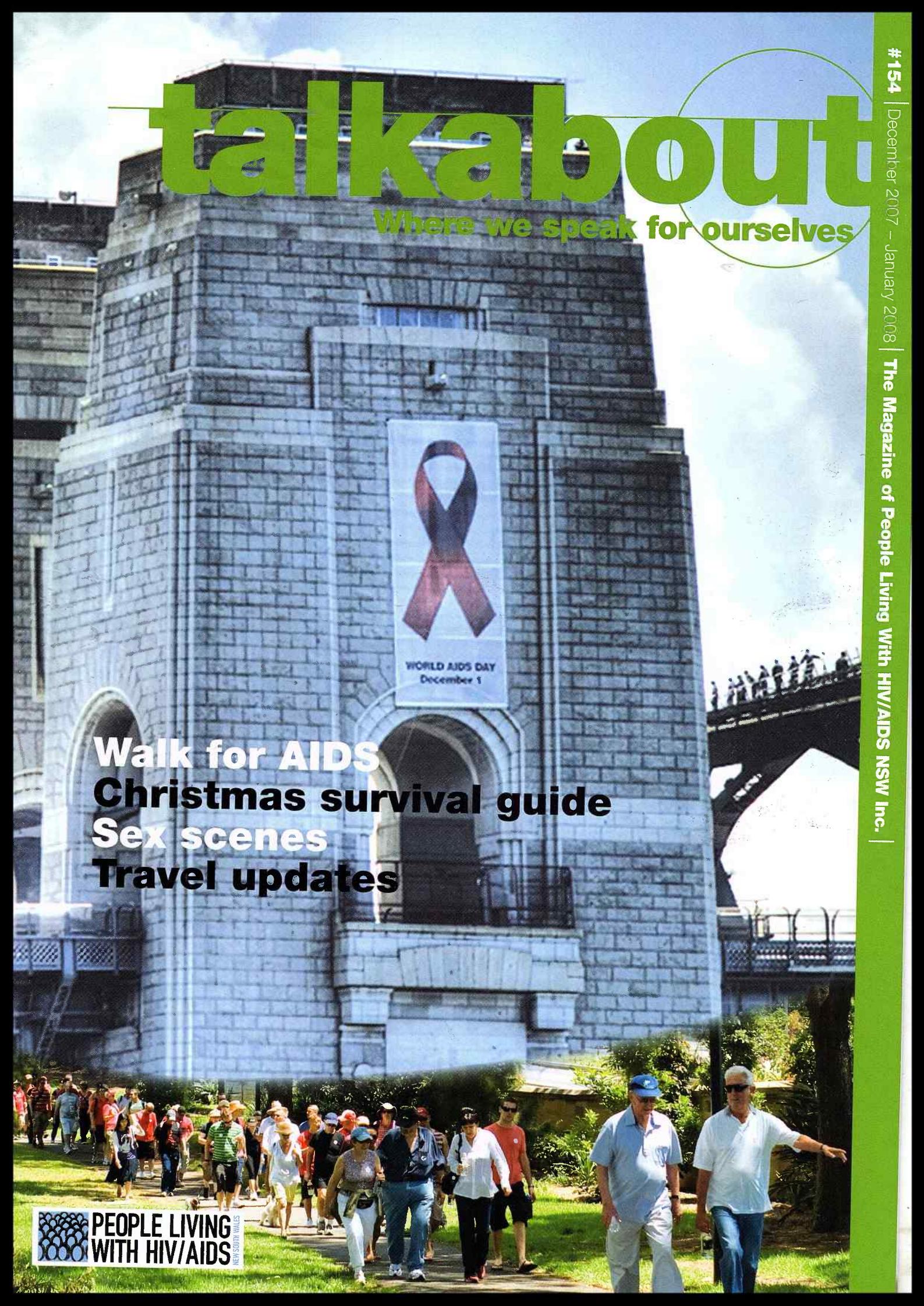


# talkabout

Where we speak for ourselves



**Walk for AIDS  
Christmas survival guide  
Sex scenes  
Travel updates**

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# talkabout

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Cover: Cameron Mills  
[www.cammills.com](http://www.cammills.com)

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## TALKABOUT

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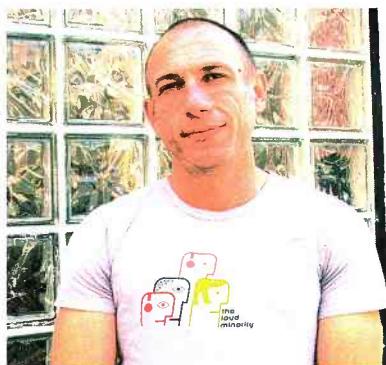
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Images of people included in *Talkabout* do not indicate hiv status either positive or negative.

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.



## In this issue: Living

4 on surviving Christmas is very funny, but I'll bet it rings true for many readers and contains some very sound advice in the midst of all the humour. We have some new travel update information for people with HIV along with a website you can visit, and also a summary of the health, financial and social issues for HIV positive women in Australia, based on the last *Futures* survey.

**Living with HIV is more than just a three monthly trip to the doctor to get your CD4 counts (and for some of us, scripts for treatments filled, and if we're sexually active our STI tests). It also means giving some thought to taking care of ourselves, both physically and emotionally. So the current issue of *Talkabout* has a focus on lifestyle issues.**

This time of year (around Christmas and New Year) is a good time to consider our health and wellbeing. People often look back on the year that's passed and reflect on how life has been going. And it's also a time a lot of people decide to make some resolutions for the future. Among other things, healthy eating and drinking habits, as well as improving physical outlook, can also make a difference to how we're feeling about ourselves generally. And did you know that if you're positive and a smoker, possibly the best thing you can do to improve your health is to quit?

All of this doesn't mean we can't have a life. The last thing you might want to do is to be on the celery and apple diet fulltime, but thought and balance (and talking to your GP if you would like to make some changes) isn't a bad idea.

There are lots more stories in this issue. Greg Page's story on page

*People often look back on the year that's passed*

If you're feeling frazzled at the end of (or even during) the holiday period have a look at Tim's recipes on page 15 to go with tea. What's more relaxing and refreshing than a cup of tea?

Previous *Talkabout* articles are going up on the new PLWHA NSW website. If you haven't checked out the new website yet, have a look at [www.plwha.org.au](http://www.plwha.org.au)

*Glenn Flanagan*

# Letters



## Disclosure and discrimination

**One reader writes how unwanted disclosure and discrimination in the workplace is still a very important issue.**

I am writing to inform all of your readers of something that I never thought possible in this day and age, something so close to home that it could affect any one of us.

For the last 12 months I had been working for a local country pub as a casual barperson, and had never had a problem with how I was treated, until one month ago the pub changed hands and new management was brought in.

For four weeks I gave my heart and soul to the new owner and manager, going out of my way to help them while in the change over period. Just last week I made a complaint of harassment in the workplace, which was dismissed. So I chose to put this harassment into writing, to both the manager and the new owner. The same day I dropped the letters off, I received a call from my boss asking to come see her.

When I got there, my boss asked me to follow her out the back to have a chat. It was there that she informed me that I was on a week's notice due to the fact that I did not know how to handle "a lil' bit of a joke." From there we both got into a heated talk about a few other matters, when she informed me that she had notified all my co-workers, the owner and her own family of my HIV status.

I explained to her that it was not her

legal right to inform anyone, and she claimed that it was mine to inform her prior to starting work (totally incorrect). She then continued to say that I had been putting her customers at risk as well as everyone she had informed. The conversation ended with me telling her that I was going to seek legal action for her disclosure of this information.

I contacted the HIV/ AIDS Legal Centre in Sydney, after being referred by the HIV/ AIDS Information Line. I was told that what my Boss had done was in fact a legal matter, and that the team was happy to meet with me regarding this matter.

I never dreamt in my seven years of being positive that anything like this could be possible in my own home town, and I am yet to have an outcome from the courts for damages, so I am writing to all other people to ask them to think very carefully when it comes to telling anyone about themselves. I would also like to make people aware, and prevent this from happening to anyone else.

This lady disclosing this information this lady has not just cost me my income from the pub, but also the income of my own business, and has caused my family and friends great pain and suffering. I am now at the point where I am tossing up leaving my home town of 28 (on and off) years and trying to start afresh somewhere else with a new name. As if living with this illness after being raped, bashed and left for dead hasn't been enough, I am now left to try and re-build the damage that this lady has caused me all over again, and justify my own right to life.

We welcome your letters and comments. Letters should be less than 300 words in length and may be edited. To email *Talkabout* write to editor@plwha.org.au

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# Christmas: A Survival Guide

December 25 may be the day designated to deck the halls with boughs of holly, but it's not always the season to be jolly. If that's the case, **Greg Page** is here to help!

Christmas can be a deadly, dangerous time... and we're not talking about the road toll either. No, we're talking about those "difficult" relatives, the screeching nephews and the interminable hot lunch in the middle of the day that just won't quit on you (even after you've been to the bathroom to try to dislodge it a few times already!). What you'll need to tackle such festive "cheer" this year is to keep your wits about you, buy presents that keep the younger ones preoccupied, amused and last longer than five minutes (good luck!) and make sure you leave plenty of space to fit in that extra slice of pudding that Nanna's determined to feed you "because you're looking too thin these days".

## What to avoid at Christmas:

### Overeating

Only the turkey/chicken/vegetarian roast needs to be stuffed, not you. Eat wisely and you'll find that your body will thank you for it.

### Overreacting

Try not to let niggly things, or comments about your "lifestyle choices", boyfriends, or "that horrible city of Sydney" upset or annoy you. Just smile graciously and laugh.

### Overacting

No need to play the drama queen hand here. Remember the saying "you can choose your friends but not your family". Remember also this mantra: it's only once a year!

## Overnights

If you have to stay overnight with relatives, make sure you put your meds (if you have them) where only you can find them and remember to take them too.

## Remember this is all about them

### What to do at Christmas:

#### Enjoy yourself

You haven't been sent to Afghanistan on a combat mission, so don't keep coming out fighting. Learn to roll with the punches, as it were. Life's too short.

#### Enjoy the day

Help with the cooking, the present-wrapping, the tree-decorating, or just keeping the kids away from breaking the best china in "the good room". Participation counts!

#### Enjoy the company

Your family see so little of you generally, so remember this is actually all about them. Make the effort. You'll be able to go back to your own life soon enough.

#### Enjoy the traditions

Sometimes as corny as they may be, traditions and rituals can actually be a healing thing and remind you that life does indeed go on, HIV or no HIV. Fa-la-la-la-la!

#### Handling difficult situations

##### "You've lost weight. Are you not looking after yourself, love?"

Sometimes there are telltale signs you are battling a chronic illness and with HIV, weight loss can often be an issue. You can either go the inevitable excuse route ("I've been so busy lately"/I haven't had time to eat/My dog ate

my lunch!"), or you can simply turn it back around and say, ever-so-sweetly, "I'm just trying to do my bit to combat the obesity crisis. I see you haven't joined the campaign yet!"

##### "So what's new in your life?"

Particularly galling for the newly-diagnosed. Once again, the swift avoidance tactic is often usefully employed here ("I've taken up kickboxing/macramé/scrapbooking!"), or you can feign disinterest ("Same old same old"), or you could start a colossal family debate by simply stating, "Well, apart from trimming my geraniums on a daily basis and making sure I never miss an episode of *Dancing With The Stars*, I also became HIV+ this year. So, nothing really new of note to report. Anyone else have any news?"

##### "We don't hear much about what you get up to these days. Is everything okay?"

Despite having to fail the lie detector test on this one generally with your "yeah but no but yeah but no" Vicky Pollard-style response, it's often easier to simply talk about three things that everyone has an opinion on – weather, sport (a discussion about synchronised swimming is only to be attempted here by the very brave), or a common enemy. That could be a neighbour, a Liberal Party politician, or Paris Hilton. Or all three. At once.

##### "Your mum tells us you were a bit sick earlier in the year. What's wrong with you?"

Get ready for the sly sidestep here ("Working too hard – something you wouldn't understand, haha!"), or the quick quip ("My haemorrhoids were playing up, but my doctor thankfully told me what the perfect remedy is – simply massage daily with a hot cock!"), or you could say, "Well, there was something that I've been meaning to tell you." Then again, disclosure before dessert is so not *dé rigueur*, so perhaps that's best left for Boxing Day when the family fights have subsided, the bellies are less bloated and the washing-up is out of the way. Good luck!

## "We've been reading a lot about AIDS in Africa. Lucky we don't have it here anymore!"

Yes, you could choose to educate here. You could whip out a wallchart of protease inhibitors, explain T-cell graphs and viral load "plotting". You could try to tackle the world of difference between HIV and AIDS, explain that medication has now changed it from a terminal disease into a chronic illness...or you could simply come clean and say, "Well, I'm HIV+, I'm healthy, I'm happy and I wish everyone in the world had access to as good a medical treatment as we do here in Australia. So who's first to join me on a mission to Malawi with Madonna and Angelina to fight this terrible scourge on humanity?" You may find that at this point certain members of your family will prefer to go and play monopoly (if it's rainy), go and play in the pool (if it's hot), or just shut up and never mention the matter again (which is most likely).

