

talkabout

Where we speak for ourselves

HIV IS A VIRUS
It has no age, gender,
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**Treatment:
What works for women?**

**Christmas & New Year
Service Hours**

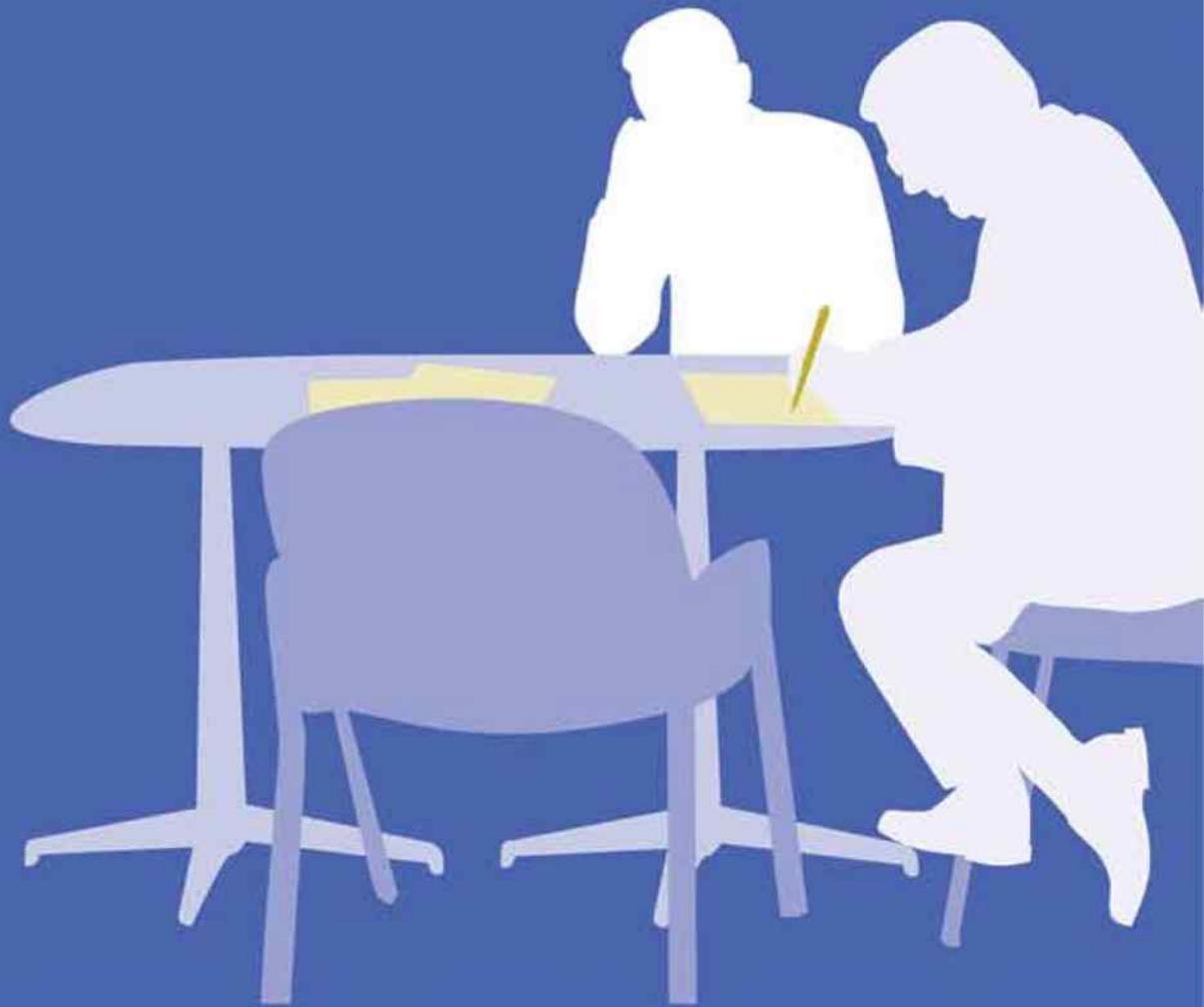
HIV + Peer Support Review

PositiveLifeNSW
the voice of people with HIV since 1988

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Based on campaign developed by GMFA



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In this issue

In the last *Talkabout*, Kevin mentioned change. The biggest change for him was his move to a new job in the corporate sector. Change is an ongoing theme in this issue and for Positive Life. In his article, President Malcolm Leech talks about the Board, upcoming elections, and our new Strategic Plan. In this copy of *Talkabout*, you'll also get a copy of our 2010 Activity Report. This was published in the Sydney Star Observer on Wednesday, 17 November. For us, this means that as well as going to our members, readers of the Star Observer around NSW get a chance to find out about us and the work we do. In addition, extra printed copies are available to members and other interested people. I hope this new format makes it a bit easier to get a sense of the work we do, understand our finances more easily and how Positive Life NSW is run.

In this *Talkabout*, we've also got in depth articles about HIV and treatments, one by Mia looking at information relevant for women with HIV and a second by Neil McKellar Stewart reporting on the 2010 International AIDS Conference (Vienna). It's sometimes hard to get through technical articles like these. These articles also include references to websites. *Talkabout* online on the Positive Life website has all of these links ready to go. If there's something that interests you and you'd like more info, please don't hesitate to get in touch with us at the office.

One of the interesting things that came out of the reader survey is that most people didn't know that *Talkabout* articles were also available online, so if you haven't had a chance take a look at www.positivelife.org.au. *Talkabout* gets front page billing! We got great feedback on *Talkabout* in the survey and lots of suggestions for future themes. Readers generally like the focus on stories and articles by people with HIV. Most people still want a print copy.





Mental Health

What does it mean for you?

What are the challenges?

What has helped or made a difference?

Positive Life NSW is doing a community consultation to find out the mental health needs of people with HIV, barriers to achieving good mental health and how you manage the challenges.

If you are an HIV positive woman we would like to talk with you about your experiences.

You can participate by doing a confidential interview (over the telephone is okay).

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You will be remunerated for your time

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Keeping you informed

As I write this I am aware how close we are to Christmas, New Year and the holiday season. For me it seems the busier we are the more quickly time passes us by. This year has been no exception and while we have achieved much there is always more to do.

The Board and its various working groups have been working extremely hard. The Strategic Plan for 2011- 15 has now been completed and I am extremely proud of it and the direction we are taking; building on our strengths and taking on the challenges an organisation like ours must face.

The Governance Working group has also put in a lot of hard work and achieved much these past few months. The Delegations table has been refined and approved by the Board. The Board Governance Charter has also been completed and approved by the Board. The Charter will clearly inform the

new Board of its roles and responsibilities and includes a Conflict of Interest policy. Work on the new constitution is proceeding and after approval by the incoming Board a consultation will be held with members prior to taking it to a Special General Meeting.

ACON, the Gay and Lesbian Rights Lobby and Positive Life NSW have put together the 2011 NSW State Election Issues Paper which will be sent to every politician and those who are intending to run for government in the March election. It outlines a range of issues that our organisations face and those who receive it will be asked for their responses which will then be published closer to the election.

I attended "Coast Out" the first ever Gay and Lesbian Festival in Coffs Harbour representing Positive Life on a stall at Fair Day. The Festival was a great success for the organisers and particularly for Positive Life. All of our resources had been taken

within two and a half hours of the gates opening. Many who took our resources had not heard of Positive Life NSW. The day demonstrated just how important outreach like this is not just important in rural and regional NSW, but also at Festivals held in Sydney.

On the social side, as we head into the holiday season there are a few events coming up which I would like to mention. There is the SPAIDS picnic in Sydney Park on Sunday November 28th. The Positive Life Christmas Party will be held on Thursday December 16th and the Christmas picnic will be held on Wednesday 29 December in Centennial Park. If you would like more information about these events please contact the office. All are welcome.

If you would like any further information about the Board, please email me at president@positivelife.org.au

Malcolm Leech, President



WRAPPED OR RAW

POS-POS SEX

WANT THE FACTS

www.wrappedorraw.org.au

Pos-pos sex is based on knowing each other's HIV status

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Treatments What Works for Women?

Mia Dawson has been living with HIV for 16yrs. She looks at the resources and sites she has found to be the most useful when accessing information on treatments for women with HIV.

Being a HIV positive woman in Australia today is a far more positive experience than a decade ago. However you don't need to look too far before realising that the vast majority of information on treatments and health challenges is produced predominantly targeting the male population. There is a pronounced lack of gender-specific information on treatments, and what does exist often requires knowledge only marginally less than a full medical degree to decipher and understand. Added to this is the complexity of the unique health challenges that women face encompassing reproduction, menopause and gynaecological issues, side effects of medication specific or more common amongst women, and differences in drug interactions according to one's ethnicity. To quote a doctor on one website, "Women with HIV are different from men with HIV physically, psychosocially and emotionally, as well as in their role as caregivers for their families and communities."¹

One thing that living as a woman with HIV for over sixteen years now has taught me, is that there is no substitute for education and knowledge when it comes to seeking advice on treatment. By this I mean, education as in educating oneself on the options that exist, and practical knowledge on where to go and whom to see. A good and open relationship with one's doctor is paramount when discussing treatments, but as in all health matters it is probably best to take a proactive approach to be able to make your own informed decisions and choices.

As women, we often feel as though we are a minority within a minority when it comes to the HIV sector. Yet sadly, women constitute over half the number of people living with HIV worldwide today. In a report published by Positive Women, Victoria in September 2009 the authors acknowledged "In Australia a great deal of communication about HIV has been predominantly in the gay community... Women are disadvantaged by a lack of timely and accessible information about HIV."² Whilst in this context they are relating to the lack of gender-focussed campaigns about HIV/AIDS, it could also arguably refer to the lack of women-specific information on HIV particularly as regards female physiology, treatments and side effects.

