard some where of HIV positive people being prescribed steroids. Is this true? And if so is it safe and do they help with physical fitness?

It is definitely true; though it does depend on your health care practitioner and your particular health issues. If steroids are prescribed they are usually very safe. Your doctor will take many different things into account and give you a few different ways of going about it to get the best results.

If you have any muscle wasting or weight loss issues, steroids can definitely help. They also increase the body's ability to recover from any activity or exercise. They are good for increasing energy levels and they are great for stimulating a poor appetite. They also speed up your cognitive processes and increase your sex drive. Many of these good points will greatly improve your physical fitness and general wellness, and the risks associated with steroid use will be minimized because you are taking them under supervision. If you have more energy, are eating better and putting on muscle you will find whatever exercise you are doing will get results much sooner. For most positive people prescribed steroids are very beneficial and the benefits far out way the risks.

Question 3

I work full time so is it better for me physiologically to train at the gym in the morning before work or in the

evening after work?

From a purely physical point of view you will get the most benefit from working out in the morning when your muscles are well rested, your growth hormone levels are highest and you are less likely to have something come up that prevents you from making that training session. That all said, if you find you just can't make yourself get up earlier to fit it in before work, hate working out in the mornings etc etc, then all the physiological benefits will be negated if you don't train. So do your training when you can and when you want to, because that's when you will train hardest and most regularly. And in the long run, training hard and consistently is what will get the best results.

Question 4

Can you be too old to start a physical fitness program? Can it be dangerous?

You are never too old to start a fitness program, but if you don't do it in an appropriate way it can be dangerous. The first step is to get the go ahead from your doctor, then try to go through a qualified trainer if you can. Even if it's just to set up your fitness program and get you started.

The main thing to remember is to gradually increase the level of activity, if each time you exercise you go for a bit longer or add in another exercise or do a few more reps you won't overdo things. The older you get, the more important it is to stay active, otherwise everything just seizes up from inactivity.

Do you have any fitness questions for Ingrid? Email them to editor@plwha.org.au or write to "Ask Ingrid" PO. Box 831 Darlinghurst 1300



The Middle Path

Maxine from Pozhet looks at using all the tools at your disposal when managing your HIV

A wise person once said that the way to peace and harmony is found on the middle path. When we have a choice between two opposites, choose the middle way or blend them into a combination to achieve a balance. Extreme highs are exhilarating, wild and ultimately energy-sapping, and they naturally result in their opposite, extreme lows, which is when you feel like you are no good to anyone. Like a roller coaster this journey does not lead to the subtle, long-lasting pleasures of peace, tranquility and contentment. Nor will it lead to the greatest gift in life; glowing good health. This makes sense in many areas of life and for every person, but holds a special relevance to people living with HIV.

An integrated approach to managing HIV

In his book *Healing HIV*, Dr. Jon Kaiser, an HIV doctor in the US, talks about finding the middle path by using the right combination of natural therapies and medications. He says:

“By integrating aspects of the following three modalities into your treatment program, you can achieve long-term strength and balance:

- 1) *Aggressive natural therapies*: To support the long-term health of the immune system.
- 2) *Emotional and spiritually based practices*: To help transform being HIV+ into a stimulus for positive lifestyle changes and growth.
- 3) *Antiviral medication*: To help suppress viral activity to safe and manageable levels.”

(*Healing HIV- How to Rebuild your Immune System*. Jon D. Kaiser, MD. Health-First Press, CA, USA 1999)

Some people with HIV don't want to take medical treatments and try very hard with

natural therapies, and others take medication but aren't really interested in healthy food and spirituality. According to Doctor Kaiser these are two extremes and both used alone are not as effective as using them together – walking the middle path of balance and stability.

What if Joe and Jill Bloggs are HIV positive?