## Take a few useful cues from Yoga

#### If all else fails:

When it all gets too much – the stress, the recriminations, the tasteless presents – take a few useful cues from yoga. Firstly remove yourself from the situation for a few minutes. Find a place where you can be alone and it's (relatively) quiet. Then sit down, close your eyes, and begin breathing deeply. Try to focus on your breath, taking long inhales and even longer exhales until you clear your lungs out of air. At the same time let all the other thoughts just empty out of your head. After a few minutes you should start to feel like yourself again and will have successfully given yourself a little "me time". Then you'll be able to face the rest of the "silly season" with a clear head again. Hallelujah!

# Walk for AIDS

- with even more walkers than before

The Walk for AIDS is building on its success, and on Sunday November 25th had more walkers and raised even more money than it did the previous year. The charity event raised an impressive total of \$30,000 through sponsorships and donations. Major sponsors were NSW Health and the pharmaceutical company Tibotec.

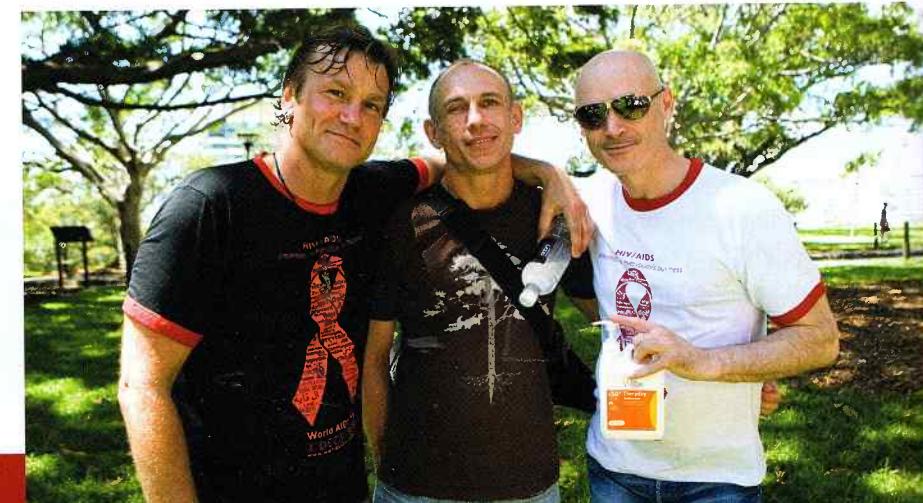
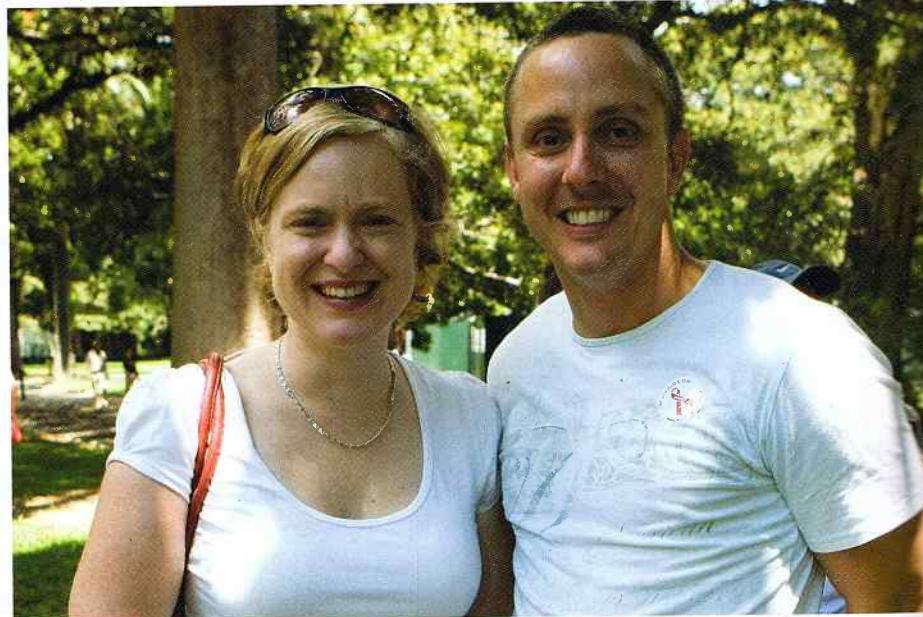
This is now a major fundraiser for the work of the three HIV organisations, ACON, the Bobby Goldsmith Foundation and People Living with HIV/AIDS (NSW), and was also the official launch of AIDS Awareness Week.

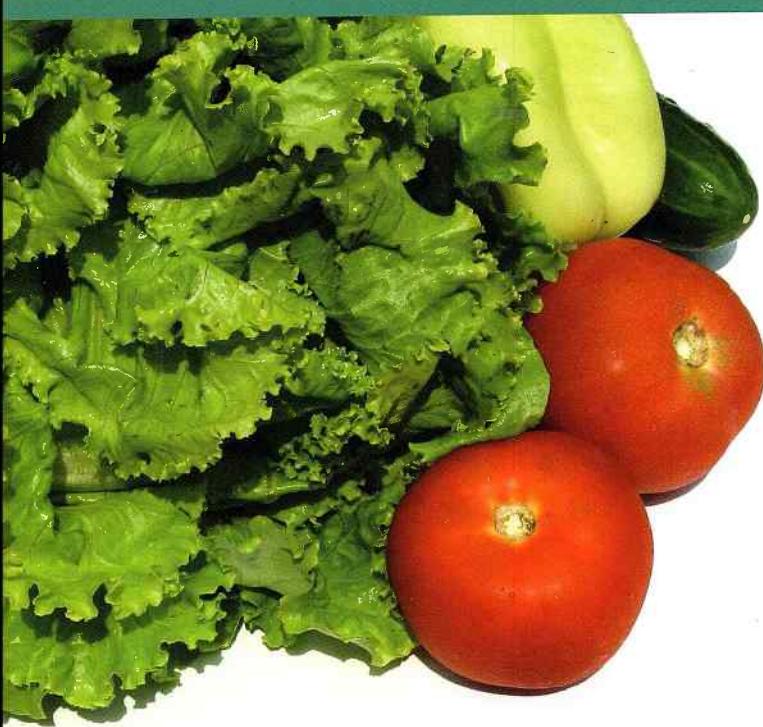
SBS newsreader Anton Enus and 2DayFM newsreader Geoff Field, and their partners came along and lent their support. Everyone gathered at the beginning of the walk were also encouraged by some inspiring words from Bill Bowtell (a former advisor on federal HIV/AIDS policy), Verity Firth (NSW Minister for Women, and Minister assisting the Minister of Health) and Tanya Plibersek (Federal Member for Sydney).

The beautiful sunny (post election) Sunday around the Royal Botanic Gardens meant it was a fun day out as well. Some walkers even brought their dogs along, and it all ended with a traditional sausage sizzle. See you there next year on November 30th 2008.

- 1) Sydney MP Tanya Plibersek, the morning after the night before.
- 2) NSW Minister Verity Firth and BGF President Fergus Kibble,
- 3) Geoff field and Anton Enus and their partners,
- 4) Rob, Glenn and James (yes it was a hot day).

Photos: Cameron Mills [www.cammills.com](http://www.cammills.com)





## A change in lifestyle

Talkabout recently spoke to writer and activist **David Menadue** about his diabetes diagnosis

**Had you heard of an increased risk of diabetes for people with HIV who take HAART? Or other risk factors such as age or weight?**

I had associated diabetes with obesity, which is clearly not the case for me or many people with HIV -- as well as some others in the population who are quite slim. I heard about diabetes as a side-effect of HIV treatments in the late 'nineties when all the research about lipodystrophy was being revealed.

### ***I heard about diabetes as a side-effect of HIV treatments in the late 'nineties.***

At that stage though, I noticed that the researchers thought the numbers of people who would be affected would be small - like less than 5% of people with HIV on treatments, from memory. I think it must be higher than this now, just given the number of friends with HIV who have the condition these days (and I guess they are also older and in more of a risk category for diabetes, anyway).

**How did you become aware you had diabetes?**

A brief history: I was getting up several times a night to urinate. I was thirsty and drinking a lot of water during the day. At first I thought it could be associated with having a dry mouth, which I've been told some HIV treatments can cause. But when my doctor checked (in 1999) I was a borderline diabetic.

Over the next few years, whilst I remained on protease inhibitors it became worse as my lipids and bad cholesterol went up. I took pills like Lipitor and fish oil capsules to reduce the lipids and cholesterol with some success. My doctors suggested dietary changes and I was briefed by the hospital dietitian about the way to reduce my risk of developing diabetes-- eat less fat and avoid fried foods, I was told. - Much more important to do this, than to completely cut out sugar, although that is important too.

Despite my best efforts at improving my diet (which wasn't too bad anyway I was told), by about 2001 I was considered diabetic and placed on two pills twice a day (Gliciazide) to help contain my blood sugar levels. After some time my blood sugar levels went up again and another treatment was added (Pioglitazone) which has been very helpful. So I take three pills in the morning, and two at night. My regular visits to my diabetes doctor (every three months) show me with haemoglobin AIC (3 month

average of your levels) below the magic marker of "7" which is an important indicator of how well you are controlling your diabetes.

**- Any side effects from the medication?**

I don't know if the treatments have side-effects as they would be gastric-related like my HIV ones. Who knows what is causing what. I think they may cause some gastric side-effects.

### ***I was thirsty and drinking a lot of water during the day***

**What was your feeling when you received the diagnosis?**

I was uncertain what it meant. After having HIV and surviving a few AIDS-defining illnesses, I thought a common chronic illness like diabetes would be easy to live with.

After some time with diabetes, whilst I have learnt to live with it, I find it possibly has a greater impact on my daily life than HIV (at least HIV as it is now man-

aged). You have to think about what you put in your mouth every time you go to eat. You look for the low fat choices on the menus (often none there!) and pricking your finger every day (to check your blood sugars) is like a daily rating of whether you have been a good boy or not--thinking, "I shouldn't have had that piece of chocolate cake yesterday" or "Why didn't I say no to that pizza last night?" My doctors are happy with the control I have over my diabetes now but I am careful with what I eat -- I don't want the circulation problems, the high risk of heart attack and serious feet problems which come with badly managed diabetes.

*So you do feel it's more difficult to manage then HIV?*

At the moment I would say diabetes is more difficult to manage than HIV. My AIDS defining illnesses in the past were harder to manage and scarier because of the real fear of imminent mortality but, with treatments for HIV as we know them in 2007, I think diabetes takes up more of my thinking and daily preparation, particularly in thinking about food choices. Even so, if my viral loads went up, or T-cells went down, I guess I would panic about my HIV management just as much, if not more. For the moment things are going well with both.

## **You have to think about what you put in your mouth every time you go to eat**

### **So the diagnosis has changed your lifestyle?**

Significantly. I think about everything I eat, avoiding high fat or sugary foods whenever I can. That having been said, you can include some "high glycaemic index" foods (ones which are higher risk for your sugars) in a meal if you balance that with several low glycaemic index ones. (Glycaemic index is a concept all diabetics have to get their head around-- there are lists to learn from. Some foods like mashed potato are high glycaemic index but low fat icecream or low fat yoghurt are not high glycaemic foods if eaten in moderation.)

I exercise several times a week at a gym. Apparently weight resistance exercise at a gym is good for diabetes as well as a lot of daily walking. Anything that keeps your circulation happening is a must, I gather.

*Do you feel as well informed about diabetes as about HIV?*

After a few years of talking to diabetes specialists and dietitians I feel quite well informed about diabetes now. I guess I know as much about it as I do about HIV.



## **Some more info on – HIV and diabetes**

Some people with HIV have a higher risk of developing Type 2 diabetes. According to one recent study, men with HIV on treatments are more than four times more likely to develop diabetes than HIV negative men. Another study suggested that HIV positive women on a protease inhibitor are three times more likely to develop diabetes than women on other drugs and HIV negative women. If that wasn't enough to worry about, having a CD4 count below 300 at some point also appears linked to the development of the condition.

Several studies show diabetes may be associated with HIV infection itself, and not only HIV treatments, and that its incidence may increase with longer exposure to treatment.

Diabetes is caused by a reduction in the body's ability to control blood sugar levels. As we age and gain weight we are all more likely to develop diabetes, so everyone, regardless of HIV status, should be regularly screened for hyperglycaemia (high blood sugar). This is when too much glucose circulates in the blood. A measurement of over 11mmol/l (or 7mmol/l while fasting) is usually considered a diagnosis of hyperglycaemia and therefore diabetes.

There are two main types of diabetes:

- **Type 1** Often diagnosed in childhood, is caused by the body's failure to produce enough insulin, preventing cells from using glucose properly.
- **Type 2** is caused by the body failing to respond to insulin. It's more common than Type 1 and can be caused by being overweight and a lack of exercise. It develops as we get older and may also occur as a side effect of some antiretroviral drugs.

## **How does diabetes develop?**

Our cells need glucose for energy. Over time, they may be less able to take up the glucose that builds up in the bloodstream after a meal. When this happens, people are said to be 'insulin resistant' as they require more insulin to maintain glucose levels within the normal range. As insulin resistance increases, our fat cells release fatty acids to supply our livers with more raw materials to make glucose, but this fails to restore normal glucose levels.

## **If you are on HIV treatments you should have your glucose levels monitored regularly**

Eventually glucose levels rise to a point where they trigger physical symptoms of hyperglycaemia such as tiredness, frequent urination, constant thirst due to loss of fluid, blurred vision and weight loss. In Type 2 diabetes, more serious problems can arise such as lesions in the retina of the eye, kidney disorders, nerve damage (especially in the legs), impotence, bacterial or fungal skin infections and heart disease (angina, stroke or heart attack).