Women traditionally have been under-represented in clinical trials, with initial research on the effectiveness of HIV medications being conducted on men. The doses of antiretroviral drugs were determined after trials involving primarily men, and research has indicated that women may receive a higher dose of a drug in their blood level because they generally weigh less than men. Having higher blood levels of medication in our bodies can be an advantage and a disadvantage. On the upside it means that there is more of the drug available to fight the HIV virus, but the flipside is that it could mean there is a greater chance of having side effects. It has also been suggested that gender differences in side effects may be due to an interaction between HIV medications and female hormones. But until further research is conducted, specialists advise that women should continue taking medication at the levels recommended for all adults living with HIV. Again, I would reiterate here that one's individual needs

and requirements where treatments are concerned, should be part of a conversation that women should be having with their own HIV specialist. However whilst more information has recently become available on gender differences, there is still a lot that we don't understand about the ways in which HIV affects men and women differently. For example, women with a lower viral load at seroconversion, may have a faster disease progression than men with a higher viral load.³

Although generally the efficacy of HIV treatments has produced similar results for women as men, there are a number of side effects from medication that differ for women. Researchers have found that women are more likely than men to experience liver toxicity and rashes when taking the drug Nevirapine. Women also

Women with HIV are different to men with HIV physically, psychosocially and emotionally, as well as in their role as caregivers for their families and communities

seem to be at a greater risk of lactic acidosis, an increased lactate level that causes muscle problems and liver damage when taking certain antiretrovirals. Pancreatitis has also been noted at higher rates in women on some anti-HIV medications. Women also experience different types of body shape changes to men, and tend to get an unusual fat redistribution in their breasts and waists, while a recent study has shown that the drug Efavirenz can induce breast cancer cell growth in some women.⁴ Other research has indicated that although HIV infection increases both men and women's risk of osteoporosis, the risk for women is three times higher than that of men. One of the side effects of the drug Truvada is a decrease in bone mineral density, and for women taking HRT to counter the effects

of menopause, Nevirapine has been shown to cause oestrogen levels to drop.⁵ Another finding is that HIV positive women were twice as likely as positive men to suffer from depression,⁶ yet commonly used alternative remedies to treat depression such as St Johns Wort have interactions with a number of HIV medications resulting in the possible loss of HIV suppression. Other drug interactions include Nelfinavir and Ritonavir which decrease levels of the oral contraceptive pill. Finally, menstrual changes and irregularities associated with some antiretrovirals are another example of a side effect that can affect women but not men. For women who are pregnant or may be considering having children in the future, Efavirenz should not be prescribed as it may disturb the growth and development of an embryo or foetus.

Many women opt to use complementary therapies in conjunction with conventional medical treatments. This holistic approach to care aims to treat the whole body by looking at the interrelationships between body and mind to enhance one's quality of life and improve wellbeing by, amongst other things, helping to strengthen the body to cope with treatments including side effects. Complementary therapies include, but are not limited to, acupuncture, massage, herbal medicines, traditional Chinese medicine, meditation and visualisation, vitamin supplementation and nutrition, yoga and physical activity, naturopathy, and aromatherapy. Again it is important to seek as much information as possible on any approach and consult with your health practitioner, as some herbal preparations may interact with HIV medications. For women wishing to explore this approach, ACON's Positive Living Centre offers a variety of complementary therapies including Swedish/remedial, Lomi Lomi and Shiatsu massage, Reiki, Bowen technique, acupuncture and naturopathy as well as yoga and exercise classes and a vitamin service.

Useful resources and sites

The following is a list of online women specific resources on treatments divided into local (Australia) and internationally. This is by no means a definitive list, rather an overview of the sites and resources I have found to be the most useful when accessing information on treatments for women.

Local Resources

Treat Yourself Right – Information for Women with HIV and AIDS 3rd Edition (Published by AFAO and NAPWA)

A comprehensive resource for women covering amongst other things treatments, pregnancy, menopause, and genital and reproductive health. It also has an extensive contacts and glossary section at the end of the document.

http://www.afao.org.au/library_docs/resources/TYR_07.pdf

Women and HIV: A Series of Factsheets for Women About HIV

Family Planning NSW in conjunction with ACON, Pozhets (the heterosexual HIV Service) and the Multicultural HIV/AIDS and Hepatitis C Service has recently updated and relaunched a series of six factsheets aimed at providing information about HIV for women who have been recently diagnosed, including women from culturally and linguistically diverse backgrounds. One of these factsheets provides basic information on treatments.

http://www.fpnsw.org.au/625547_8.html

<http://www.acon.org.au/hiv/news/women-and-HIV-factsheets>

Next Steps: (Published by AFAO, NAPWA and ASHM)

A booklet generally for those who have been recently diagnosed. However there is a section on pages 36 – 37 relating specifically to women, entitled 'What Does HIV Mean for Women' and divided into 'Women and Treatments' and 'Having Children'.

http://www.afao.org.au/library_docs/ANET/NextSteps.pdf

International Resources

NAM (National Aids Manual) -

AidsMap (a UK site)

NAM and AidsMap aim to provide and share independent, clear and accurate information about HIV and AIDS.

HIV Treatment for Women

<http://www.aidsmap.com/Treatment-for-women/cat/1467/>

Anti-HIV Treatment in Women

<http://www.aidsmap.com/resources/Anti-HIV-treatment-in-women/page/1060338/>

The Body (a US site)

Provides a fully comprehensive HIV/AIDS resource.

HIV/AIDS Resource Center for Women

<http://www.thebody.com/content/art44411.html>

HIV/AIDS Treatment and Women

<http://www.thebody.com/index/treat/women.html>

Women Specific HIV Treatment Research

http://www.thebody.com/index/treat/women_research.html

Women Specific General HIV Complications

http://www.thebody.com/index/treat/women_oi.html

Women & HIV – Effect of Sex/Gender on Response to Antiretroviral Therapy

http://img.thebody.com/legacyAssets/25/98/gender_haart.pdf

The Well Project (a US site)

The Well Project is an initiative conceived, developed, and administered by HIV+ women and those who are affected by the disease.

Home Page

http://www.thewellproject.org/en_US/index.jsp

Women's Center

http://www.thewellproject.org/en_US/Womens_Center/

Treatment and Trials

http://www.thewellproject.org/en_US/Treatment_and_Trials/

Women and HIV

http://www.thewellproject.org/en_US/HIV_The_Basics/Women_and_HIV.jsp;jsessionid=MhJBfQMvYLRZnQpPDpxZ2WF7gJ1Zzk7Lg7hKcXh8Z13N2GQGt8G1!1667561156

What Works For Women – Evidence for HIV/AIDS Interventions

An international site aimed at developing policies and strategies to address the needs of women and girls as part of the global HIV/AIDS response. It provides a comprehensive evidential-based review spanning 2,000 articles and reports with data from more than 90 countries, detailing a number of interventions for which there is substantial evidence of success including prevention, treatment, and care and support.

<http://www.whatworksforwomen.org/>

Further Organisations Who Provide Resources for Women Living with HIV, based or with representation in New South Wales

Positive Life

<http://positivelife.org.au/>

ACON (AIDS Council of NSW) Women and Families Affected by HIV Project

(Follow the links from the main

homepage)

<http://www.acon.org.au/>

AFAO (Australian Federation of AIDS Organisations)

<http://www.afao.org.au/>

NAPWA (National Association of People with HIV/AIDS)

<http://www.napwa.org.au/>

The Heterosexual HIV/AIDS Service (Pozhets)

<http://www.pozhet.org.au/>

You can also access these web addresses on *Talkabout* online www.positivelife.org.au

In conclusion I believe that what works for women is ultimately what works for you as an individual. Being aware of the treatment options available in consultation with your HIV specialist or doctor, allows you to feel empowered and make informed choices about your overall treatment and quality of life.

Special thanks for their assistance with this article to Samantha Fieldes, Women & Families Project Officer; Steve Wiggins and Jae Condon at the Positive Living Centre.

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- 5 M.J. Sikora, J.M. Rae, M.D. Johnston & Z. Desta, *Efavirenz directly modulates the oestrogen receptor and induces breast cancer cell growth*, (HIV Medicine, 2010), Vol. 11 pp 603-7.
- 6 Kathleen M. Squires MD, *The Impact of Sex/Gender on Antiretroviral Therapy and Its Implications*, (BETA, Summer 2003), p. 42, http://img.thebody.com/legacyAssets/25/98/gender_haart.pdf
- 6 *The Body, Women and Depression: Depression is More Common in Women*, (November 2009). <http://www.thebody.com/content/art58419.html?ic=700100>



Pacific Palms Party People

Adam looks back on his weekend away with pos guys organised by Karumah Positive Living Centre, Newcastle.

Just got back from a weekend organised by Karumah Positive Living Centre at Newcastle. I haven't been to a get together of gay men for a lot of years, but being in a country town, you don't get a lot of contact with groups or gay men in general, so I thought I'd go and have a big girl's weekend away with other pos men.

Before I got there, as much as I tried to stay open-minded, some slight fears came into my head about what was going to happen. I thought it might be like the eighties get togethers, with "trust circles", and "consciousness raising workshops" etc. Thank god it was a great weekend, full of fun things, lots of talking, good food and NO PRESSURE.

There were about twenty four of us, ranging in age from 20 to 70. There was no one-upmanship from anyone, people just wanted to enjoy the company of other gay men. I really liked that.

Most of the guys knew each other from the centre, and there were three of us from outlying areas. They made us feel so at home. The weather wasn't on our side, 80km winds quite chilly for that time of year, a bit of rain, so we spent a lot of the time eating, shooting the breeze, playing games, chatting about HIV, and men, and sex, and stuff queens talk about. More than one conversation was about the incredibly cute maintenance man who was doing the pool. He was wearing tight clothes and had a suntan, as they do.

It struck me about half way through the weekend that I've never been a joiner, I've never really wanted to be one of the crowd. But this weekend we just really bonded. I could talk about all my problems with meds, and diet, and strange little sicknesses that I'd had. It was really nice to have someone else who had been through stuff as well.

I don't get a lot of contact with services, counsellors or other pos guys in my town.

Spending a quality weekend with great people is a great way to live my life

ACON isn't here. There are no specific HIV services at all. I made contact with BGF last year, but haven't even had a phone call since then. It's not a complaint, it's just how it is up here, you do sometimes feel a bit isolated with your illness. Most services are city centric and city based.

Anyway, next year they're talking about having the weekend at Port Macquarie, so that will be a lot easier for me to get to.

What I liked most, I think, is that there was no "in-house loving". None of that

sexual game playing where everyone gets there just to see who they can bonk for a night.

On Saturday night, we went to the local club for dinner, one of those little recreation clubs in every town along the coast. Pretty nice food, a few drinks and lots of laughing. The club managed to bus in two loads of rugby boys for us to stare at, so eye candy was on tap, which was nice.