Because positive straight people are a minority among the HIV community they tend to present with HIV/AIDS later and their health maintenance is poorer. They don't access information and support around HIV simply because it is not readily available in their community. Joe Bloggs at the fishing club

You have many tools at your disposal

doesn't see any information about HIV in the local newsletter, nor does he see ads for support groups or even safe sex in his regular fishing mag or 4WD book, or even in the daily paper. His wife Jill doesn't read about HIV in *Gardening Monthly*, or see flyers in the local shop window, or at the preschool meeting offering events for positive people. But what happens if Joe and Jill Bloggs are HIV positive?

Most likely they will initially try to get some support for themselves, an understanding doctor hopefully, and the odd package of info in the mail. Then they just try to muddle on with their lives, awkwardly incorporating HIV into a world that has no place

for it. There are no visible structures in the straight community to provide this couple with information about how best to manage their lives, so most probably they will use their existing frames of reference. Joe may not want to suddenly start eating healthier food, see an acupuncturist or adopt spiritual practices, but he may take the drugs the doctor gives him. And Jill, who already does yoga and watches her diet, may not be keen on taking heavy-duty pharmaceuticals, so she reads Louise Hay and sees a local naturopath who is also not keen on medical drugs and is almost certainly inexperienced with HIV.

Studies have shown that meditation and natural therapies, when used in consultation with your doctor, can greatly improve your overall health and wellbeing. The figures from NSW Health also show that, since the advent of combination therapies (antiviral drugs) in 1996, deaths from AIDS have fallen dramatically. In NSW, deaths from AIDS in the early 90s did not fall below 320 each year and peaked at 423 in 1994. In 1996 they fell to 272 and declined by over 100 the following year. In 1998 deaths from AIDS stood at 69 and by 2002 the total was 13.

It's a challenge for any positive person, regardless of label, to walk the middle path, as Dr Kaiser sees it, yet it undoubtedly makes sense. Why use a single approach when you have many tools at your disposal?

Pozhet provides information and support to men and women living heterosexually with HIV/AIDS, their partners and family members.

For more information visit our website www.pozhet.org.au or phone us on

Freecall 1800 812 404.

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Disclosure of positive hiv status entitles you to full membership of PLWH/A (NSW) with voting rights. Members' details are confidential.

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- 1 Efavirenz Managing Side Effects
- 2 Boosting your energy
- 3 Getting Started on Combination Therapy
- 4 I want to return to work
- 5 Living with body shape change
- 6 Positive Pregnancy – *Available on the website only*
- 7 Clinical Trials
- 8 A Night with Tina (Methamphetamine and HIV)
- 9 HIV and your mouth (a pamphlet is also available)
- 10 The Dynamics of Disclosure – *Available on the website only*
- 11 What you need to know about syphilis
- 12 Changing Horizons – Living with HIV in Rural NSW
- 13 Surviving the Centrelink DSP Review
- 14 Growing Older – Living Longer with HIV
- 15.10 reasons to test for STIs
- 16 Relationship Agreements Between Gay Men
- 17 Dealing with diarrhoea

Posters (double sided)

- 10 reasons to test for STIs

Post Cards

- HIV doesn't discriminate people do (3 postcards)

Workshop Resource

- Let's talk about it (me, you and sex)*: a facilitator's resource & workshop guide on positive sexuality. (160 pages)

Quantity Item

Social Marketing Campaigns

The Words To Say It: includes communication strategies, disclosure of HIV, discrimination and negotiating sexual health – **One fact sheet and three pamphlets**

10 reasons to test for STIs encourages regular testing for sexually active positive gay men. – **Health Promotion Fact Sheet No 15, one double sided poster and three post cards**

Positive or Negative HIV is in Our lives looks at the learning and practices gay men take on to manage risk, disclosure and the assumptions about sero-status.

– **Fact Sheet 1 Living with Risk and Taking Control: Why do we take risks?** How do I manage risk and take control? If I have had unsafe sex what can I do to take back control? How do I deal with a positive diagnosis?