### **HIV drugs and Type 2 diabetes**

Studies suggest between two and ten per cent of people taking HIV medications develop Type 2 diabetes and the prevalence may be growing as people spend longer on treatment. In the D:A:D (Data Collection of adverse events of anti-HIV drugs) study of 25,000 people living with HIV, researchers found PI use was associated with a six per cent increase in diabetes for each year on that class of drug.

If you are on HIV treatments you should have your glucose levels monitored regularly so steps can be taken to reduce rising glucose levels before diabetes develops.

Type 2 diabetes may emerge rapidly after beginning a new drug combination. Extra weight around our middles predisposes us to Type 2 diabetes because fat surrounding organs is highly insulin resistant.

### **Increased heart disease risk**

Developing diabetes may put us at greater risk of heart disease in future. When large amounts of glucose are present in our blood, the sugar becomes attached to low-density lipoprotein (LDL) or 'bad' cholesterol. This causes cholesterol to be oxidised more easily. It's taken up into the wall of blood vessels where it forms plaques that contribute to hardening of the arteries and heart disease.

When sugar attaches to high density lipoprotein (HDL) or 'good' cholesterol, the liver finds it less easy to remove this cholesterol from the bloodstream. High glucose levels also increase blood clotting and reduce the flexibility of blood vessels. These factors contribute to heart problems.

### **Hep C coinfection**

Being coinfected with hepatitis C appears to further increase the risk of developing diabetes and hyperglycaemia, especially for those of us over 40 or with a previous history of pancreatitis.

## **We can help to normalise glucose levels by increasing the amount of daily exercise we do**

### **Fitness factors**

We can help to normalise glucose levels by increasing the amount of daily exercise we do. Ideally we should try to raise our heart rate above normal levels for at least 20 minutes each day. Brisk walking, swimming, cycling, jogging or aerobics are good for this.

### **Fat factors**

People with diabetes should also eat more fibre, choosing wholegrains, beans, and fresh fruit and vegetables and cutting back on saturated fats (butter and cream), trans-fatty acids (margarine) and hydrogenated fats (in prepared foods such as cakes, biscuits and pizza).

We should also eat more polyunsaturated fats like cornflower, sunflower or safflower oil and soya beans. You should consult a dietitian with specialist knowledge of HIV before you start a diet designed to deal with diabetes.

### **Drug treatments for Type 2 diabetes**

If dietary and exercise changes are insufficient to bring your glucose levels back to normal, and you have limited antiretroviral options to switch to, you may need additional drugs to treat diabetes. People starting drugs for diabetes should continue to exercise and stick with dietary changes, to help lower blood sugar.

Drug therapy for diabetes aims to lower the peak in glucose levels after we eat, since a rise in glucose levels after eating plays an important role in stimulating insulin resistance and developing complications such as retinal, nerve or kidney damage.

### **Oral therapy**

Therapy may also include insulin injections, or a combination of oral tablets to normalise glucose levels. Insulin therapy is usually reserved for severe cases of Type 2 diabetes, although some experts believe that if it could be used earlier, remission of Type 2 diabetes might be achieved more frequently.

### **A question of age**

As we live longer with HIV, it's natural we may have to deal with other age-related health problems. This makes staying healthy through diet, exercise and choosing drug therapy even more important. If you are concerned that you are at risk of developing diabetes, discuss your concerns with your GP.

*This is an edited version of an article by Robert Fieldhouse which first appeared in Positive Nation*



# Life as women know it

A snapshot of the lives of positive women in Australia today

**Some things are changing for women with HIV over the last few years: More women are taking up HIV treatments, and fewer are reporting incidences of unwanted disclosure (which is an encouraging trend at least). However, much less encouragingly, there has been little change in the number of women living below the poverty line. Those are some of the insights from *Futures*.**

*HIV Futures* is a survey of the health and wellbeing of positive people in Australia, and is published by the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University in Melbourne. The first *Futures* survey came out in 1997, and now that another four have been published since then (in 1999, 2001, 2003 and 2005), we can see some of the trends emerging in the lives of HIV positive people across the country. Along with each of the five reports, ARCSHS also publishes women's reports, and these ensure a continued focus on the particular experiences and needs of positive women. The latest one: the *Futures 5* women's report (*Life as women know it: Women living with HIV in Australia*) has recently been published and is available online.

The latest *HIV Futures* survey was completed by 982 positive people in 2005. 84 women participated in this current

survey, which represents approximately 5.8% of the positive women in Australia. Their ages ranged from 25 to 78 years. Here are a few of its major findings.

## HIV and other major health conditions

Thirty one women (39%) indicated that they had been diagnosed with a major health condition other than HIV/AIDS. The most common major health condition affecting women was Hepatitis C. 24.2% of women (18) said that they had ever had hepatitis C.

## Mental health of women

Just over one third of women (28) have been diagnosed with a mental health condition, eight of them in the previous two years. Depression was the most common condition diagnosed, and this was reported by 33.2% of women. In comparison, the National Health Survey found that six percent of women in the general population reported both anxiety related problems and mood problems.

## Another important health monitoring issue for positive women

All women reported having a cervical smear or Pap test (98.7%), and 80% said they had a test in the last twelve months. The CDC (Centre for Disease

Control) recommends that all HIV positive women have a pap smear every year. This means that up to 20% of women who should have had an annual pap smear had not, although it may be possible that some of these women did not require one.

**The proportion of women using ARV was slightly higher than men**

## HIV Treatments and complimentary therapies

Women were significantly less likely to be using antiretroviral treatments (ARV) than men in the 1997 and 1999 surveys. By 2001, this difference was no longer significant and in 2003 the proportions of men and women using ARV was the same. By 2005 the proportion of women using ARV was slightly

higher than men, and for both men and women was higher than in 2003. Women were also more likely than men to have complimentary therapies in the last six months (81.6% vs 76.1%)

### What information do women lack?

30% of women surveyed said that lack of information made it difficult for them to make decisions about living with HIV. The most common areas in which this applied were: managing side effects of treatments, legal issues, and work. Six of the women surveyed said they lacked information about having children.

### Unwanted disclosure: some progress to report

Respondents were asked if their HIV status had ever been disclosed without their permission. 60.3% of women said that it had at some point, and 22.3% in the last two years. However, this is down from 37.5% of women from the previous Futures survey reporting unwanted disclosure in the last two years. In that survey 27.2% of women reporting unwanted disclosure had nominated a worker in a health care setting as the source. In the current survey, only 11.4% reported this as the source of unwanted disclosure. The previous survey reported that women were significantly more likely than men to have experienced unwanted disclosure, however in the current survey there was no gender difference on this issue.

### Disclosing to children: changing patterns

Of the 50 women who had children, 15 (or 30.5%) said that they had told their child or children about their HIV status. This is down from 64.9% of women in the previous survey who had disclosed to their children. The age of the children at the time of disclosure ranged from two years to 53 years. Of the women with dependent children, 11 (or 35.5%) said they had disclosed to their children.

Women with children were more likely to be using antiretrovirals (86.3% vs 67.9%)

### Regular partners

Just over half or 55.9% of women said they were in a regular relationship. Of those in a relationship with a regular partner, 24.6% of women reported that their partner was also HIV positive.

Compared to men, women were significantly more likely to disagree (51% vs 31.2%) or express uncertainty (25.5% vs 16.7%) about the statement "I prefer to have a relationship with someone who also has HIV." Women were also

or occupied with home duties (13.3%), with similar numbers being unemployed or students. Women were more likely than men to be working part time (26% compared with 17%) and to be occupied with home duties (16% compared with 1.7%) and less likely to be working full time (28% compared with 34.5%) or not working or retired (17% compared with 26%).

### Sources of income

A government benefit was the most common income source, and was nominated by 46.8% of women (decreasing slightly from the 1997 figure of 54%). Only a slightly smaller proportion (42.5%) nominated salary in response to this question (and that has increased from around 20% in 1997). Compared with men, women were significantly less likely to nominate their main source of income as salary or superannuation/annuity/savings and more likely to report that their partner supported them.

### Poverty is still an issue

Around one third (34.5%) of women in the survey were still living below the poverty line, and is slightly higher than the current figure for men (28.1%). The proportion of women living in poverty peaked at 46% in 1999, but has slightly increased since the last survey. The Futures report calls for "decisive action to address this pocket of severe social disadvantage."

The authors of the report *Life as women know it* are Rachel Thorpe, Karylyn McDonald and Jeffrey Grierson.

**30.5% said they had told their children about their HIV status**

significantly more likely than men to agree (63.5% vs 53.5%) or to be unsure (14.6% vs 7.9%) that they were afraid of telling potential partners of their HIV status in case they were rejected. The majority of both women and men agreed that they were afraid of infecting their partner, or potential partner, with HIV; however women were significantly more likely to do so than men (75.3% vs 67.7%)

### Smoking: a comparison

38.5% of women reported smoking cigarettes in the last twelve months. This compares with the finding from the most recent National Health Survey that 20% of women in the general population were current smokers (ABS, 2006).

### The world of work

Just over half (55.8%) of the women were in paid employment, with similar numbers engaged in part time and full time work. The remaining women were either not working or retired (15.3%)

These of course are just some of the report's findings, and the full report can be found on the ARCSHS website: [www.latrobe.edu.au/arcshs](http://www.latrobe.edu.au/arcshs)

# Matthew

## Part of a bigger picture

an interview with **Kathy Triffitt**  
for the *Getting on with it (again)*  
living longer with HIV education  
campaign

**Matthew** talks about loss and  
grief and a new beginning

I got tested for HIV in 1986 because some friends said: "you're in the risk group being gay- you should go for a test". I seriously thought that I wouldn't be positive. I remember telling my friends and everyone was supportive, but nobody had any sense of what HIV was all about.

*I wanted to get inside 17 South and find out what was happening.*

### Dealing with my diagnosis meant facing death

In the early days an HIV diagnosis was about facing death and I wanted to deal with my diagnosis by facing it. A lot of people didn't want to know about it, but I really wanted to learn everything I could. I had a two to five year strategy. I

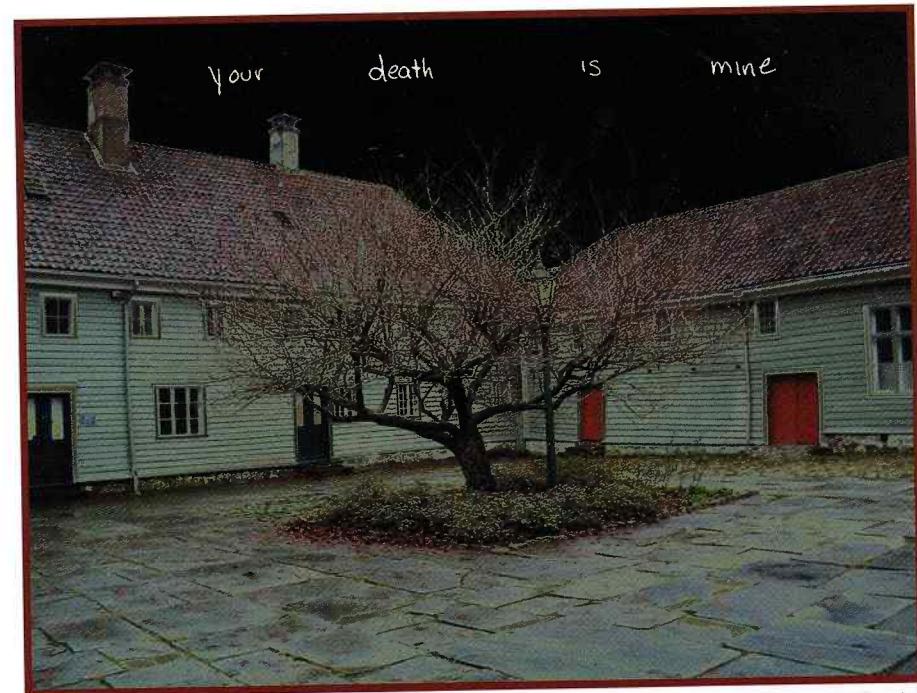


Photo: John Douglas

"I wanted to get inside the place we were all talking about."

could take a year or two to get sick, and then take a year or two to go from being sick to death. That was the frame that I put everything into. I worked out my priorities because I didn't want to waste the time I thought I had left. My personal and spiritual growth became more important.

I had some knowledge, but not very good knowledge of what HIV death looked like. I was rehearsing for progression. I fantasised about the possibility that bed might mean getting pneumonia, might mean going to the hospital, might mean going to the hospice and might mean dying. I was very curious about all of this. Even though I didn't need services per se, I wanted to see other people who were further along where I thought I was heading. I extended my need to know by doing massage at St Vincents, 17 South. I wanted to get inside the place we were all talking about in the bars and in our homes, and find out what was happening.

Volunteering on 17 South I met a lot of people I knew from the gay sex scene. One of the great travesties of this

culture was that we didn't have solid relationships, we didn't often know people's second names, and we didn't know where they lived so we could check in with them when they were sick. We only know each other as sexually active.