A couple of times I thought "what has my life become? I used to be a party queen, doing the clubs and the saunas, and here I am, staring at straight boys in a small town RSL club on a Saturday night?" I'm still trying to find a negative about that.

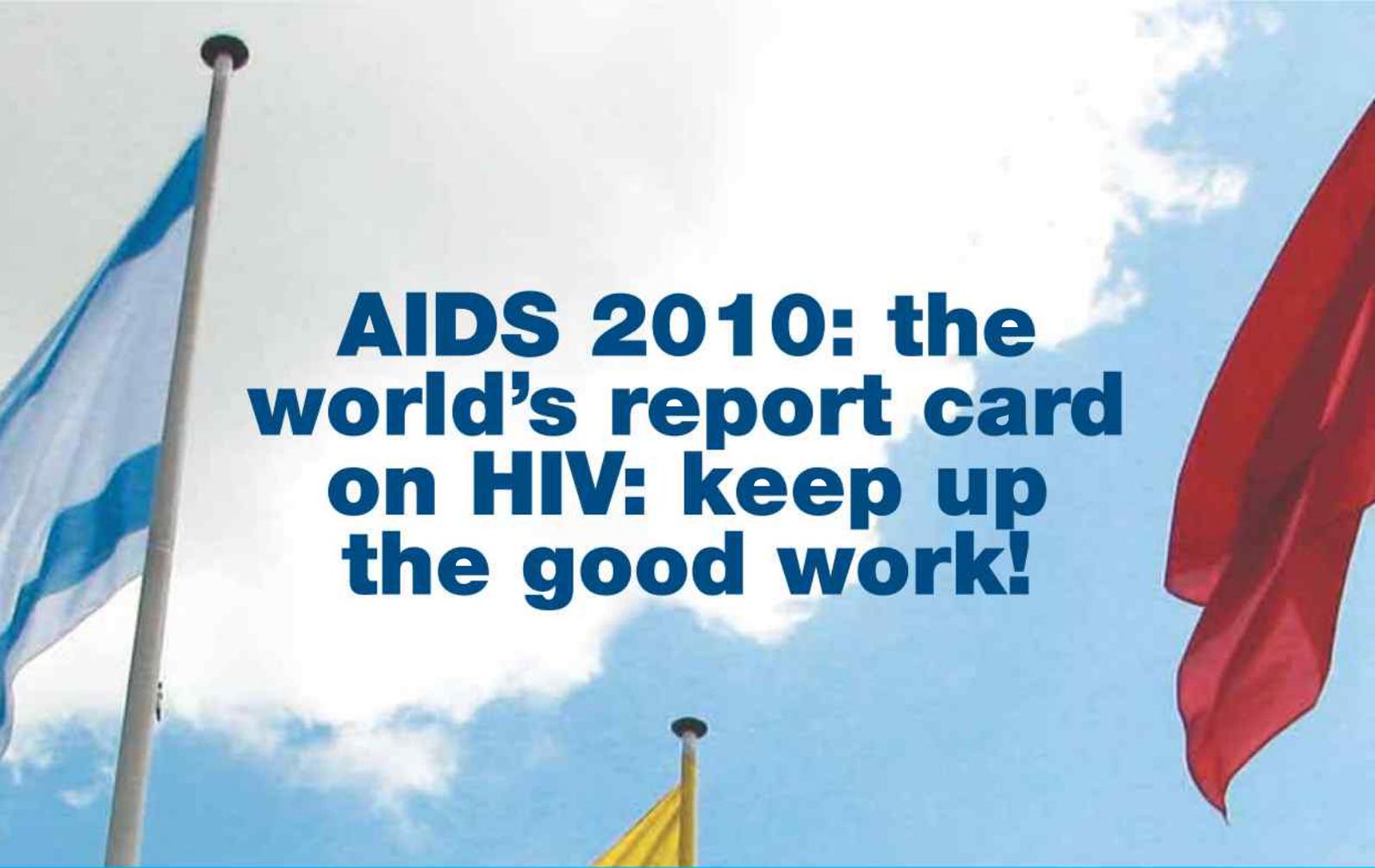
These thoughts passed quickly. I can go back to the clubs and saunas anytime. The truth is that's just boring for me now. I'm really happy in my own skin these days, I don't need constant outside stimulation to validate my life.

Spending a quality weekend with great people, and chatting and laughing is a great way to live my life. They even threw in a massage for us on the Saturday afternoon.

I couldn't thank them enough. One guy, Bernie from Manila, drove three hours out of his way to pick me up and drop me home. We're talking quality people here folks. People that give a shit. People that will give up a lot of their own time to help those of us who need it.

So, thanks heaps to everyone at Karumah, and all the guys who came.

Can't wait for next year.



AIDS 2010: the world's report card on HIV: keep up the good work!

Neil McKellar Stewart is the HIV Health Maintenance Officer at ACON Northern Rivers in Lismore.

I was fortunate to be able to attend the XVIII International AIDS Conference in Vienna in July thanks to sponsorship from Napwa. The conference is staged by the International AIDS Society every two years. It's huge, attracting over 18,000 participants and 1,300 media delegates from nearly 200 countries. There were nearly 250 separate sessions and over 6,000 abstracts of HIV-associated work across all the political, social and biomedical sciences. The range and amount of creative thinking addressing every issue around HIV was amazing and the good work of tens of thousands of people was humbling. There was so much and so the following comments reflect some of my own interests and what might be interesting for PWH (people with HIV) in NSW. The big news was the relative success of the vaginal microbicides to prevent HIV transmission. This has been fully reported on elsewhere so I won't cover that exciting development here.

For links to some interesting articles visit the [Talkabout website](#).

Conference Highlights

Living longer-term with HIV

HIV treatments have improved to such an extent that PWH in resource-rich countries, like Australia, can now have life expectancy which is almost that of the general community. This is a double-edged sword: with increasing years on treatment many PWH can expect to face the challenges of diseases of ageing, not to mention long term side effects from HIV meds. With that in mind the Monday afternoon session **The Double-Edged Sword: Long-Term Complications of ART and HIV (MOSY03)** reviewed recent information on some of the complications associated with HIV disease.

● **Bone of contention:** Paddy Mallon provided a summary of recent research on HIV and bone disease. This indicates that PWH on treatment have reduced bone

mineral density and that they continue to experience bone loss with time. The associated risk of fractures is increased. He reviewed the effect of differing antiretroviral treatments which suggest that combinations containing protease inhibitors (PIs) and nucleoside reverse transcriptase inhibitors (NRTIs) result in the greatest bone loss in the first two years after starting treatment.

● **HAART to Heart:** Georg Behrens provided a similar survey of recent research on HIV and cardiovascular disease. He observed that HIV contributes to an increased risk of heart disease in a number of ways: HIV is associated with increased thickening of arteries (its contribution to thickening of arteries is more than that caused by smoking). HIV increases the release of proteins which can lead to blood clots, and while HAART reduces the stiffening of arteries associated with HIV, it does not restore blood flow to normal levels. Staying with a compromised immune system (low CD4 cell counts) is a major risk for heart attacks (myocardial infarction) and damage to major blood vessels, like the carotid artery.

There is a growing body of evidence that HIV disease is associated with increased risks of other heart and blood vessel conditions, including raised blood pressure and strokes. Behrens reviewed the evidence suggesting an association between abacavir and cardiovascular disease and indicated that it was still uncertain, although the association between abacavir and very slight increase in risk of heart attack is strongest at the initiation of treatment and probably decreases with time.

His discussion of abacavir referred to his article published in February in the journal *Current Opinion in Infectious Diseases* in which he suggested, that for people at significant risk of heart disease (e.g. family history of heart attack, existing heart disease, diabetes), it was imperative to reduce modifiable risk factors (e.g. smoking, high blood pressure, raised LDL cholesterol and triglycerides, and problematic drug use). For these people, "replacement of abacavir or change of

the antiretroviral regimen might be considered".

● **Kidney conundrums** Mohamed Atta reviewed kidney disease in PWH and in particular reviewed four major research studies published in 2010. These demonstrate that PWH have an increase in the markers of decreased kidney function. Having kidneys which are not adequately functioning increases the risk of heart disease. He discussed one study in which PWH with proteinuria (excess protein in their urine, a marker of kidney dysfunction) had double the risk of significant heart events. The same study showed that having decreased filtration through the kidneys had a similar risk of heart events. He then discussed risks to the kidneys from HIV treatments these included the risk of developing diabetes, high blood pressure, development of kidney stones and crystals of HIV drugs within the kidneys, and the role of tenofovir and atazanavir in kidney disease. Atta presented data from two European studies published in 2010 which indicated that the risk of kidney disease, while very small, nevertheless increased the longer people were on antiretrovirals, particularly tenofovir and atazanavir. This was especially true for people over 45.

Atta and the authors of two other papers published in 2010 suggest that the small decline in kidney function continues over time and that PWH using tenofovir should be regularly monitored for kidney function. None of them suggest that tenofovir use should be restricted at this stage, but that longer-term studies need to be undertaken to measure the effects of long-term exposure to tenofovir and other ARVs.

● **Out of sight out of mind:** Victor Valcour provided a review of brain impairment/dementia and HIV. He discussed the kinds of HIV-associated brain impairment which range from zero measurable impairment through mild loss of thinking and memory (called Mild Neurocognitive Disorder or MND) to HIV-associated dementia. He indicated, as several other studies at the Conference also suggested, that up to two out of five PWH



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may have some impairment in thinking and memory. For most PWH this will be very slight and most people will be able to make changes in their lives to compensate (as we all do as we age). He suggested some possible causes for this which include: the persistence of HIV in tissues and cells ('reservoirs') out of the reach of current HIV drugs, drugs not fully controlling HIV in the central nervous system, and the effect of ageing. He discussed the connection between brain impairment and a range of other health issues, including: cardiovascular disease (included high blood pressure and thickening of the arteries), smoking, recreational drug use, coinfections (like hepatitis C), sleep apnoea and depression. He suggested that processes involved in Alzheimer's disease were different to those seen in PWH but more research is needed.

Take home message

The PowerPoint presentations and excellent rapporteur summaries (well worth a read) are available at: <http://pag.aids2010.org/session.aspx?s=581>

None of these issues were entirely unexpected: well managed HIV is still a major disease of inflammation which impact on many parts of the body. HIV treatment stops the destruction of the immune system but there are residual effects with which all PWH have to live. The take-home message for me was that PWH should keep control of HIV disease progression by sticking with their antiretroviral treatments. Ensure that all the necessary blood tests and monitoring of major organs is undertaken regularly by their HIV specialist and make the necessary lifestyle changes to stay healthy into the future.