– **Fact Sheet 2 Positive Sex and Risk:** What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk?

– **4 post cards with key campaign images**

All resources listed are free of charge.

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ENGLISH We can provide you with support and understanding for HIV/AIDS. Ask at this clinic for a brochure in your language. All services are confidential and free of cost.

AFRIKAANS Ons kan onderskraving verskaf wat MIV/VIGS aanbetref. Doen navraag by hierdie kliniek vir n pamflet in jou taal. Alle dienste is vertroulik en gratis.

AMHARIC የኤድስን ህመም በተመለከተ ግንዛቤ እንዲኖርዎት እስፈላጊው ምክርና እርዳታ እናቀርባለን። በዚህ ክልሊክ በራሳችሁ ቋንቋ የተጻፈ መግለጫ (ጽሁፍ) እንዲሰጣችሁ ጠያቂ። ማንኛውም አገልግሎት በሚሰጥር የሚያዘና ክስፍያ ነፃ ነው።

BOSNIAN Mi vam možemo pružiti pomoć i razumjevanje oko HIV/SIDE. Pitajte ovu kliniku za brošuru na vašem jeziku. Sve usluge su povjerljive i potpuno besplatne.

CHINESE 我們理解愛滋病病毒/愛滋病方面的情況並能為您提供支持
請在這診所索取使用您語言寫成的小冊子
所有服務都是保密和免費的

SERBIAN Можемо да вам пружимо подршку и разумевање у вези ХИВ-а/ Сиде. На клиници можете упитати за брошуру на вашем језику. Све услуге су бесплатне и поверљиве.

HINDI हम आपको एच. आई. वी/एड्स बिमारी के बारे में सहायता और जानकारी प्रदान कर सकते हैं। अपनी भाषा में पत्रिका के लिए इस क्लिनिक से संपर्क करें। सभी सेवायें गुप्त और मुफ्त हैं।

ITALIAN Possiamo offrirvi sostegno e comprensione per l'HIV/AIDS. Chiedete un depliant informativo in italiano presso questo centro medico. L'assistenza che vi offriamo e' riservata e gratuita.

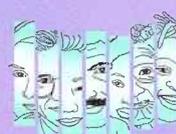
POLISH Możemy Ci pomóc Ci żyć z HIV/AIDS i zrozumieć, na czym on polega. Poproś w klinice o broszurę na ten temat w Twoim języku. Wszystkie nasze usługi są poufne i bezpłatne.

PORTUGUESE Nós podemos lhe oferecer apoio e compreensão com HIV/AIDS. Peça aqui nesta clínica, um folheto de informação na lingua Portuguesa. Toda a assistência é gratuita e confidencial.

SHONA Tinokwanisa kukubatsirai nerutsigiro uye kuti munzwise nezv HIV/AIDS. Bvunzai pakiriniki ino zvinyorwa zvirira mumutauru wenyu. Rubatsiro rwese haruna muripo uye hapana mumwe anoziviswa zvamunenge mataura pasina mvumo yenyu.

THAI เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์ ตามหาแผ่นพับข้อมูลในภาษาของท่านได้ ที่คลินิกนี้ บริการทุกอย่างจะถูกเก็บเป็นความลับและ ไม่มีค่าใช้จ่ายใด ๆ

TURKISH Size HIV/AIDS ile ilgili destek sağlayıp anlayışlı bir hizmet verebiliriz. Bu klinikte kendi dilinizde yazılmış olan bir broşür isteyiniz. Bütün hizmetler gizli ve ücre.



Multicultural HIV/AIDS and Hepatitis C Service

A joint venture service supported by SYDNEY SOUTH WEST AREA HEALTH SERVICE NSW@HEALTH

www.multiculturalhivhepc.net.au

Body Fuel

the annual living heterosexually with HIV/AIDS Workshop



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Pozhet is the Heterosexual HIV/AIDS Service
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