*We experienced great loss and grief, but we also had moments that were extraordinary.*

### You never knew how HIV was going to progress

I was never very well engaged in the gay community. I didn't have gay friends and yet I was very engaged in the scene looking for sex and a boyfriend. It wasn't really a community. Whether that was

good or bad I don't know, but it meant that I didn't have a severe loss of friends to AIDS. I'd see someone at St. Vincent's who I'd known and connected with and thought "is that the Nigel I know"? You'd find out it was and be grateful for a photograph as a memento. You never knew how HIV was going to progress.

Those of us who spent time with a friend at 17 South, around the bed of someone who's dying, it was an incredibly sacred and precious experience. We experienced great loss and grief, but we also had some moments that were extraordinary, where everything superficial disappears, and you have an ambience of truth.

During those early years, I spent many Mardi Gras wondering if I'll be here next year. I don't think this now. In some ways my greater grief was that I didn't have a community. I only got to know the people I did through going and finding them and in a precarious way.

## *Having a diary with some appointments in it is essential.*

### **Being a part of daily life**

Creativity and passion are important. There are two aspects to this. One is everyday life then there's my passionate project- my spiritual pursuit. In terms of my health management it's also about being a part of daily life. Having a diary with some appointments in it is essential. You know, like an appointment to meet a friend for coffee or to get my hair cut- everyday things that are a part of living. I'm really grateful at the moment that I do have that. Without this, it's incredibly hard to get up or to feel good about myself.

I get up each day and I make myself have breakfast. I can skip meals because

I never want to eat. It's a whole creative endeavour to look after myself, but I feel good because I've been willing to put that much work into it. So, I have the juice and I'll make an affirmation. I have to look after myself and I do this by taking control and creating my life in an interesting way. Here's another day, what sort of day do I want it to be?

anyone. I'm a fairly affable networked person, and yet only by my own resources. Everything happens because I do it.

What is sad is the abject isolation some people experience. For many, there is nothing to validate their existence. Also, mental health issues are another thing where people aren't coping with their life management. I think it's very hard to know what to do so they feel validated.

I have very little to do with HIV now. I'm very willing, but there have become less and less opportunities. I want to be involved in something that is engaging and fulfilling and I feel I have contributed and I'm valued. I'm interested in getting involved with projects where people have an uplifting and valued role rather than being seen as a problem that needs a solution – something that does not have crisis management as its focus? There needs to be that voice that says you're a hero. All the things that people do and have done to survive are amazing and should be acknowledged.

I'm at the stage where life comes to me. I'm very busy with the spiritual and study. I've had singing lessons and developed singing. I sing to raise the congregation. I'm also teaching kids and watching them learn and grow. They clearly love me and give me so much. I feel good about myself because I'm giving something back. It's the most fantastic feeling. Over and above that there's a relationship that's meaningful and I have to say for positive people I think that's the biggest thing, finding a meaningful relationship.

## *New interests make me feel part of a bigger picture.*

### **I had a new story**

I had the thought that I would never be a viable person. In the early days I lost my career- I lost the thought of ever accruing money or buying a house. Because of this I developed the identity of 'Mr HIV' and all I had to talk about were my symptoms. However, over the last five or so years I've developed my spiritual identity in a culture where not so many people know that I'm positive. It's very inclusive of where you're at with your knowledge and teachings.

When I went to university I got my computer. What a radical day that was because my identity shifted. I now had a new story. I had a story that said: "I have a computer" and that got a completely different response from people to talking about my symptoms.

It's about finding something that you're willing to pursue that gets results; finding the thing that actually makes a difference. These new interests make me feel like someone who is part of a bigger picture.

### **Finding a meaningful relationship**

I experience isolation from time to time. When I am feeling unwell I have whole days go by without anyone ringing me, nor me having the impulse to ring anybody. If you don't go out, you don't see

## *I feel good about myself because I'm giving something back.*

By studying and renewing my interest in spirituality I found a place where I could work from, that was not about being HIV positive. This opened me up to new experiences and new options.

## I remember

I remember bath times with my grandmother. The yellow bathroom tiles. The reassuring hot water. The comfort of her unconditional love.

I remember the innocence of childhood with my sister. The hearty laughter, the juvenile giggles. It was without fear or judgement.

I remember the long car rides with my mother. It was during those heartfelt moments we shared everything. Then I told her I was gay.

I remember the day I got my results over the phone. The room darkened. I felt numb, followed by isolation.

I remember my first date with this guy. I thought he was the one. That night I disclosed and it freaked him out. I did really like him.

I remember wanting to share my status with a wonderful friend. Tina was gorgeous, generous and kind. I will never get that opportunity again. She has since passed away.

Ryan



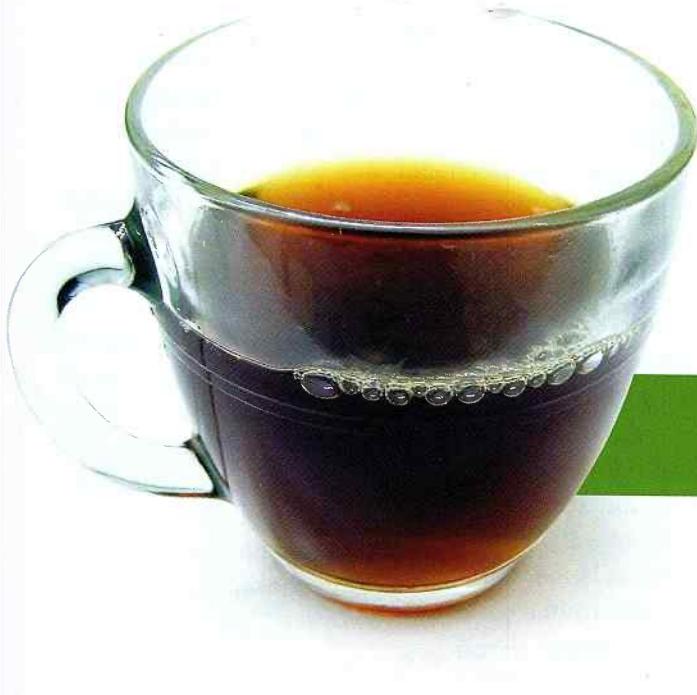
### A ROAD TO BETTER HEALTH

[www.healthmap.org.au](http://www.healthmap.org.au)

If you have HIV, use this site to guide you to get the most out of your visits to the doctor or other health care providers.

Health Map asks questions about your health and gives you a personal report, based on expert advice. This will direct you to websites chosen for your needs, as well as providing some facts and a "to do" list for your medical care.

Health Map is an initiative of Melbourne Sexual Health Centre and the Victorian Aids Council, and is funded by the Department of Human Services



## A Cup of Tea, a Bex... So Can You Cook? No 27



**Tim Alderman**

**My day is ruled by my cups of tea. I don't feel really awake until I've had one with breakfast – often a bit of a wait, as the morning hound dog constitutional takes precedence – followed by a second while I do my business emails. Lunch time I allow myself the luxury of one cup of espresso – the only coffee I drink while at home. This is followed by another cup of tea in the afternoon, one after dinner and a cup of green tea around 9.00 in the evening.**

I absolutely adore tea, and it is a bit of an obsession in my life. I love all the different flavours of the different blends – with a strong personal leaning towards Oolong tea – and have developed quite a love for green tea, either hot or cold. I have a number of articles about it on my web site at <http://www.alderman-providore.com.au/news.html> covering the traditions and rituals of tea drinking across many cultures. It also plays an integral part in the sales area of my site with a large range of tea blends, single estate tea, regional teas and tea accessories from the everyday to the more unusual.

To add to this, I collect Chinese blue & white teapots and Japanese tea accessories including bowls, ladles, whisks, cups and other assorted odds and ends associated with the art of tea drinking. I

have a number of prized hand-made tea bowls, some being made locally.

As you immerse yourself more and more into the art of tea, you begin to see ways of incorporating smaller rituals into your daily life. These rituals give you a space in which you can slow down, immerse yourself in tea culture and use them as a means to meditation. There is nothing nicer than having a neighbour drop in during the day for a cuppa. It gives me a break in my work day, an opportunity to get outside in some fresh

### **Art of tea**

air, and gives me an excuse to get out one of my beautiful tea sets, make a small pot of Chinese Green Gunpowder tea, and go through the rituals of drawing the tea, and pouring it into the tiny cups that are part of traditional tea sets. You can then sit back, relax and chat, constantly refilling the cups. It's funny how such a small thing can invigorate you for the rest of day.

Tea can also be incorporated into cooking, and the following are a diverse range of recipes using tea in an adventuresome and delicious way. So, pour yourself a cup of tea and decide what you are going to bake tonight.

## **SMOKY TOMATO SAUCE**

### *Smoking Mix*

2 tablespoons Chinese or Ceylon tea leaves  
2 star anise, crushed  
1 strip orange peel  
½ teaspoon five-spice powder  
6 juniper berries, crushed

2 onions, quartered  
2 red capsicums, cut into large pieces  
2 red chillies, cut in half (remove seeds if you don't like too much heat)  
3 tablespoons oil  
3 garlic cloves, chopped  
500g tomatoes, chopped  
2 tablespoons Worcestershire sauce  
125ml barbecue sauce  
2 tablespoons tamarind concentrate (Asian stores, or Asian section of supermarket)  
1 tablespoon white vinegar  
1 tablespoon soft brown sugar

Combine all the ingredients for the smoking mix in a bowl. Pour the mix into the centre of a sheet of foil, and fold the edges to prevent spreading. This will form a small container to help with smoking. Place the foil container in the bottom of a dry wok or wide frying pan.

Put an open rack or steamer in the wok, making sure it is elevated over the mix.

Place the onion, capsicum and chilli on the rack and cover with a lid or tightly with foil to prevent the smoke from escaping.

Smoke over medium heat for 10-15 minutes or until the vegetables are tender. For a very smoky sauce, cook the vegetables for longer, or for less smokiness use less time. Remove the smoking mix container.

Dice the onion, capsicum and chilli quite finely. Heat the oil in the wok and add the garlic and cooked vegetables. Fry over medium heat for three minutes, then add the tomato and cook until pulpy. Add the sauces, tamarind, vinegar and sugar. Simmer, stirring occasionally, for 20-25 minutes or until the sauce is quite thick. Store in the fridge.

Makes about 1 litre

## LADY GREY TEA & HAZELNUT FRIANDS

Melted butter, to grease

100g (1 cup) hazelnut meal (supermarket, where nuts etc for cooking are kept)

115g self-raising flour

275g icing sugar mixture, sifted

1 teaspoon finely grated lemon rind

1½ tablespoons freshly brewed Lady Grey tea

125g butter, melted, cooled

5 egg whites, lightly beaten

Preheat oven to 180°C. Brush 6 ½ cup capacity muffin or friand pans with melted butter to lightly grease.

Combine the hazelnut meal, flour, icing sugar mixture, lemon rind and tea in a medium bowl. Add the butter and egg whites, and stir until just combined.

Spoon the mixture amongst the prepared pans. Bake in preheated oven for 15-20 minutes or until golden, and a inserted skewer comes out clean. Set aside for 10 minutes to cool, before turning onto a wire rack to cool completely.

Makes 6

## GREEN TEA SHERBET

2½ cups water  
1 cup sugar  
¼ cup green tea  
½ cup boiling water  
300ml thickened cream  
½ cup sour cream

Put the water in a medium heavy-based pan. Add the sugar and stir until dissolved. Bring to a simmer, and simmer without stirring for 12-15 minutes. Swirl pan occasionally but do not stir. Allow to cool.

Put the tea in a jug and pour in boiling water. Stand for 15 minutes. Strain through a sieve and discard tea leaves. Allow liquid to cool. Put cream in a bowl and beat with electric beaters for 2 minutes. Add sour cream while continuing to beat. Add sugar mixture and tea liquid. Beat until thickened.

Pour mixture into a loaf tin. Freeze for 1-2 hours or until firm around edges. Return to mixing bowl. Beat with electric mixer until smooth. Return to freezer for a further 1-2 hours, then beat again. Return to tin, then cover with plastic wrap before freezing for several hours or until firm.

Remove sherbet from freezer and stand in the fridge for 5 minutes. Serve scoops of the sherbet in teacups.

Serves 4

## DATE, GINGER & ORANGE LOAF

4 tablespoons orange pekoe tea leaves  
1 cup pitted dates  
1 cup water  
peeled rind and juice 1 orange  
100g chopped glace ginger  
2 eggwhites  
½ cup fat-free plain yoghurt  
1½ cups self-raising flour  
1 teaspoon baking powder  
1 teaspoon mixed spice

Preheat oven to 180°C. Put tea in a square of muslin (or a fine infuser) and tie with string. Grease and line a 17.5cm

x 8.5cm loaf tin with baking paper. Put dates in a saucepan with water, rind, muslin bag (or infuser) and juice. Stir over a medium heat. Simmer for 10 minutes or until dates are soft and half the liquid has been absorbed. Allow to cool. Remove muslin bag and rind, and discard. Stir date mixture with a wooden spoon to form a soft mixture. Stir in ginger.

Whisk eggwhites until soft peaks form. Add yoghurt and date mixture. Stir until combined. Sift dry ingredients into a bowl. Make a well in the centre. Add date mixture and fold in gently until just combined, being careful not to overbeat. Spoon into prepared tin. Bake for 45-50 minutes, or until cooked through when tested with a skewer.