This was only one session in a very busy

week, there was much more, including encouraging news on the HIV drug front.

HIV drug developments

The new non-nucleoside reverse transcriptase inhibitor (nNRTI) **rilpivirine**, under new drug development, performed very well in trials. These compared it and efavirenz (both combined with two NRTIs, predominantly Truvada®) in treatment naïve patients. Participants in these studies were quite challenging with median viral loads of 100,000 copies/ml before treatment commenced. Nearly 85% of participants had undetectable viral loads after 48 weeks of treatment with rilpivirine. Rilpivirine was better tolerated than efavirenz. Neurologic and psychiatric adverse events and rash were significantly less common with rilpivirine. Rilpivirine produced less increases in cholesterol and triglycerides than efavirenz. This is good news. A new drug application for rilpivirine was submitted to US authorities the week after IAS. It is expected that a similar application will soon be made to Australian authorities.

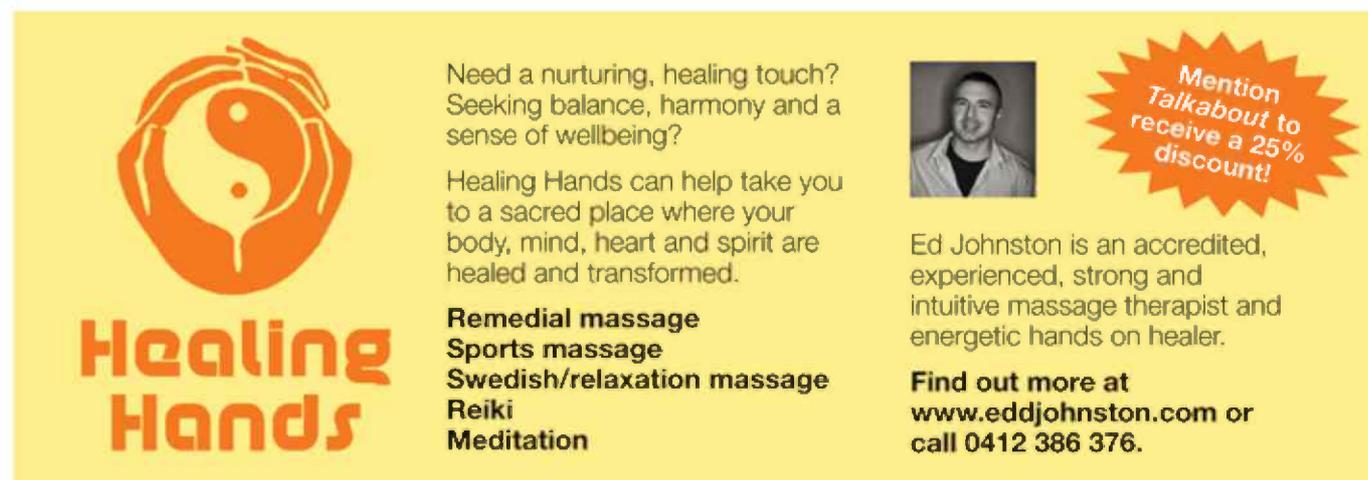
We learned a lot more about another promising new integrase inhibitor S/ GSK1349572 (**572 for short**). The data for phase II 'SPRING' trial in treatment naïve individuals were presented comparing 572 with efavirenz. Sixteen week data demonstrated very rapid suppression of HIV such that 80% of participants achieved undetectable viral load by week 8 and 90% were undetectable at week 16. The speed of suppression was significantly faster with 572 compared to efavirenz. 572 was very well tolerated and there were no serious adverse events related to 572 and very few discontinuation. The potential advantages of 572 in naïve patients over other integrase inhibitors include one pill,

once daily dosing that does not require a boosting agent. If further trials produce good results and 572 is demonstrated to be safe and efficacious, it will probably be a few years before it becomes available in Australia.

Other good news was that the once-daily dosing trial of **nevirapine** produced excellent results.

Because both of the most commonly used NRTIs, abacavir and tenofovir, have side effects, there is an ongoing interest in testing combinations which do not use them (so-called **NRTI-sparing regimens**). Data from three small trials were presented: the **PROGRESS** study compared Kaletra + Truvada (a combination with 2 NRTIs) to Kaletra + raltegravir (NRTI-sparing) and showed similar efficacy. The **SPARTAN** study compared raltegravir to Truvada (both with atazanavir boosted with ritonavir). The raltegravir-based (NRTI-sparing) combination performed well. The final NRTI-sparing combination on which data was presented was a small trial comparing **maraviroc** to Truvada (both with atazanavir boosted with ritonavir). Eighty percent of participants receiving maraviroc plus boosted atazanavir achieved an undetectable viral load by week 24. All these studies were small and of short duration. A large trial comparing raltegravir to Truvada (both with boosted darunavir) in PWH initiating their first treatment is about to start in Europe and it should provide some answers - though we will have to wait for some time to see these results.

Overall the Vienna conference provided lots of good news on the advances being made in HIV basic science, clinical care and treatments.



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Saving on prescription costs

Lance Feeney unpacks the PBS Safety Net

Taking advantage of the PBS Safety Net Scheme can make a big difference to your yearly expenditure on medication. If you are in a relationship (de facto couple), you can reach the PBS Safety Net threshold much sooner. Applying for a Safety Net Card is easy.

Unpacking the PBS Safety Net

If you or your partner need a lot of medicines in a year, the PBS Safety Net helps you with the cost of medicines. If you reach the Safety Net threshold, you can apply for a Safety Net card – then your PBS medicine will be less expensive or free for the rest of the calendar year.

Who is eligible?

- All Australian residents
- People from other countries with a reciprocal Health Care Agreement with Australia.

What does it cover?

All prescribed medicine which is PBS listed (both HIV and other)

Who makes up the Safety Net?

- A Medicare care holder and their:
- Spouse/de facto partner. People in same sex relationships now qualify
 - Dependent children
 - Dependent students

PBS patient contributions and thresholds

	General patients (waged)	Concessional card holders
Patient contribution	Up to \$33.30 (per item)	\$5.40 (per item)
Safety Net threshold per annum (Single or couple)	\$1281.30	\$324.00
Amount paid per script after Safety Net threshold has been reached or exceeded	\$5.40 (per item)	Free (per item)

Note: If you choose a more expensive brand of medicine (non-generic) or your doctor prescribes one, you may need to pay more and the extra amount you pay won't count towards your PBS Safety Net threshold.

Reaching the PBS Safety Net

After reaching the Safety Net threshold, you can apply for a Safety Net card. Talk with your HIV dispensing pharmacist about getting a card. After the card has been issued, medicines will be charged at

the PBS Safety Net rate. For the rest of that calendar year, you and your partner will be charged \$5.40 for each prescription or get you medication free if you are a concession card holder. Remember that prescriptions include both HIV and other medications.

How do I know when I have reached the threshold?

If you want to take advantage of the PBS Safety Net you will need to keep a track of your PBS expenditure each year. From 1 January, keep a track of the number of prescriptions that you, or you and your partner get dispensed. Ask your HIV pharmacists and your community pharmacist to provide you with a print-out of the cost of all the prescriptions you have had dispensed during the year. You will also be able to estimate the time when you reach the PBS Safety Net threshold by multiplying the total number of prescriptions by the number of months by the cost of each prescription (\$33.30 if you are waged or \$5.40 if you are a concession card holder).

For example:

Waged

- 3 HIV meds @ 33.30 per month + 4 other medications @ \$33.30 = \$233.10 per month. If you add together the total monthly cost, some time in May the threshold of \$1281.30 would be reached. For the rest

of the year you would be charged the PBS Safety Net rate of \$5.40 per script and the cost of your 7 medications would be \$37.80 per month for the rest of the year

Health Care Card holders

- 3 HIV meds @ 5.40 per month + 4 other medications @ \$5.40 = \$37.80 per month. Some time in August the

threshold (\$324) would be reached. For the rest of the calendar year, all your medication would be free of charge.

Making a claim for a refund

You can make a claim for a refund if you have exceeded the Safety Net threshold. Ask your pharmacist for information about how to make a claim or go to the

Medicare Australia website (link at end of article) for instructions.

The Table below provides a cost comparisons for singles and couples (both waged and for Health Care Card holders) who require multiple HIV and other medications. The Safety Net threshold is the same for singles and couples, so a couple will reach the threshold sooner.

With Health Care Card		Without Health Care Card (waged)	
Individual	Cost per month	Individual	Cost per month
3 HIV anti-retroviral drugs @ \$5.40 per prescription	\$16.20	3 HIV anti-retroviral drugs @ \$33.30 per prescription	\$99.90
3 non-HIV medications @ \$5.40	\$16.20	3 non-HIV medications @ \$33.30	\$99.90
Couple with similar medication regimes		Couple with similar medication regimes	
6 HIV anti-retroviral drugs @ \$5.40 per prescription	\$32.40	6 HIV anti-retroviral drugs @ \$33.30 per prescription	\$199.80
6 non-HIV medications @ \$5.40	\$32.40	6 non-HIV medications @ \$33.30	\$199.80

For more information

- Call—132 290* PBS enquiry line
- Option 1— Concession and Medicare entitlement enquiries
- Option 2— All claim payment, Safety Net, stationery and general enquiries
- Option 3— Technical support for online claiming or information about online claiming

Call—1800 020 613** PBS information line (for general public)

Visit—Department of Health and Ageing PBS website <http://www.medicareaustralia.gov.au/provider/pbs/pharmacists/safety-net.jsp>

Positive Life Xmas Party

Come and celebrate Xmas with us Thursday 16 December, from 6.30pm

Taxi Club, upstairs, 40-42 Flinders St, Darlinghurst * All welcome
Please RSVP for catering to Harry at Positive Life 9361 6011 or harryr@positivelife.org.au

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: Hédimo on 9361 6011
hedimos@positivelife.org.au

PositiveLifeNSW
the voice of people with HIV since 1988

acon
ADVANCING COMMUNITIES
HEALTH & WELLBEING



7₂9



HIV positive and getting on with it?

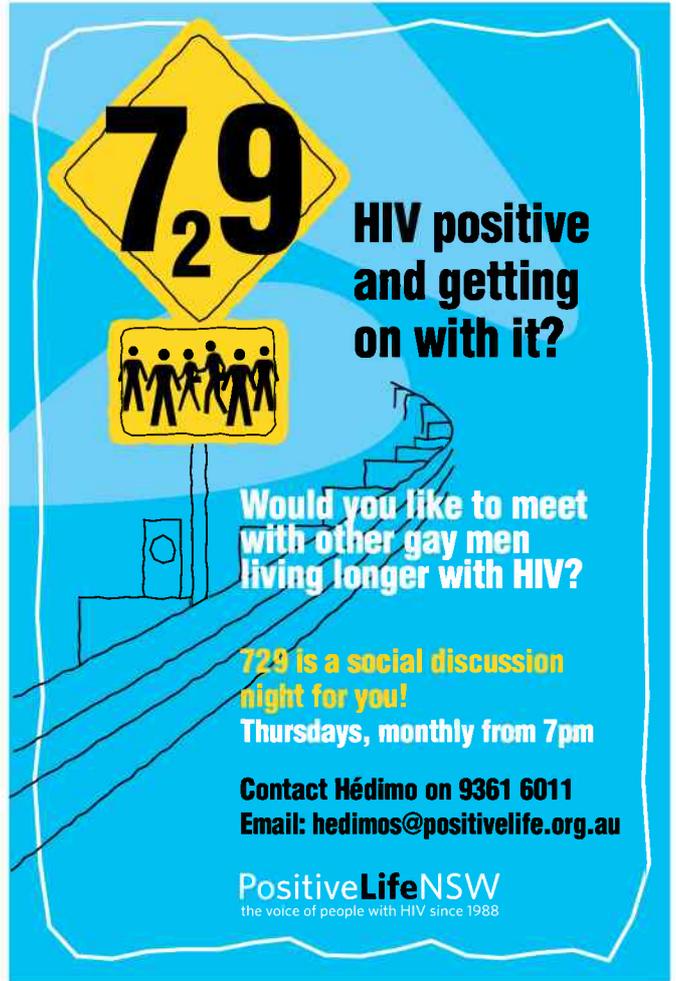
Would you like to meet
with other gay men
living longer with HIV?

729 is a social discussion
night for you!

Thursdays, monthly from 7pm

Contact Hédimo on 9361 6011
Email: hedimos@positivelife.org.au

PositiveLifeNSW
the voice of people with HIV since 1988



AFFORDABLE VITAMINS & SUPPLEMENTS

The ACON Vitamin Service provides quality vitamins and supplements at discounted prices to help maintain and improve the health of people with HIV.

Popular products include spirulina, zinc, co enzyme Q10, selenium and a range of nutritional supplements.

To access the service, you need a letter or ACON vitamin 'script' from your dietician, GP or complementary therapist indicating the vitamins or supplements that suit your needs.

Visit www.acon.org.au/hiv/Vitamins, email vitamins@acon.org.au or call 9699 8756 for more information.

Fresh fruit & vegetable delivery

If you are living with HIV in the City of Sydney and surrounding suburbs, you may be eligible to have fresh fruit and vegetables delivered to your home for just \$9 a box.

The box has about 30 pieces of fresh fruit and/or vegetables and is delivered each week or fortnight.

The service is also available for older people, people with disabilities and carers, and those who need assistance living independently at home. You must be assessed for this service and places are limited.

Please call 9699 1614 or e-mail coordinator@fdn.org.au for more information or a client assessment.

The service is provided by the Food Distribution Network, a not-for-profit organisation funded by ACON, the Bobby Goldsmith Foundation and Positive Life, as well as the HACC program.





Christmas & New Year service hours

The Christmas–New Year period can be stressful as many HIV services close during the holidays. We've compiled information about the Xmas closing hours of the main Sydney services and outpatient pharmacies (including regional) to help you plan for the holidays.

ACON

Closes 6pm Friday 24 December
Re-open Tuesday 4 January 2011

Positive Life NSW

Closes twelve noon Friday 24 December
Re-opens Tuesday 4 January 2011

PLC

Closes twelve noon Friday 24 December
Re-opens Tuesday 4 January 2011 (drop in only – no therapies or lunch service)
Note: Therapies and meals recommence the week of 11 January 2011

Positive Central

Closes 5pm Friday 24 December
Re-opens Tuesday 4 January 2011
Note: intake/referrals Monday–Friday, 9am–11am (response within usual timeframes).

HIV Community Team (SESIAHS)

Closes 4.30pm Friday 24 December
Open Wednesday 29 December and Thursday 30 December 8:00am to 4:30pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011

Luncheon Club & the Larder

Closes 3pm Wednesday 22 December
Re-open Monday, 10 January 2011

BGF

Closes twelve noon Friday 24 December
Re-opens Tuesday, 4 January 2011
Note: Bills for payment/financial assistance must be received by BGF by midday of Wednesday 15 December to ensure payment before Christmas

Multicultural HIV/AIDS & Hepatitis C Service

Closes 5pm Friday 24 December
Re-opens Tuesday 4 January 2011

Heterosexual HIV/AIDS Service (PozHets)

Closes 5pm Friday 24 December
Re-opens Tuesday 4 January 2011
Freecall 1800 812 404
Note: Answering machine service available, but no response until Tuesday, 4 January 2011

Pharmacy

Albion Street Centre Pharmacy

Closes 1:00pm Friday 17 December
Re-opens normal time Monday 20 December to Thursday 23 December
Closes 1:00pm Friday 24 December
Closed Monday 27 December and Tuesday 28 December
Emergency services only – Wednesday 29 December to Thursday 30 December, between 9am and 3pm
Closed Friday 31 December
Re-opens Tuesday 4 January 2011
Note: Pharmacy will be closed on Wednesday 26 January 2011 (Australia Day)

Parramatta Community Health Centre

Open Friday 24 December, 9:00am to 4:30pm
Closed Saturday 25 December
Re-opens normal time Tuesday, 4 January 2011

Prince of Wales Hospital Pharmacy

Open Friday 24 December, 10:00am to 5:00pm
Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 10:00am to 5:00pm
Open Thursday 30 December, 10:00am to 5:00pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011
Note: Pharmacy closes everyday between 1pm-2pm

Royal North Shore Hospital Pharmacy

Open Friday 24 December, 8:30am to 5:00pm

Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 8:30am to 5:00pm
Open Thursday 30 December, 8:30am to 5:00pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011
Note: Pharmacy closes everyday between 1pm-2pm

RPA Pharmacy

Open Friday 24 December, 8:00am to 5:00pm
Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 8:00am to 5:00pm
Open Thursday 30 December, 8:00am to 5:00pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011

St George Hospital Pharmacy

Open Friday 24 December, 10:00am to 5:00pm
Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 10:00am to 5:00pm
Open Thursday 30 December, 10:00am to 5:00pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011

St. Vincent's Hospital Pharmacy

Open Friday 24 December, 9:00am to 5:00pm
Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 9:00am to 5:00pm
Open Thursday 30 December, 9:00am to 7:00pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011

NSW Regional

Lismore Base Hospital Pharmacy

Open Friday 24 December, 9:00am to 5:00pm
Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 9:00am to 5:00pm
Open Thursday 30 December, 9:00am to 5:00pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011

Coffs Harbour Base Hospital Pharmacy

Open Friday 24 December, 9:00am to 4:30pm
Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 9:00am to 4.30pm
Open Thursday 30 December, 9:00am to 4.30pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011

Wollongong Hospital Pharmacy

Open Friday 24 December, 9:00am to 4:30pm
Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 9:00am to 4.30pm
Open Thursday 30 December, 9:00am to 4.30pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011

John Hunter Hospital Pharmacy

Open Friday 24 December, 8:45am to 6:00 pm
Closed Saturday 25 December to Tuesday 28 December
Open Wednesday 29 December, 8:45am to 6:00 pm
Open Thursday 30 December, 8:45am to 6:00 pm
Closed Friday 31 December
Re-opens normal time Tuesday, 4 January 2011

HIV emergency support

New HIV diagnosis

HIV Hotline

Albion street Centre 02 9332 9700

PEP

NSW PEP Hotline 1800 737 669

Counselling

Albion Street Clinic
02 9332 9600 / 1090

Depression

Lifeline 13 11 14

Medication

St Vincent's Hospital, Emergency
Department 02 8382 1111

Medication information

St Vincent's HIV Treatments Information
Line 1800 454 510

STI testing

Sydney Sexual Health Clinic 02 9382
7440 or 1800 451 624

Monthly Hep C support groups

Hepatitis NSW is facilitating support groups for people affected by Hep C.

The groups provide people with a chance to meet others and share their experiences in an informal, friendly and safe environment. Anyone affected by Hep C is welcome to attend. Food and drink will be provided.

When: 3rd Tuesday of each month, 6–8pm

Where: Hepatitis NSW, Level 1, 349 Crown St, Surry Hills

Contact: Niki or Toby on 1800 803 990

Web: www.hep.org.au > Talking Hep C > Support groups

That feel-good factor: **exercise and HIV**

Derek Thaczuk gets off the couch and finds out about exercise and HIV.



This article was published by the UK website www.aidsmap.com It is reproduced in *Talkabout* with their permission. The Positive Health Programme at the central London YMCA is similar to the ACON program Healthy Life Plus. For information about this program or to register, contact ACON or the PLC.

Does anyone really need to be told that it's healthy to exercise? Probably not. Yet that knowledge often doesn't translate into actual sweat and pounding hearts. Despite – or perhaps because of – a thriving gym culture, many people still view exercise as yet another onerous duty (“I suppose I should”), rather than something to look forward to and enjoy.

Does what's 'good for us' have to be at odds with what we enjoy? Not so, says Garry Brough, former co-ordinator of the Positive Health Programme at the central London YMCA – a fitness programme developed specifically for people with HIV. At Positive Health, says Brough, even those who came in with reservations tended to leave happy and to come back for more.

“Many people didn't really expect much from the programme. They didn't come in with optimism and were sure they wouldn't enjoy a gym environment. But once they got the hang of it, once they were actually there and getting a bit of a buzz from the exercise, they realised it made them feel good and wanted to do it again.”

Many 'graduates' went on to volunteer or teach at the YMCA, and at least five or six actually became personal trainers themselves.