Serves 8

## LEMON & EARL GREY BISCUITS

250g butter, chopped  
1 cup icing sugar, sifted  
1 teaspoon finely grated lemon rind  
2 egg yolks  
2½ cups plain flour, sifted  
2 teaspoons ground Earl Grey tea leaves (grind in a mortar & pestle, or a coffee grinder)  
2 tablespoons cooled strong Earl Grey tea  
extra flour, for dusting

### EARL GREY CREAM

125g butter, chopped  
2 tablespoons cooled strong Earl Grey tea  
1½ cups icing sugar mixture, sifted

Preheat oven to 180°C. Line 2 oven trays with baking paper. Put butter, icing sugar and rind in a small bowl. Beat with electric beaters until soft and creamy. Add yolks one at a time, beating between each yolk.

Transfer to a large bowl and stir in sifted flour, tea leaves and the cooled tea until the mixture forms a soft dough. Turn the dough onto a lightly dusted surface and knead gently until the mixture comes together. Wrap in plastic wrap and refrigerate for 1 hour.

Roll dough between 2 sheets baking paper until the dough is 5mm thick. Use a 7cm round cutter to cut out rounds. Put rounds onto prepared trays. Bake for 12-15 minutes or until lightly golden. Cool on the trays for 10 minutes before transferring to wire racks to cool.

To make Earl Grey cream; Beat the butter and cooled tea in the small bowl of an electric mixer until pale and creamy. Add the icing sugar gradually while continuing to beat until the mixture forms a soft icing. Spread one side of each biscuit with the Earl Grey cream and sandwich together. Allow to set.

*Makes about 20*

## GREEN TEA PUNCH

Put 4 rounded teaspoons of Bancha or Houjicha in a warmed pot and add 1 litre water that has been boiled and allowed to cool slightly. Leave to infuse for 10-2 minutes, then strain into a jug. While the tea is still hot add 1-2 tablespoons brandy or rum, and 2 tablespoons of honey, to taste. Serve in tall glasses or cups, and add a slice of orange or lemon.

NB Use any green tea if the Japanese varieties are not available.

## VANILLA ICED GREEN TEA

Brew 4 rounded teaspoons Sencha in 1 litre of hot water and allow to infuse for 1-2 minutes. Strain into a jug and add 1 tablespoon freshly squeezed lemon juice and 1 tablespoon honey. Stir well and chill. To serve, use a wine glass for each person and place a scoop of vanilla ice cream in each glass. Pour over the chilled green tea.

## TEA SORBET

570ml water  
175g caster sugar  
freshly squeezed juice and strips of rind from 2 lemons

2 tablespoons Earl Grey tea leaves

1 eggwhite

Put the water, sugar, lemon juice and rind into a saucepan, bring to the boil and allow to cool 3-4 minutes. Add the tea leaves, take the pan off the heat, cover and leave until cold.

Strain the tea into a freezer-proof bowl or box, cover and place in the freezer until half frozen. Whisk the eggwhite until stiff then fold into the mixture. Freeze again until solid.

Arrange in glass dessert dishes and garnish with a single mint leaf, and a few raspberries or strawberries.

## TEA MARINADE FOR CHICKEN

1 teaspoon Gyokuro leaves (or good quality Sencha)

2-3 tablespoons soy sauce

2-3 cloves garlic, crushed

1-2 tablespoons freshly squeezed lemon juice

1 tablespoon honey

2-3 tablespoons sunflower oil

Mix all the ingredients together. Add the chicken in chunks or strips and spoon the marinade over. Cover and chill in the fridge for up to 10 hours. Lift the chicken out of the marinade and remove the bits of tea and garlic. Strain the marinade into a bowl. Grill or stir-fry the chicken, brushing from time to time with the strained marinade.

Serve with salad or as a sandwich filling.





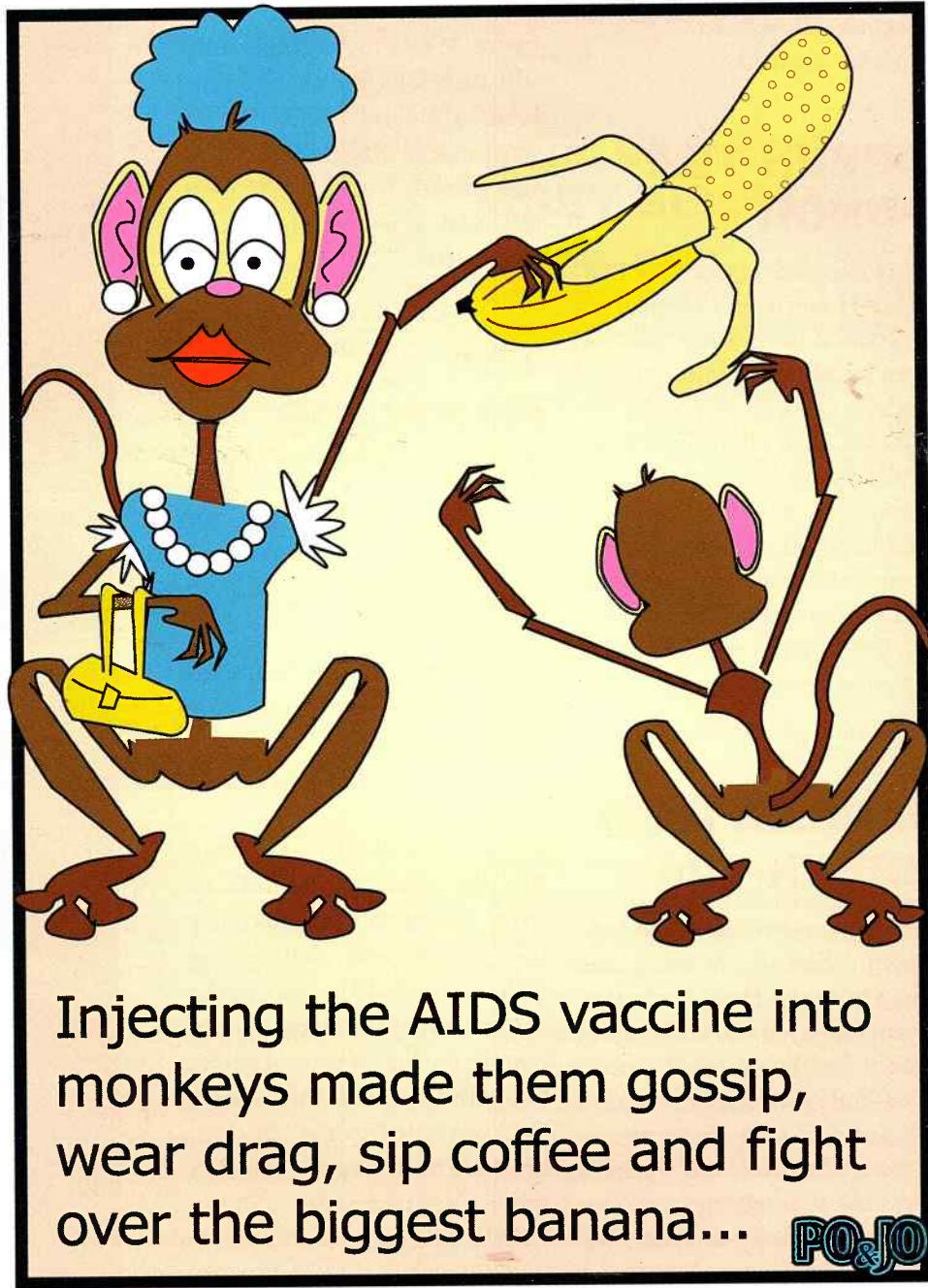
Would you like to see  
your pet in *Talkabout*?  
Send in your photo  
and how you feel  
about your pet to:  
[editor@plwha.org.au](mailto:editor@plwha.org.au)

## The Joy of Pets

### My two dogs

This cute couple are my two dogs - on the left is Monty, my Cavalier King Charles Spaniel, and next to her is Emma, a Hungarian Vizsla. As you can see by the two, Emma has quite the motherly instinct over little Monty. Emma is the fourth Vizsla I have had, her predecessors were Australian show and obedience champions who were well known in the Vizsla world. They both have very soft personalities, but Emma rules the roost and Monty just loves everyone - hope you love them too!

Ross



Injecting the AIDS vaccine into monkeys made them gossip, wear drag, sip coffee and fight over the biggest banana...

PO&JO

## Quitting: a positive change



### Another reason to quit

#### HIV related symptoms are significantly reduced three weeks after people quit smoking.

A new study (published in *AIDS Patient care and STDs*, September 2007) has shown that on an average of three weeks after quitting smoking, HIV related symptoms can be significantly reduced. The authors of the recent study suggest that giving up smoking may be an effective way to reduce the impact of both HIV itself and treatment side effects on people's health.

Earlier studies have shown that smoking can decrease the effectiveness of HIV treatments, and can certainly increase mortality rates. Up until now, few other studies have looked at what effect quitting has on HIV symptoms and other quality of life measures. This particular trial, which took place in the United States, was made up of 95 smokers who attended an inner city HIV clinic. At three months, the average period of abstinence was 21 days for the study participants as a whole. The most striking finding of the study was a longer length of smoking abstinence was significantly associated with a reduced symptom burden (although as mentioned the average abstinence period was just three weeks). No signif-

icant improvements were seen in those who had been abstinent in the minimum 24 hour period. The study investigators suggested that the benefits of quitting smoking, in terms of reduced HIV related symptoms, may take some time to be realized.

*Giving up  
smoking may  
be an effective  
way to reduce  
the effects of  
HIV itself and  
treatment side  
effects*

They firmly conclude that their study shows that "length of time of smoking cessation is associated with a reduction in HIV - related symptom burden" and that "along with the decreased risk of numerous adverse health outcomes associated with smoking, cessation may represent an effective way to reduce the daily impact of HIV disease and treatment side effects."

For James, an HIV positive test result was the incentive to get serious about quitting

When I recently had my positive result for HIV, I picked up a prescription for Zyban. I've used it before unsuccessfully, but what helped me this time was finding out I was positive. You take it before you actually quit smoking. I started taking it a week before I found out, and then I gave up smoking two weeks after the diagnosis. The cravings are always there, but Zyban dulls them and works better than patches. Patches, gum, inhalants, I've tried them all.

*I've noticed  
my skin  
looking better*

My reasons for quitting were mostly about health. I've noticed my skin looking better, and I don't get as short of breath as I used to. I've got chronic sinusitis, and stopping smoking has cleared my breathing. There were also financial considerations because I felt it was dead money; as well as pressure from family and friends and my partner complaining about the smell. So all the forces ganged up on me and it's been surprisingly easy. Everything fitted together at the right time. If your heart's not really in it, you're not going to give it up.



## **Changes to in-patient care at St Vincent's Hospital, Sydney**

**PLWHA recently learned that St Vincent's Hospital plan to close Ward 8 North which, although a general Ward, has specialised in treatment of HIV related illnesses. At the time of printing, St Vincent's announced plans to transfer 6 beds and 6 staff to Ward 9 South. St Vincent's has a long history in hospital and hospice care for people with HIV, and receives funds for ten dedicated HIV beds from NSW Health. In recent years, as a result of better HIV related health, people with HIV admitted to St Vincent's have tended as much to need specialist cardiac, renal or respiratory care and so are often cared for in these specialist wards. Recent discussions between South East Sydney Illawarra Area Health Service, ACON and PLWHA have led to a decision to maintain 6 dedicated HIV beds in a Ward, while the remaining funding would be used to increase the provision of community based health services to people with HIV.**

PLWHA expressed concern at the decision to relocate the dedicated HIV beds when we were told that, rather than being grouped together,

they would be spread across different wards of the hospital. PLWHA believes that there is a need to group together the dedicated HIV beds and to maintain HIV nursing expertise. One of the things that has highlighted the care at St Vincent's has been the passion and commitment of the nursing staff who have worked on Wards such as 17 South and 8 North, as well as the HIV specialists. PLWHA CEO Rob Lake made it clear to St Vincent's Hospital management that he believes that they should be doing everything they can to keep the beds and nursing staff together as a Unit, within the larger Ward 9 South. There are still people being diagnosed with difficult to identify illnesses, new or unusual conditions made more difficult by treatment interactions and people with a range of needs who will benefit from HIV nursing and medical care that is experienced and compassionate.

At PLWHA's request, St Vincent's Hospital has agreed to re-establish the HIV Consultative Committee to ensure better consultation and communication between the Wards, other hospital and community based health services, ACON and PLWHA.

## **PLWHA NSW AGM and name change**

PLWHA NSW held its Annual General Meeting on December 7th. As well as electing the new Board, the meeting voted to change the name of the organisation to Positive Life NSW.

**ALDERMAN** 

**providore**

Quality Australian gourmet food products sourced from the best of our boutique companies.

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(Sydney metropolitan and suburban only)

Check out the website: [www.aldermanprovidore.com.au](http://www.aldermanprovidore.com.au)

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

Updated: December 6 2007

## These are the outpatient pharmacies in public hospitals and sexual health clinics in NSW which currently dispense \$100 drugs.

In theory, every hospital pharmacy in NSW is authorised to dispense HAART drugs, but they only start to stock them if there is indeed a local demand. Thus, locating which ones 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 \$100 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.

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, try 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 medications, call your pharmacy to see if they have some advice.