Much of the Positive Health Programme's success may have stemmed from the wide range of activities available to choose from, from weightlifting to yoga, as well as the personal attention and HIV focus. However, not having an HIV-tailored programme to guide and welcome you should be no deterrent to reaping the benefits of physical activity. “It's not all about the gym,” Brough says. “If you don't have access to a good facility, just do something active – gardening, playing frisbee, walking the dogs. Just as long as it's something you enjoy and that doesn't feel like a chore.”

And if you're a driven desk-jockey who 'hasn't the time', then run or cycle at least some of the way to work instead of taking the train.

Choosing your goals

What to do, of course, depends not just on personal preferences, but on what you are trying to accomplish. Many joggers and gym goers would cite losing weight as their top goal. Some HIV-positive people need to lose weight too. For others, widespread lipodystrophy and HIV-related metabolic problems are causing unhealthy fat gain.

Ongoing HIV infection causes many people to lose weight (particularly lean body mass: that is, muscle) involuntarily. This condition, called *wasting*, can be very serious if not addressed.

Exercise can help, whether you aim to lose or gain – but it's important to choose the right kind or you may even make matters worse. A person experiencing involuntary weight loss probably shouldn't be training for marathons. Equally, a person who needs to lose weight may be risking their health if all they concentrate on is resistance training.

Regular exercise reduces the risk of adult onset diabetes, high blood pressure (hypertension) and coronary artery disease ...

There are three main components to exercise: resistance training, aerobics, and flexibility training.

Flexibility training should be part of any routine: stretching and loosening your muscles and joints protects them against injury, especially before and after weight lifting or other heavy-duty forms of exercise. It also makes you supple. A number of complementary health disciplines concentrate on flexibility, both active (most forms of yoga) and passive (shiatsu or Thai massage).

Resistance training means putting your muscles to work against weights or weight machines. This form of training builds muscle mass and muscle strength, and is often recommended for people with HIV who have difficulty maintaining

enough body weight. Studies have found that properly designed resistance training routines safely help HIV-positive people build strength and lean body mass.^{1,2} Note that when trying to build muscle, it's crucial to have an adequate, healthy diet: your body needs enough protein and other essential nutrients from which to build new muscle.

High-intensity exercise may be safe for many otherwise fit and healthy HIV-positive people.

Aerobic exercise is the sweaty stuff that gets your heart and lungs going: cycling, running, spinning and the like. Aerobic exercise can accomplish two things: it burns off calories, helping you to lose extra body fat. It also forces your heart and lungs to work harder, keeping them healthier, hence its other name, 'cardio'. Although HIV-specific studies are relatively scarce, there is a great deal of evidence that regular exercise reduces the risk of adult onset diabetes, high blood pressure (hypertension), and coronary artery disease in the population at large and in those with other chronic illnesses.^{3,4}

Improving cardiovascular health is especially important for people at risk of heart disease. This includes people with HIV, especially with other risks such as high cholesterol levels. People at risk of heart disease are encouraged to get regular, moderate amounts of aerobic exercise. Aerobics can lower the levels of “bad” LDL cholesterol and increase “good” HDL cholesterol levels in the blood and it's having a high HDL-to-LDL cholesterol ratio that's the key to reducing heart disease risk. While you may not be able to change your genetics (cardiac risk tends to run in families), you can change how much you exercise.

Beating the blues

Exercise has many other rewards – some of which may feel more immediately rewarding than the somewhat abstract notion of cardiac risk. Exercise can reduce **anxiety, stress** and **depression**, no matter what your HIV status. Getting sweaty has direct effects on stress-related hormones, and many people simply find it invigorating to physically release pent-up stress and tension.

Studies have shown that aerobic exercise can measurably improve mood and reduce depressive symptoms – both in the population at large⁵ and specifically in people with HIV⁶ – and aerobics and resistance training have both been found to decrease anxiety.⁷

It can also help you get more restful sleep, but make sure you schedule your exercise in the morning or afternoon, as exercising later at night can actually interfere with getting a good night's sleep.

Exercise and CD4s

Does exercise actually strengthen your immune system, as often claimed? Well, some studies have shown temporary upswings in CD4 counts immediately after exercise. However, these increases don't persist, and may reflect a temporary redistribution rather than an actual increase in the total number of CD4 cells. More to the point, essentially all studies have found exercise does not lower CD4 cell counts in HIV-positive people. In other words, while exercise may not help your CD4 count, it won't hurt it either.

Putting the plan in action

How, then, to make your exercise regime happen, rather than allow it to fade away like a typical new year's resolution? There's no single answer or button to push that will suddenly turn you from sloth to athlete. But many experts suggest the following tips:

- Do something you enjoy: exercise should be a reward, not a punishment or a grim duty.
- Before you start, get advice from your doctor and a qualified trainer. Garry Brough says: "HIV in itself doesn't preclude exercise in any way, so there is never any need to disclose your HIV status unless you want to do so. You should, however, disclose any conditions that may occur as a result of your infection and have a bearing on exercise, such as high cholesterol. But there is no need to tell anybody why you have those conditions."
- Find out about proper technique and possible risks.
- Set reasonable goals. It's easy to set yourself up for failure by reaching for the moon on your first day. Start slow and stay steady.
- When in doubt, moderation is best. High-intensity exercise may be safe for many otherwise fit and healthy HIV-positive people, but is best avoided by anyone with active symptoms. There is plenty of evidence that moderate exercise is safe and beneficial for nearly everyone with HIV.

Special cases

According to your personal health and preferences, various specific kinds of exercise may be more or less appropriate, or best avoided altogether. Be sure to discuss

any planned new activities with your doctor, and preferably also with a fitness expert who is familiar with that activity.

Among people with HIV, a few conditions warrant particular attention.

Thinning bones

People with HIV are at risk of osteopenia and osteoporosis – conditions in which the bones become spongier and more easily broken. Exercise can help maintain and build bone density, so it is actually recommended for people with these conditions. However, it's important to choose the right kind.⁸

DO: so-called weight-bearing exercises, in which you are working against gravity. These include weight training, walking and jogging, stair climbing, and low-impact aerobics – also skipping and trampolining. Swimming and cycling, while good for your heart, do not help combat thinning bones. Get expert advice about your exercise routine.

AVOID: high-impact activities like boxing, and movements that involve a lot of flexing or twisting of the spine. These types of activities can stress the bones and run the risk of breakage.

Cardiac risk

People at risk of heart disease are encouraged to get moderate amounts of aerobic exercise regularly. However, if you are not used to exercising and are already at risk of heart disease, sudden, vigorous exercise is not advisable – too much sudden stress can actually trigger a heart attack or stroke.

DO: plan your routine with a medical expert, start off slowly, and increase the intensity of your workouts gradually.

AVOID: sudden bursts of intense activity that you are not accustomed to.

Lipodystrophy

Unfortunately, since resistance training builds lean body mass (muscle), not fat, it can do little to correct HIV-related fat loss (lipoatrophy); studies have shown that exercise can indeed cause fat loss in people with 'lipo'.⁹

However aerobic exercise may help fight the unwanted fat accumulation (lipohypertrophy) often seen in people with HIV. The fat that comes with lipodystrophy is typically much denser and more deeply rooted than the type seen in 'normal' obesity but small studies have shown that aerobic exercise can help burn it off.¹⁰

Don't do it all alone

Finally, as the Positive Health Programme has seen, doing exercise with others – in

a yoga or kickboxing class, for instance – adds a social aspect to exercise and a bit of pressure to turn up. More solitary activities such as jogging or weight training can be made less so by doing them with a buddy. Some people prefer exercise as a kind of solitary meditation and a break from stress, but others welcome the chance to 'get physical' with others and get positive feedback on how they're doing.

It's easy enough to find activities to suit all but the most confirmed couch potato. Nearly all fitness centres offer sports facilities, exercise equipment, classes and programmes. Nor are such facilities limited to the gym – think complementary health centres, bike trails, and outdoor running tracks. Trying new activities can lead to pleasant surprises, as people discover things they never thought they'd like. I barely lasted through one boxing class. But I was pleasantly shocked to discover I love running!

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Steven outside Cologne Cathedral, carrying extra weight!

Race Across America

Steven Berveling is a Sydney based lawyer and a passionate cyclist.

With the medications available today, people living with HIV can enjoy their sports and compete on an equal basis with other sports people. Having stopped riding after seroconverting, and being fearful of not getting treated if he crashed, Steven eventually got back on his bike and recently competed successfully in the Gay Games in Cologne. Very happy with that result, he has even bigger rides and projects in mind: here is his story:

I've cycled for sport since shortly after leaving Uni in 1977, but stopped in 1996 after a very nasty seroconversion illness, wherefrom I lost my eyesight for nearly 12 months. Even though that of itself was sufficient to stop me from riding, when my sight returned I remained frightened to get back on my bike – I feared that I may not get the emergency treatment if I had a crash. So I swam a bit, I ran a bit, but for me there was no passion in those sports. Finally, in late 2007 I returned to my bike, and the feeling was ecstatic! My concern about an accident has been unfounded: whilst I've had some crashes on my bike, the Ambos, the doctors and

my cycling buddies have never hesitated to help me, regardless of my HIV status.

In August 2010, I was able to race my bike in Cologne Germany at the World Gay Games. There were more than 10,000 athletes from all over the world, including from countries such as Ghana, Pakistan, Sri Lanka, Kenya, Iraq and UAE. About 250 cyclists competed (men and women), and the camaraderie amongst us was terrific even with the competitive spirit present.



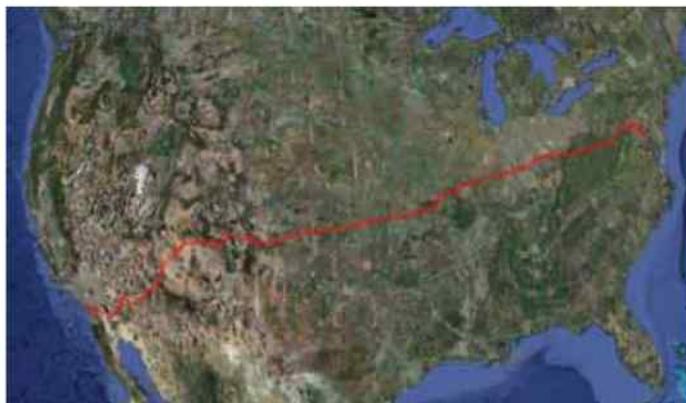
I had entered 3 races, the Road Race, the Criterium, and the Time Trial, but could take with me only my Time Trial bike. At the Road Race circuit, our Aussie Olympian Michelle Ferris very kindly lent me her road bike. I managed to rent a bike for the Criterium race, which was a tight and narrow rectangular circuit around 4 soccer fields, and also wet and slippery! The Time Trial was held on a complex 10km circuit with more than half of it on a freeway which was closed for the occasion (!). (Some of the Dutch guys called the circuit hilly, but everything is relative –

the only hill was the flyover of the freeway over another freeway!)

With over 75 competitors in the road race, I was determined to stay in the front bunch the whole way. That proved successful - I came 7th overall and I won my age category. In the Criterium, because it was wet and slippery, I just plowed on in front and I did not care if others were drafting behind me – at least they would not take me down with them if they fell. I came 5th overall and again I won my age category! The Time Trial was the race which I targeted, and at 15:20, I was very happy with the result - I won once more and got the hat trick!

And then I crashed on the way home from the Time Trial – I broke 3 teeth and got 7 stitches in my face – not a good look! I was knocked out for about 3 hours, but apparently I kept saying 2 things: “I’m alive!” and “watch out for my blood”. People were terrific and my HIV status did not affect my treatment.

I was extremely pleased with my result of 3 gold medals (which was equaled by only one other cyclist (from Scotland)), especially because most of the riders knew that I have HIV - it confirmed that we can compete on an equal basis. I hope that my wins in Cologne assist in reducing



Our reasons for doing the Race are simple:

We want to confirm that with the medications now available, having HIV is not an impediment against doing very tough endurance sports, or against doing any other activity for that matter.

It will help to reduce HIV stigma.

Also, we don't want to regret in 20 years' time that we had let HIV stand in our way, stopping us from following our respective dreams.

HIV stigma. It was also great that other competitors were willing to share that they too have HIV, thereby further normalising and demystifying our condition.

I had gone to Cologne to raise awareness of our international team with HIV+ riders competing in the Race Across America in June 2011. With the recent visa relaxation, I can now do that Race, which goes from San Diego California to Baltimore Maryland, a distance of 5,000 km with about 30,000 vertical metres of climbing (the equivalent of 3 Mt Everests), all in about 7 days! For more information visit www.raceacrossamerica.org.

Not unreasonably, it has been described as one of the most difficult and gruelling endurance sports event in the world.

So far our team comprises Jim from New York, Didier from France, and me from Sydney. For the time being the search for a 4th HIV+ rider continues. Even so, we will go, we will compete, and we will complete the Race Across America as the first team of HIV+ riders ever!

If people ask me why I ride, the answer is easy: it confirms to me that I'm alive! My partner Brian suspects I go far beyond

that – he calls me obsessed. Maybe the above story confirms that he is correct. . . . Even if that is the case, I'm determined to live life to the fullest, even with HIV.

Steven Berveling

For more information about Steven and the team to Race Across America, see www.raampositive.com.au.



HIV positive and living in the Hunter area?

Drop in to the Karumah Positive Living Centre for a full range of services, including social lunches for people with HIV, carers, partners and significant others.

- **Social lunches, Tuesday and Thursday, 1pm**
- **Complementary therapies by appointment, Tuesday and Thursday**
- **Internet access and computer assistance**
- **Monthly discussion group**
- **Counselling and many other services**

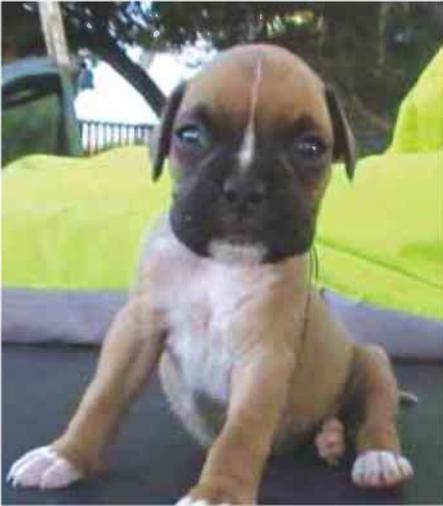
For more information or to become a member of the Karumah Positive Living Centre, contact:

Tel: 02 4940 8393

Email: peersupport@karumah.com.au

Web: www.karumah.com.au





Joy of pets **Chakotay**

What do you see? It's a dog to some, an animal to others and the world to me. Meet Chakotay my two year old boxer dog. He is my no questions asked, non discriminating and non-judgmental mate. He's not a bitch.

One of the many definitions in the dictionary states a mate is a buddy, a pal and a friend.. Yep this guy is all of that to me. Little did I know that day two years ago, when I was on my balcony of my high rise unit in Sydney, how my life would change for the better when I got a dog.

Looking out over a great view from a great apartment, after finishing a day at work in a great job, many would say I had it all. But no I was as lonely as you could imagine. Sure I had friends, I had mates and I had family, but still I was lonely. I was over it, you know, just the weight

of living. My mind harped back to how much fun it was to have a dog as a kid.

So I went inside and thought I have to make a change, I had to take control. I had to be the one to change my life to make me happy. I want a mate, a pal and a best friend, but I can't have a dog in an unit. What can I do? I can move, I can live somewhere else. The life I have now is not making me happy so change it!

I typed in boxer pups into Google and this is the pic I found. A little pup 1200 km's away. I rang the breeder to ask if he was still available. Yep he was, but so far away. What to do. The breeder said we can courier him to you. Really? So two years ago, what is now the world to me was flown into Sydney Airport and into my heart. All my supposed problems in life fell into insignificance. It was no longer about me, me, me.

All I can say is don't live life not happy - it's not worth it. If you're lonely or just looking for more out of life or life is getting too much to bare, don't go down the road of depression (also known as the 'black dog'). Get a dog and you will also get a buddy, a mate, a pal and a friend that will end up meaning the world to you and you will mean the world to your new puppy.

So what is it? To me it's now a life worth living.

Buy the way after many, many, many years of being alone, I now have two men in my life. My pup and my man. Thanks Chakotay for opening my heart to allow me to live again.

Say 'hi' if you see us walking down the street. We are trained not to bite or bitch.

Newly diagnosed HIV+? Want to talk?

NEXUS

Nexus is a peer support/discussion group developed exclusively for newly diagnosed HIV+ gay men.

- Compassion and understanding;
- A place of safety;
- A willingness to listen;
- Accepting and non-judgemental.

For more information, email hivliving@acon.org.au
or call 9699 8756 and we'll get back to you asap

acon 25
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING 1983-2010

POZ VIBRATIONS.COM

**HIV+ and single ?
Poz Vibrations
HIV+ Dating Australia**
www.pozvibrations.com
An Australian Owned HIV dating site.

HIV+ DATING
SYDNEY | BRISBANE | MELBOURNE



All people shown are models and are used for illustrative purposes only.

**A time to share, learn and feel supported.
And have some fun too!**

Every month, women and their families affected by HIV meet in a safe place. Why not come along and join us?

To find out more please call 02 9699 8756, or email us at family@acon.org.au

acon 25 YEARS
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING 1985-2010



HIV+ peer support review: looking back and ahead

Hédimo Santana

At Positive Life NSW we take pride in the ways we connect with people with HIV. One of the many ways that this connection is strongly achieved is through our peer support groups, where we engage directly with our members and others with HIV on a face-to-face basis, and offer them an opportunity to socialise, to share their common experiences and to learn from each other in a caring, safe and supportive environment.

We try to accommodate as many different experiences as possible. In partnership with ACON, we provide a range of support groups such as Genesis and After Hours catering for the newly diagnosed and 729 targeting those living longer with HIV; Planet Positive is a chance for a great night out with friends.

But despite our effort to accommodate everyone, we are sometimes faced with challenges on how to best meet the needs of the community: who should the support groups target? Where and when should they be held? Which is the best model? Should they be closed and limited to a small number of participants or should they be open and accommodate as many new participants as possible? Should they be time-specific or should they be open-ended? Should they be a one-off or should they be run throughout the year?

To answer these questions, last year ACON and Positive Life engaged Dr Graham Brown from Curtin University to look at the work we were doing and to review the effectiveness of our peer support models and program for people with HIV; we also wanted to find better ways to evaluate peer support programs for people with HIV.

Throughout 2009 we held focus groups, a community consultation and an online survey, where participants of the various support groups had a chance to provide feedback. The survey was a chance for people who are interested but don't go to groups currently to have their say.

A number of important findings came out of that process. Participants view peer support as an experience of connection, validation and reduced isolation. They are places where people feel safe from the pressure of having to always be careful about their HIV status.

Peer support is also a way to gain and share credible advice, knowledge and experience HIV-positive peers as part of a friendship network. It's probably no surprise that peer support means different things to different people: some view it as a means to building an ongoing social network, others viewed it as a way to get perspective on their experiences. Some saw it as a regular service, a way to keep

“The simple comfort of being in a group and socialising where HIV is not an issue, that you don't have to be guarded. If something comes up in a conversation that concerns HIV it gets woven into the conversation and it's not a big deal.”

“[I was] working out whether I should change my medication. So it was a two-way discussion - what are you on and what are the side effects? How are you finding your medication? You can find information that you could never find from medical doctors just by talking to other people.”

well and on track, others saw it as a one off experience. The same applied to the types of benefit people get from participating in the support groups: while some participants see the groups as a place to get info, others value it more as a place for social interaction. These different views depend a lot on people’s experience and length of living with HIV or “stages and headspace”. Some of the recommendations provided by the report include:

- Investigate an increased emphasis in programs on achieving changes in perspective and outlook, indicators of self efficacy and social connectedness generally, and increase in HIV-positive peer networks rather than friendships.
- Develop clear objectives and strategies to enhance and sustain the benefits from the social interaction component of programs (be it during a break or other contexts).
- Incorporate the explicit opportunity to contribute to peer support and learning experiences within the discussion/focus group program objectives.
- Investigate the reorientation to a stronger focus on living with HIV perspectives, tips, building self efficacy and confidence.
- Review training and development opportunities to enhance facilitator skills and ensure a minimum of two facilitators for all discussion group programs.

The report is available on the Positive life website, www.positivelife.org.au/peersupport or we can send out the summary to you if you’d like. Please contact Hedimo – hedimos@positivelife.org.au



Live in SYDNEY SOUTH WEST? NEED FREE general dental care?