## Outpatient hospital and sexual health clinics in Sydney

### Albion Street

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)

### 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

**Royal Prince Alfred Hospital**  
Missenden Road  
CAMPERDOWN NSW 2050  
Tel: (02) 9515 6111  
Pharmacy hours:

Monday from 8:00am-5:00pm  
Tuesday from 8:00am-7:00pm  
Wednesday to Friday from 8:00am-5:00pm

### St George Hospital

Gray Street  
KOGARAH NSW 2217  
Tel: (02) 9113 3051  
Pharmacy hours:  
Monday to Friday from 10:00am-5:00pm

### St Vincents Public Hospital

Victoria Street (corner of Burton Street)  
DARLINGHURST NSW 2010  
Tel: (02) 8382 3110

Pharmacy hours:  
Monday to Friday from 9:00am-5:00pm  
(except on low activity day)  
Thursdays to 7pm

### Sydney Hospital

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

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

### Parramatta Community Health Service

Jeffery House, 162 Marsden Street  
PARRAMATTA,  
Tel: (02) 9843 3135  
Pharmacy hours:  
9:00am -12:30pm Monday and Tuesday, 9am  
-4pm Wednesday, and 4pm-7:30 pm Thursday

## 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 2502  
Tel: (02) 4223 8000  
Tel: (02) 4223 8190  
Pharmacy hours:  
Monday to Friday from 2:00pm-4:00pm

## Mid-North Coast

**Coffs Harbour Health Campus Pharmacy**  
354 Pacific Highway  
COFFS HARBOUR NSW 2450  
Tel: (02) 6656 7472  
Pharmacy hours:  
Monday to Friday 8:30am-4:00pm

**Port Macquarie Health Campus Pharmacy**  
Wright's Road  
PORT MACQUARIE  
Tel: (02) 65801024  
Pharmacy Hours:  
8.00 am to 5.00 pm, Monday to Friday  
10.00 am to 12.00 noon on Saturdays

## New England

**Tamworth Rural Referral Hospital**  
Dean Street  
TAMWORTH NSW 2348  
Tel: (02) 6767 7370  
Pharmacy hours:  
Monday to Friday from 8:00am-4:30pm

## Northern Rivers

**Lismore Base Hospital**  
Uralba Street  
LISMORE NSW 2480  
Tel: (02) 6621 8000  
Tel: (02) 6620 247  
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 also be available at  
[www.plwha.org.au/pharmacies](http://www.plwha.org.au/pharmacies)

# **SEX SCENES**

## HIV positive and HIV negative guys share this space.

### **New PLWHA (NSW) poster and online campaign**

PLWHA (NSW) has produced the poster campaign SEX SCENES to raise awareness that sex venues and other spaces where guys have sex, are shared spaces for both positive and negative men.

Both positive and negative men can make certain assumptions (e.g. "He didn't ask for a condom he must be positive"; "If he didn't disclose, he must be negative"). These are challenges to overcome and deal with, not only when negotiating sex, but also in our HIV prevention work.

We also want to challenge the discrimination and sexual rejection that some positive men say they experience when they disclose their status in these situations. Our aim is to contribute to an environment where HIV positive gay men feel more comfortable about disclosure and HIV negative men are more responsive when disclosed to.

SEX SCENES draws on real experiences and how gay men learn from each other about sex. As well as learning about sex they learn how to look after each other, and that has been valuable information to capture in the campaign.

As a text based campaign there are no specific images that exclude or alienate particular groups or individuals. We hope by doing this it will be more accessible to a wider audience.

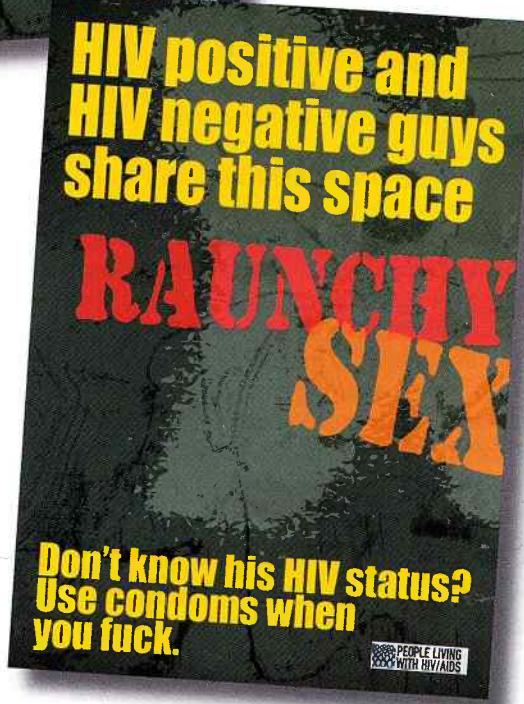
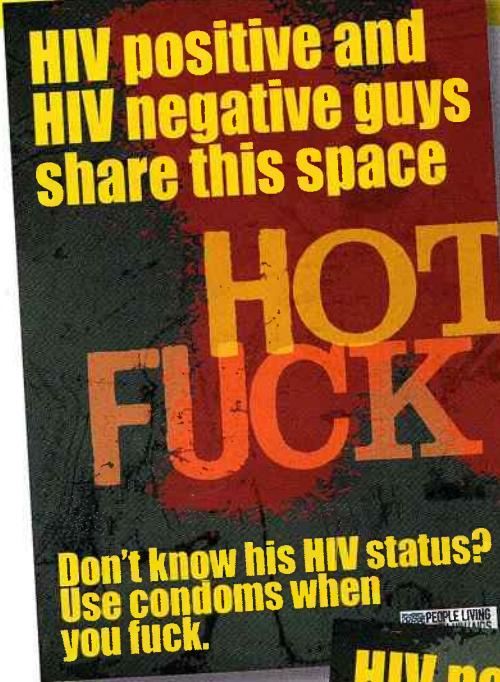
Here are some thought provoking quotes from our discussion group which contributed to the campaign development.

**"We make assumptions about HIV status. Do we both mean the same thing?"**

**"You take a risk and tell yourself 'it'll be okay'"**

**"It's easy to get lost in the moment and I don't think about HIV."**

**"If he tells me he's positive, his honesty can make us closer."**



## **Internet dating**

Internet Dating is renowned for being instant and disposable.

I had noticed this new guy's profile and found it appealing, so I logged in to chat to see if he was around. Within two minutes he found me, and we chatted for over an hour before I told him that we couldn't meet for two weeks due to my health.

He saw no problem in this and it was a pleasant change to chat online regularly and get to know each other.

Excitement grew as the day approached, as we both knew that this was to be no ordinary meeting, but at the same time, felt uneasy about letting our true feelings be known.

Years on the scene had taught us both that to be too open, too quickly, could send the other guy running.....

# HIV positive and HIV negative guys share this space



**Don't know his HIV status?  
Use condoms when  
you fuck.**

# HOT FUCK

on the net, in bed or in the backroom

A forum on hooking up and looking after yourself.

**WED 20 February 7.00pm**

**Phoenix Bar**

Downstairs 34 Oxford St DARLINGHURST

Free - Limited places

Please book by Mon 18 February 2008

Call 9361 6011 or

email [healthpromotion@plwha.org.au](mailto:healthpromotion@plwha.org.au)

Refreshments provided

Photo: Jamie Dunbar



PEOPLE LIVING  
WITH HIV/AIDS

**He's negative and you're positive?  
Or you're negative and he's positive?  
What works for you?**

We are planning our new campaign on sero-discordant relationships and we would like to talk to you about your experiences.

If you are interested in coming along to a discussion group or confidential interview please **call 9361 6011** or **email: [kathyt@plwha.org.au](mailto:kathyt@plwha.org.au)**

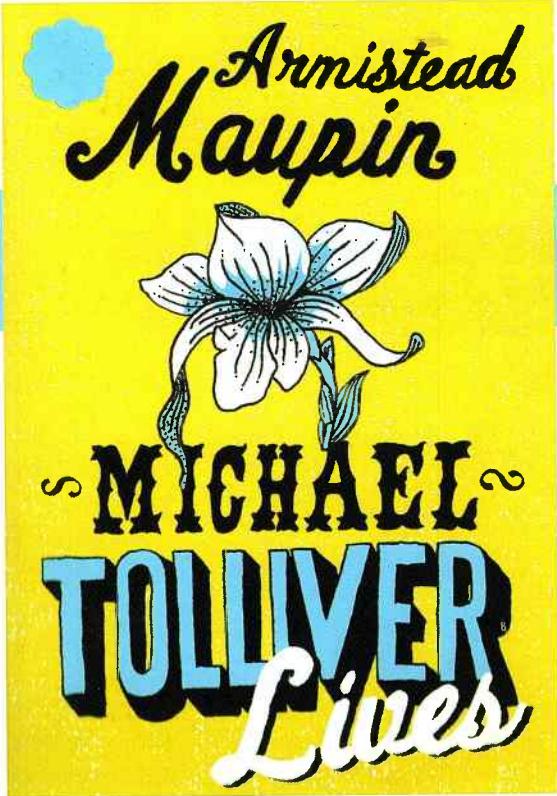
You will be remunerated for your time.



PEOPLE LIVING  
WITH HIV/AIDS

**Check out our  
new website:  
[www.plwha.org.au](http://www.plwha.org.au)**





## Michael Tolliver Lives

Armistead Maupin

Armistead Maupin has returned to his *Tales of the City* series after a break of eighteen years. The last one in the series, *Sure of You*, was published in 1989.

Though he has explicitly stated that *Michael Tolliver Lives* is "not a continuation of *Tales of the City*," the novel is written from the first person perspective of *Tales* character Mouse or Michael Tolliver, now in his fifties.

This is an uplifting, and often very funny, story of an older HIV positive gay man (also living with the effects of lipodystrophy, by the way) who has found love again – and with a younger man. He met his husband Ben on the internet, and there's even more sex in this book than in the earlier *Tales* series. Must be the zeitgeist. Maupin has said: "I was interested in pursuing the life of an aging gay man, and Michael was the perfect vehicle."

Maupin also said in an interview: "I found that, one by one, all the other characters stepped forward and asked to be present. It felt natural, so I went with it." All the familiar *Tales* characters, such as Anna Madrigal, do make an appearance or have a mention. And, as you would expect from Maupin, there are quite a few surprises in store in this book.

He has hinted that there may be future installments in the story of Michael.

## BOOKS

### Ode to Kirohito

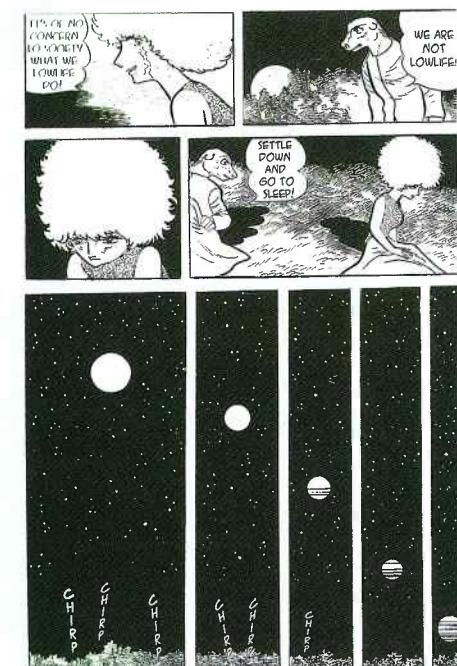
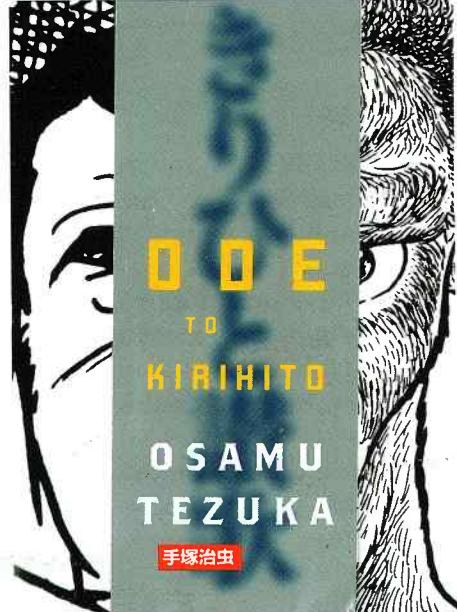
Osamu Tezuka

Earlier this year the Art Gallery of NSW hosted an exhibition on the work of the Japanese manga artist Osamu Tezuka. And within the last few years several of his books are finally being translated finally into English.

*Ode to Kirohito* is a medical thriller, and a parable about stigma. Monmow disease, a life threatening condition transforms people into dog-like beings. It was written in the 1970s and so predates the AIDS epidemic. But in many ways it is fascinatingly prescient.

The characters are morally complex, and it's not really a story for children (the publishers recommend an age of 16+). The story deals with issues of stigma and discrimination, stigmatized populations, illness and identity, and the relationship of patients to the medical system. People's reactions to their illness also vary greatly from secrecy and denial to throwing themselves into helping others who experience illness. If you like manga it's a fast paced, and intriguing classic from the Master himself.

If you're interested in manga and graphic novels, good places to look in Sydney are Kinokuniya, Borders or Kings Comics.





The Conference ended with the idea of "drumming up partnerships."

## Conversations on the Coast

The NSW Rural Forum in Coffs Harbour

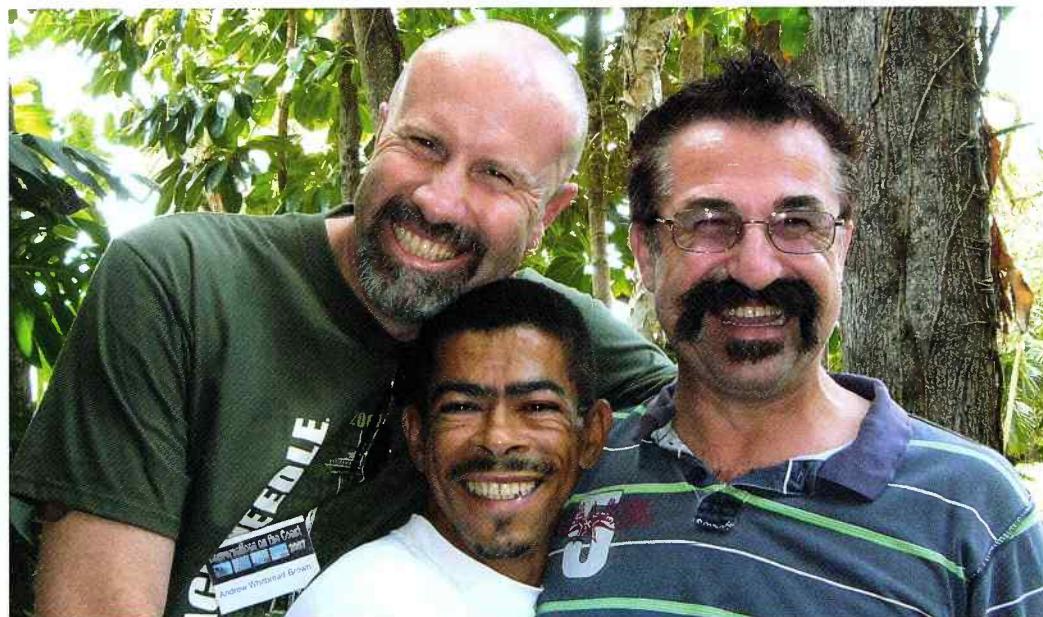
**The NSW HIV Rural forum "Conversations on the Coast"** took place from 29-31 October in Coffs Harbour. The Rural forums which take place approximately every two years in a different regional centre in the state have thrown an important focus on the needs and achievements of workers and people with HIV in rural areas.

Conference sessions included Aboriginal HIV and STI prevention, on line peer support, a treatments update, NSW Health Policy directions, dental care, HIV/Hepatitis C co-infection, support for rural sex workers, youth and HIV prevention. ACON launched its rural strategy and presented its healthy ageing strategy. PLWHA NSW ran workshops on serodiscordant relationships for gay men, writing and drawing, a women's discussion group, and living longer with HIV. And there were lots more.

Congratulations to Anabell Thoener from the North Coast Area Health Service and the organising committee for planning such a successful event.



The weather in Coffs Harbour could get a little stormy



Andrew, Hedimo and Bill at the Forum

Photos: Hedimo Santana

# How much do we drink?

A study finds heavy drinkers not on treatments and living with HIV have lower CD4 counts

HIV positive people not taking antiretroviral treatment who are heavy drinkers have lower CD4 counts than moderate drinkers or those who never drink. However the same difference isn't true for those people who take antiretrovirals, and alcohol consumption doesn't seem to affect viral load. This comes from a recent report in a US publication, the *Journal of Acquired Immune deficiency Syndromes*.

This difference may place some drinkers at an earlier risk of developing opportunistic infections. The findings of the study imply that someone who drinks heavily would be quicker to reach a point at which treatment is recommended than someone who is teetotal.

The study looked at the CD4 counts and viral loads of 595 people with HIV in Boston between 1997 and 2006. 59% of the research participants were abstainers from alcohol. 30% were classified as heavy drinkers. Heavy drinkers averaged seven drinks per day. It seems that the sample of heavy drinkers included a small number of very heavy drinkers, and a large number who regularly drank at least two drinks per day, or who binged drank on several occasions each week.

Once recruited to the study, participants had CD4 counts and viral loads tested every six months, together with an assessment of recent alcohol consumption. Participants were followed for a median of approximately four and a half years.

The study found that after controlling for age, race, HIV risk behaviour, homelessness, depression, adherence and duration in the study, heavy drinkers not taking antiretroviral therapy had CD4 counts that were on average, 48.6 cells/mm<sup>3</sup> lower than those of untreated HIV positive people who did not drink. Moderate drinkers did not show any significant difference from abstinent

**someone who  
drinks heavily  
would be quicker  
to reach a  
point at which  
treatment is  
recommended**

people. Viral load was not significantly affected by alcohol consumption.

In people taking antiretroviral treatment there was no significant difference in CD4 cell count according to alcohol consumption.

In summary, the findings imply that HIV+ people, not on treatments, whose alcohol consumption stays high, can find this moderately affects disease progression.



## Tips for drinking less:

- Only take a certain amount of money with you and leave your wallet at home.
- Avoid salty foods like nuts which might make you thirsty and drink more.
- Make every second drink non alcoholic.
- Order a midi of beer instead of a schooner.
- Avoid shouting rounds of drinks when you're out with friends.



# HIV and mobility

Travel and residence regulations for HIV+ people

**As a resource for travelers around the world, Karl Lemmen and Peter Wiessner of the German AIDS Federation and European Aids Treatment Group (EATG) and David Haerry (EATG) have put together Travel and Residence Regulations for People with HIV and AIDS 2007, which is now available online through ILGA.**

This latest edition reflects the most up-to-date information available in 2007 and includes a specific section on entering the United States of America in spite of state-sponsored discrimination.

An online version in English is available on the website of the European Aids Treatment Group at <http://www.eatg.org/hivtravel/> A link will also be placed on the PLWHA website ([www.plwha.org.au](http://www.plwha.org.au))

PDF documents are available in the following web page [http://doc.ilga.org/ilga/publications/publications\\_in\\_english/other\\_publications/travel\\_and\\_residence\\_regulations\\_for\\_people\\_with\\_hiv\\_and\\_aids\\_2007](http://doc.ilga.org/ilga/publications/publications_in_english/other_publications/travel_and_residence_regulations_for_people_with_hiv_and_aids_2007) The authors of the website would like to hear your practical experiences of travel and if you have any corrections or updates. These can be emailed to [david@eatg.org](mailto:david@eatg.org)

## Did you know?

### Canada

Entry regulations	Residence regulations	Additional information
No restrictions for short-term tourist stays.	All foreigners intending to stay in Canada for more than 6 months have to get tested for HIV.	HIV-positive refugees, as well as HIV-positive relatives of persons with a residence permit are allowed to enter Canada

### China

Entry regulations	Residence regulations	Additional information
A health declaration must be presented on entry.*	HIV testing required for the grant of a long-term visa (6 months or more).	Health declaration forms are distributed at the border. Entry is denied to people declaring themselves HIV-positive. These regulations do not apply for Hong Kong and Macao.

\* The website expands more on this: "A negative HIV test is required from all foreigners intending to reside 1 year or more in the People's Republic of China. Tourists are required to complete a questionnaire at the border, which includes questions on AIDS. Chinese citizens who stay abroad for more than 1 year must also present a HIV test. Holders of diplomatic passports are exempt from these regulations. (...)

Persons suffering from mental disorder, leprosy, AIDS, venereal disease, contagious tuberculosis or other infectious diseases shall not be allowed to enter China."

### France

Entry regulations	Residence regulations	Additional information
No restrictions for people with HIV/AIDS.		

### Indonesia

Entry regulations	Residence regulations	Additional information
No restrictions for people with HIV/AIDS.		

## Malaysia

Entry regulations	Residence regulations	Additional information
No restrictions for short-term tourist stays.	Full medical checkup (HIV, hepatitis, DRL, drug abuse, and pregnancy) within one month of arrival and on a yearly basis required.	Special provisions for domestic staff and construction workers from developing countries (Bangladesh, Pakistan, Indonesia, the Philippines); denial of permission to enter, or expulsion, if the HIV test result is positive.

## Singapore

Entry regulations	Residence regulations	Additional information
No restrictions for short-term tourist stays (up to 6 months). No HIV testing on entry.	Compulsory HIV testing when applying for work permits. The main group targeted is foreign domestic staff employed in Singapore. Foreign nationals with AIDS or who are HIV positive are expelled.	HIV-positive foreign spouses of Singaporeans are exempt and allowed to remain in Singapore

## Thailand

Entry regulations	Residence regulations	Additional information
According to the law, people with communicable diseases are not allowed to enter Thailand. However, no doctor's certificate is required at the border, so that an illness (as long as is not known) does not affect the granting of a visa.*	In some cases, a doctor's certificate including an HIV test has to be presented when applying for a visa extension (especially when applying for a long-term visa or a residence permit).	If the HIV test result is positive, it is probable that the visa extension is rejected and therefore the applicant expelled from the country.

\*The authors of the website write: "During a press conference at the Barcelona International AIDS Conference (July 2002), the Thai Minister of Health, Mrs. Sudarat Keyuraphan, was asked about the discriminatory regulations. She denied the existence of such legal measures. Later, we received the following written statement: 'People with HIV/AIDS are as welcome in Thailand as anybody else'."

## United Kingdom

Entry regulations	Residence regulations	Additional information
No restrictions for people with HIV/AIDS.		HIV testing is possible for job applicants to the health system from developing countries.

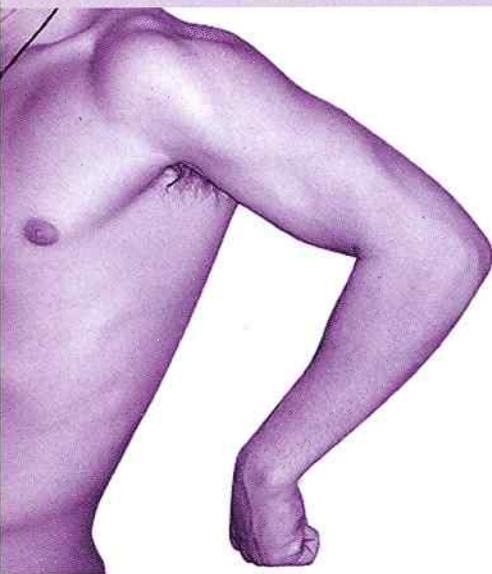
## United States

Entry regulations	Residence regulations	Additional information
In principle, the USA refuses entry to foreign nationals known to be HIV positive. In exceptional cases, a stay of 30 days may be granted (for family visits, medical treatment, business travel or participation in a scientific, health-related conference).	There are special entry regulations affecting all intending immigrants to the USA.	HIV-positive foreign nationals lose their right to remain in the USA and are expelled if their status becomes known.

## Vietnam

Entry regulations	Residence regulations	Additional information
No specific entry or residence restrictions for people with HIV/AIDS. No HIV testing on entry. However: Vietnamese law requires HIV positive people to report to the health control authorities on entry. *	No health certificate is required on entry. There are no specific immigration laws.	A health questionnaire has to be completed on entry, but this is a mere formality.

\*The website authors comment: "There is a decree requiring HIV positives to report to the immigration officer. However, the ordinance is not applied. None of my friends have ever declared their condition. Therefore, we don't know what would happen if somebody would actually do it!"



# Lipodystrophy – and arms and legs

## Health and Fitness: Ask Ingrid

We have a question this time that I have covered partly before. It addresses some common problems around body shape, general levels of wellness and side effects, and I will do my best to answer this complex question.

*I have been positive for 16+ years and I have lipoatrophy and lipohypertrophy. I am on Nandrolene steroids (one per week) and half way through Sculptra treatment. Besides walking, what exercises would you recommend to try and even out my weight? I have limited access to gym or equipment. I have a protruding stomach, no butt and my arms and legs are thin. I'm not looking for a miracle. I just want to know I am doing all I can to help.*

Well, that's a great question - and the right attitude to go with it. I can help but, as you suspect, there is no miracle answer.

Walking is great for keeping you fit, but it won't do much for your thin arms and legs, or your butt and stomach. To make the best use of the steroids that you are on, you really need to do some resistance exercises (weights or gym machines or body weight exercises). This sort of exercise will help build up your arms, chest, legs and butt, making them bigger, and it's also important to firm your stomach so it will not look as big.

So I would advise two to three sessions per week of strength and muscle toning exercises for your arms, legs, shoulders, chest and back. These are exercises like

lunges onto a step, side pushups, reverse flys and arm curls. This type of training and sample exercises, which you can do at home without much equipment is covered in the Talkabout issues listed further on in this column.

You need to do resistance exercises for your stomach, but also for both layers of your torso, both the deeper abdominal muscles that hold everything in and stop your stomach protruding and the surface muscles that flatten your stomach.

### You really need to do some resistance exercises

These exercises for the deeper layer are sometimes called core stability training and are exercises like dead bugs and crunches on the ball. The surface muscles are exorcised when you do the various crunches etc that you see in all the fitness magazines. If you don't have access to gym or equipment there are still body weight exercises and home made weights that you can use to achieve results. Though even going to the gym or somewhere that has equipment once a week and doing some exercises for arms, legs, chest and back would be worth it. Doing some more intense muscle-building exercises would get results quickly.

If you want a place to start off at do five minutes of exercises for your upper body, five minutes of exercises for your legs and butt and then a few minutes of stomach and lower back exercises, then finish off with a minute or two of core stability exercises.

I have covered some of this in previous *Talkabouts*, so get on the net or ring the PLWHA office and request the issues that look relevant. Issue 134 August-September 2004 has pictures and exercises to get you started. Issue 135 October - November 2004 is about working out which exercises are for which problems areas. *Talkabout* issue 136 Dec-Jan 2004\2005 contains pictures and exercises to combat muscle wasting. *Talkabout* issue 137 Feb-Mar 2005 contains information on how to workout how much and when, and it has basic programming ideas. Issue 138 Apr- May 2005 contains more pictures of exercises to help you target specific muscles. Issue 141 Oct- Nov 2005 and 145 Jun- Jul 2006 contain more exercise pictures and ideas to vary your fitness program. If you read these articles and start doing some of the exercises this will bring you up to speed on the subject very quickly. After reading about the exercises in *Talkabout* gradually do more repetitions, as you get stronger, or try the harder exercises. There are several articles which describe how to make progress while exercising at home. So have some fun trying out some of the exercises in previous issues or see what fitness info is available to you through your social contacts, neighbourhood centre or healthcare practitioner.



## Another way to keep rehydrated

### Oral rehydration Solution

In the last issue of *Talkabout* fitness instructor Ingrid Cullen emphasized the benefits of keeping rehydrated. Some doctors and dieticians also recommend a recipe for an oral rehydration solution. If you'd like to try it, here's the recipe (thanks to Simon Sadlier, dietitian at the Albion Street Centre in Sydney, for the formula)

#### Oral Rehydration Formula

1 Litre Clean Water  
20.0 g (4 teaspoon) Glucose (or table sugar)  
3.5g ( $\frac{3}{4}$  teaspoon) Sodium Chloride (ordinary table salt)  
2.5 g ( $\frac{1}{2}$  teaspoon) Sodium Bicarbonate (Bicarb Soda)  
1.5g ( $\frac{1}{4}$  teaspoon) Potassium Chloride (or use 1 Chlorvescent Tablet)

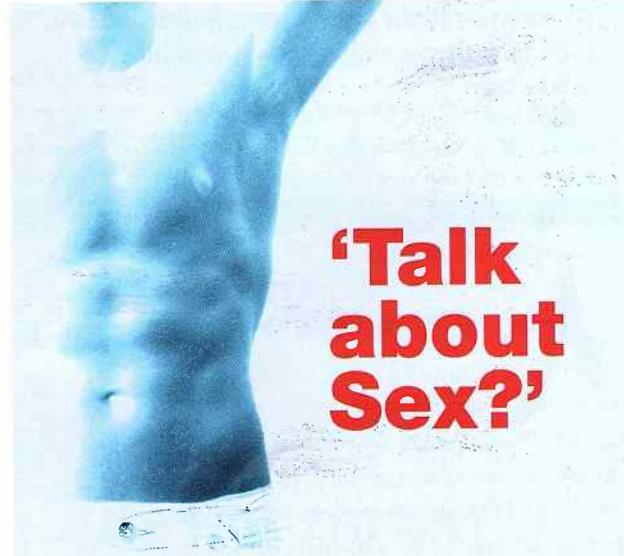
While we're on the topic of mixing drinks. Anyone need a relatively cheap and easy weight gain formula? Here's one recommended by Simon...

#### Basic Weight Gain Supplement Formula

1 Litre Full cream, low fat or skim milk  
6 - 8 Tablespoons Skim Milk Powder

Take out about one cup of milk from the container (and use as normal).

Add the powder to the container, seal and shake. This basic formula can be used on cereal, tea and coffee and used as a basic ingredient to make milkshakes and smoothies.



The 'Talk about Sex?' study, coordinated by the National Centre in HIV Social Research at the University of New South Wales, is exploring the ways that HIV positive gay men communicate about sexual health with their doctors, nurses and other health professionals who they see on a regular basis.

Taking part involves a confidential, one-on-one interview of approximately one hour duration.

If you are an HIV positive gay man and over 18 years old, please contact Mr Jan Mietinen on 0406 519 600 or [janmietinen@yahoo.no](mailto:janmietinen@yahoo.no) to find out more about participating.

# Thanks and goodbye to Maxine

Maxine is moving on to new experiences after being the Women's Health Promotion and Education Officer at Pozhet (the Heterosexual HIV service) for almost a year now. She recently wrote a farewell to the clients of the service:

My employment was a short-term contract and my partner and I knew that living in Sydney would always be a temporary move. It's been an amazing time with lots of changes and new beginnings for Pozhet, which I am sure will become a stronger organisation.

I believe that the incidence of heterosexuals living with HIV will only increase and it has been gratifying for me to see other prominent HIV organizations wanting to work more with positive straight people.

I encourage all positive-hets to maintain your involvement with Pozhet and with other organisations – they need the input that straight people living with HIV can give, including partners, carers and family members.

I wish you all the best for your health and your future, and I am sure I will see you sometime – I'll be around!

Take care  
Maxine

## 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



## Services

### Healing Hands Bondi

Remedial massage / energetic healing / Reiki  
(over ten years' experience)  
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Phone Edward on 0412 386 376

### Coffs Harbour area

HIV+ friendly masseur providing affordable Swedish massages to the HIV/AIDS community.  
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Outcalls available

Masseurs, dog walkers, hairdressers, you name it. If you have a service and would like to advertise a discount for Talkabout readers  
Email editor@plwha.org.au (up to 30 words)

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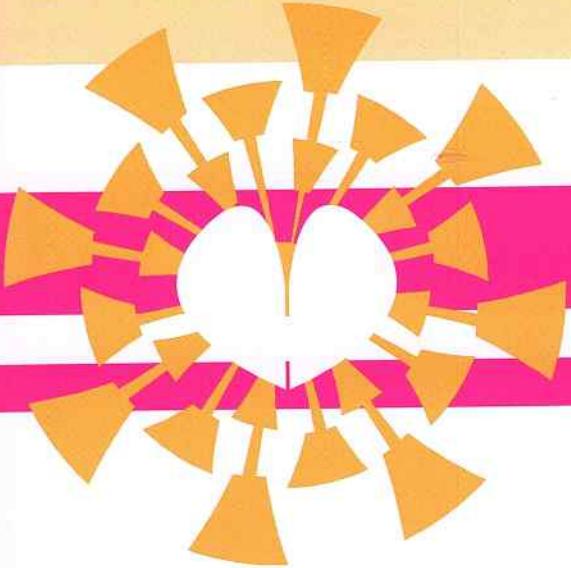
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Chronic fatigue syndrome Immune deficiency Neurological disorders  
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The Long term side effects of Antiretroviral Therapy can cause additional health problems.

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## Olga's personals

### Men Seeking Men

**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, gym 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**

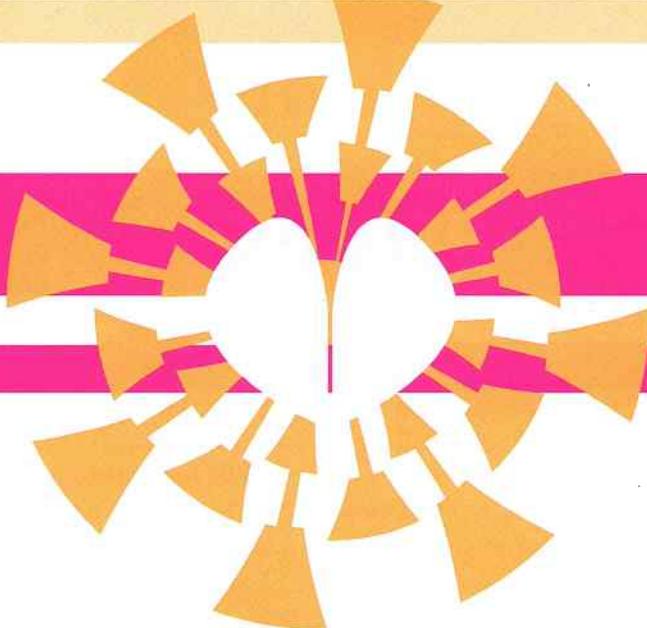
**Newcastle/ Central Coast/ Sydney.** Pos 42, 183 cm, athletic 84kg DTE GSOH versatile work fulltime, not into scene, straight acting, enjoy eating in/out, movies, DVDs, like to keep fit and well. ISO similar versatile top 30 to 45 y/o with view to LTR. ALA with recent photo. **Reply: 300707**

**Mid North Coast** 33 yo dude in boardies. Recently HIV+ & seeking mates, partner, picket fence even. I'm nvs (not very serious). But am very fclg (funny, cute, loyal, genuine) Fit 'n healthy, non judgmental country lad that cooks, cleans and has power tools. **Reply 011007**

**Attractive** 51 yo + Euro guy. SW Sydney, 185 cm, 92 kg blonde/brown hair, hazel eyes, smooth body, professional working guy. GSOH DTE versatile tactile. Enjoys dinners & quiet times etc. WLTM toned smooth bodied 40 – 50 yo versatile GWM. A professional working guy, who has a similar outlook and lifestyle, for a monogamous LTR. **Reply 031007**

**Looking for a cuddle buddy.** Hi guys I am 38 years old working guy living in the Inner west. ISO a normal guy to share a bit of affection with. Prefer a guy who is working and has a stable life. Love kissing and cuddling. Looking to meet a guy to the age of 45. I am an Aussie guy, hairy with a stocky build. Needing the touch of a man. **Reply 081007**

**City located.** Crossdresser. V pretty, good cook, loves fun times. WLTM guy with 'it' factor & chemistry attractiveness. ALA promise. **Reply 111007**



## Men Seeking Women

**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+ 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**

## For Friendship

**Easy going man in late 40s**, looks and feels like I am in my 30s. Unaffected by my HIV+ status, looking for male and female friendships. I am good company, have lots of interests and can communicate and talk about almost any subject. Nothing to tie me down (kids are now adults). Looking for down to earth people for friend/relationship. Solid build/average looks, experience and intelligence. Live in Sydney. Will reply to all mail including people from interstate. **Reply 021107**

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.

You can use this form to apply for Membership or subscribe to *Talkabout*. Please remember to sign the form. A statement about our privacy policy is below. Please read it. Our contact details are below.

## Membership costs nothing - and includes a free subscription to *Talkabout*

Yes, I want to be a member of People Living with HIV/AIDS (NSW) Inc

### Please tick

Full member (I am a NSW resident with hiv/aids)

Associate member (I am a NSW resident)

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

**Membership** entitles you to *Talkabout*, *Contacts*, the Annual Report and occasional newsletters.

## Subscriptions to *Talkabout* only

I don't want to become a member of PLWH/A (NSW) but I do want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that applies to you or your organisation.

### Subscriptions only

I am a New South Wales resident receiving benefits – \$5  
(Please enclose a copy of your current health care card)

I am a New South Wales resident living with hiv/aids who does not receive benefits – \$20

I am an individual and live in Australia – \$33

I am an individual and live overseas – \$77

### Organisations:

**Full** \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)

**Concession** \$44 (includes plwha groups and self-funded community owned organisations)

**Overseas** \$132

## Personal & Health Information Statement

We collect this information to add you to our database and to notify you of information and events relating to PLWH/A (nsw) Inc. We store this information either in hardcopy or electronically or both. Access to your information is strictly limited to staff members. Your information will not be passed on to any other organisation or individual. You can access and correct your personal & health information by contacting us, phone 02 9361 6011 or freecall 1800 245 677, email admin@plwha.org.au

I acknowledge the Personal/Health Information Statement and consent to my information being collected and stored

## How to contact



Office: Suite 5, Level 1, 94 Oxford Street, Darlinghurst  
Mailing address: PLWH/A (NSW)  
Reply Paid 831  
Darlinghurst NSW 1300  
You do not need to put a stamp on the envelope.  
Phone: 02 9361 6011  
Freecall: 1800 245 677  
Fax: 02 9360 3504

Name \_\_\_\_\_

Postal address \_\_\_\_\_

State \_\_\_\_\_

Ph \_\_\_\_\_

Email \_\_\_\_\_

### Donations

I would like to make a donation of \$ \_\_\_\_\_

### Subscription to *Talkabout*

If you are paying the concession rate for *Talkabout* subscriptions, please enclose a copy of your Health Care Card.

You can pay by cheque/money order/credit card.

There is a \$10 minimum for credit card payments.

Please enclose your cheque or money order or give us your credit card details.

Please charge my  VISA  MasterCard

Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on card \_\_\_\_\_

Total payment \$ \_\_\_\_\_

Cash payments can be made at our office.

Signature \_\_\_\_\_

# Resources Order Form



Ordering organisation's name

Contact in organisation

Postal address

State

Ph

Fax

Email

Date ordered

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.

For large orders we will invoice you for postage.

**Mail, Fax or Email Order to:**

PLWHA NSW

PO Box 831

Darlinghurst NSW 1300

Fax: 02 9360 3504 Ph: 02 9361 6011

Email: [healthpromotion@plwha.org.au](mailto:healthpromotion@plwha.org.au)

Website: [www.plwha.org.au](http://www.plwha.org.au)

Quantity Item

## Health Promotion Fact Sheets

- 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)



## bobby goldsmith foundation on-line forum



### 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](http://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](mailto:bgf@bgf.org.au) [www.bgf.org.au](http://www.bgf.org.au)



**bobby goldsmith foundation**

practical emotional financial support

## Positive Jobsearch →

- Specialist for HIV+ & Hep
- On line Job Search
- 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

**PLWHA wishes  
everyone a happy  
festive season**