Who: People with HIV who hold a health care or pension card and live in the Sydney South West Area Health Service (SSWAHS) catchment area

What: Free general dental services, including dentures

Where: Royal Prince Alfred or Liverpool Hospital dental clinic*

Bookings: Please ask your SSWAHS health care worker to make a booking for you

More information: HIV/AIDS & Related Programs (HARP) Unit on 02 9828 5945 or harpunit@sswahs.nsw.gov.au

*A treatment plan will be developed at your first appointment. You can then make subsequent dental clinic bookings at other dental clinics within SSWAHS if this is more convenient for you.

Positive Life NSW membership

Membership of Positive Life NSW is **FREE** and is open to any person in NSW living with or affected by HIV.

Members receive a **free subscription to *Talkabout***, the Annual Report and occasional email updates.

For more information, visit www.positivelife.org.au/about/membership

Full member (I am a NSW resident with HIV)
As a person with HIV, you are entitled to full voting rights. You must tick the Personal/Health Information Statement at the bottom of the page.

Associate member (I am a NSW resident affected by HIV, ie, a partner, family member, carer, healthcare worker)

Note: Applications for membership must be approved by the Positive Life NSW Board of Directors. Our Rules of Association are available online at www.positivelife.org.au/rules

Privacy / Health Information Statement

Positive Life NSW collects your personal information in accordance with our Privacy Policy (www.positivelife.org.au/about/privacy). Your details are strictly confidential and only used to add you to our membership database. We will send you information about Positive Life NSW and our magazine and email updates. You can unsubscribe to email updates following the instructions in the email.

We store your personal information in hardcopy or electronically or both. Access to your information is strictly limited to Positive Life staff members and will not be passed on to any other organisation or individual.

You can access and correct your personal/health information by contacting us on 02 9361 6011 or 1800 245 677 or admin@positivelife.org.au.

I have read the Privacy / Health Information Statement and consent to my information being collected and stored.

Name	
Address	
State	Postcode
Email	

Please return the completed form to:

Positive Life NSW
Reply Paid 831
Darlinghurst NSW 1300
No stamp is necessary.

Fax
02 9360 3504

Talkabout subscription only

Non-members can receive *Talkabout* as a paid subscriber. We produce five copies of *Talkabout* each calendar year and a subscription is valid from 1 July to 30 June.

Individuals

- I am an NSW resident receiving benefits (Please enclose a copy of your current healthcare card) **\$5**
- I am an NSW resident not receiving benefits **\$20**
- I live outside NSW **\$33**
- I live outside Australia **\$77**

Organisations

- Full (Business, government, university, hospital and schools either for-profit or government-funded) **\$88**
- Concession (PLHIV groups and self-funded community organisations) **\$44**
- Overseas **\$132**

Fees and donations

Membership to Positive Life NSW is free. If you are subscribing to *Talkabout*, please refer to the subscription rates above.

Talkabout subscription

Donations

I would like to make a donation of
(Donations over \$2 are tax deductible. You will be provided with a receipt for tax purposes.)

Total payment

Cheque/money order
(Cheques should be made payable to Positive Life NSW.)

Please charge my VISA MasterCard
(\$10 minimum for credit card payments.)

Card number

Name on card

Expiry date

Signature

Positive Life NSW • ABN 42 907 908 942

Suite 5, Level 1,94 Oxford Street, Darlinghurst • PO Box 831, Darlinghurst NSW 1300
Tel: 02 9361 6011 • Fax: 02 9360 3504 • Freecall: 1800 245 677
Email: admin@positivelife.org.au

All resources listed are free of charge.

For large orders we will invoice you for postage.

Mail, Fax or Email Order to:

Positive Life NSW
PO Box 831
Darlinghurst NSW 1300

Fax: 02 9360 3504 Ph: 02 9361 6011
Email: healthpromotion@positivelife.org.au
Website: www.positivelife.org.au

Health Promotion Fact Sheets

Quantity	Item
<input type="text"/>	2 Boosting your energy
<input type="text"/>	3 Getting Started on Combination Therapy
<input type="text"/>	4 I want to return to work
<input type="text"/>	5 Living with body shape change
<input type="text"/>	6 Positive Pregnancy – Available on the website only
<input type="text"/>	7 Clinical Trials
<input type="text"/>	8 A Night with Tina (Methamphetamine and HIV) – Available on the website only
<input type="text"/>	9 HIV and your mouth (a pamphlet is also available)
<input type="text"/>	10 The Dynamics of Disclosure – Available on the website only
<input type="text"/>	12 Changing Horizons – Living with HIV in Rural NSW
<input type="text"/>	14 Growing Older – Living Longer with HIV
<input type="text"/>	15. 10 reasons to test for STIs – Available on the website only
<input type="text"/>	16 Relationship Agreements Between Gay Men
<input type="text"/>	17 Dealing with diarrhoea
<input type="text"/>	18 Disclosing to your child
<input type="text"/>	19 Living with HIV and hep C
<input type="text"/>	20 Balancing act: HIV and cancer

The content of our fact sheets was checked for accuracy and all references to programs and contacts were accurate at the time of publication. Please note that some facts are no longer available for distribution, but can still be found on our website where we will include links to more recent or relevant information.

Social Marketing Campaigns

Quantity	Item
<input type="text"/>	10 reasons to test for STIs encourages regular testing for sexually active positive gay men. – Available on the website only
<input type="text"/>	Positive or Negative HIV is in Our lives – 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 – Available on the website only
<input type="text"/>	Getting On With It Again <i>Living longer with HIV</i> (booklet) is based on stories and interviews and shares some strategies for change and enhancing the quality of life of people living longer with HIV.
<input type="text"/>	Get The Facts Syphilis (booklet) updates HIV positive gay men who practice adventurous sex on strategies to maintain their health and the health of their partners. Key messages focus on transmission, the importance of testing for syphilis and strategies to prevent them from getting or passing it on to their partners.
<input type="text"/>	KNOW THE FACTS SEX AND HEP C (booklet) updates sexually adventurous HIV positive gay men on hep C transmission, testing and strategies to prevent them from getting or passing it on to their partners.
<input type="text"/>	SERO DISCO Why let HIV get in the way of a good relationships? gives gay men some practical ideas on how to look after each other in a serodiscordant relationship (where one partner is HIV positive and one partner is HIV negative). This can include everything from starting a relationship, disclosure, condoms and intimacy, relationship agreements, communication strategies, testing for HIV and STI awareness. One-off lifestyle magazine and 4 postcards with key campaign messages.

Workshop Resource

<input type="text"/>	Let's talk about it (me, you and sex): a facilitator's resource & workshop guide on positive sexuality. (160 pages)
<input type="text"/>	Simple Pleasures (Workshop Guide) builds on material presented in our booklet GETTING ON WITH IT AGAIN Living longer with HIV . The workshop is designed to be used with HIV positive peer support groups or in HIV support groups facilitated by healthcare workers.

Organisation		
Name		
Address		
State		Postcode
Ph		
Email		
Date ordered		

Olga's personals

Men Seeking Men

Single 35yo active/versatile. Slim athletic body. HIV+ healthy ISO 18–35YO slim, skinny bottom/versatile. Looking for friends, relationship. I'm mild to wild in bed. WLTM adventurous guys with few limits. Pen pals into kink welcome. **Reply 180209**

Northern Rivers. Mature HIV+ man. I'm affectionate, caring & looking to share my life & experiences. 76kg, slim built, fit & versatile. Age, nationality & beliefs no barrier. ALA. **Reply 070409**

Totally active guy, well presented. WLTM a quiet, easy-going, home-loving passive guy for a long-term 1:1 relationship. Looks & build not important. You must be 100% totally passive, enjoy lovemaking often and be under 40. **Reply 220409**

35yo Aussie in gaol to 2010, looking for pen pals maybe more. I'm genuine, honest & caring. Love hairy guys & into leather. Very lonely. I'm 5'10" slim, 70 kg healthy dude. Love country living and animals. ALA. **Reply 140509**

Nude yoga master needed CBD or nearby. Mowhawked muscled PA pierced mature guy who enjoys the art of Ashtanga yoga seeks nude yoga with 1:1 gay teacher. **Reply 200509**

Tall, dark, handsome, late 30s, fit masc caring DTE genuine fun non-scene passionate top Aussie guy. WLTM other masc genuine poz guys for friendship, fun or LTR depending on chemistry. **Reply 250509**

Mid North Coast. 55yo HIV+ average build/looks, versatile, honest, DTE, GSOH, NS. ISO regular buddy for friendship and good times together. Age and nationality not important, but honesty, GSOH and discretion are. ALA. **Reply 290509**

Melbourne, Victoria. 48yo HIV+ guy, 5'10" short dark hair, blue eyes, goatee, muscular build (85-90kg) passionate & versatile. ISO F/Bs (or more) who are aged 40–50, are passionate & versatile, DTE + GOSH. **Reply 020609**

Country NSW. 35yo good looking masculine build (92kg), Caucasian. Likes keeping fit, spending time with friends and family. Poz for three years and in great health. Seeking other poz guys up to 45yrs with view to becoming friends and maybe more. **Reply 280609**

Newcastle. Mature guy, HIV+ 20 years. Seeking genuine 1:1 friendship to LTR. Caring, affectionate, versatile and well presented. ISO similar partner. 5'10, 34" waist, 69 kg. Prefers mature age and stability. Appearance/area no barrier. Just be yourself. **Reply 290609**

38yo Poz GWM, 5'10", 72kg seeking my kind of special gentleman in his mid 30s who knows how to be a man when and where it counts. I love romance, being held and sharing my journey with someone on the same page. **Reply 080210**

Poz guy 40yo, tall, black hair, blue eyes, Caucasian, tatts. Seeks F/Bs 40–55YO for regular meetings (all scenes considered) with no strings attached. If chemistries are right, we can see where it leads... **Reply 160310**

Rugged, Euro/Aussie man, late 50s, medium build, totally passive, long-time HIV healthy and fit. WLTM easy-going, younger TOP for LTR. To share good time and fun depending on chemistry. See you soon. **Reply 040510**

Bankstown area, 56YO ISO good friend to be close to. I work part time. I am caring, affectionate, versatile and well presented. Prefer mature age and stability 55 to 60. **Reply 120710**

Professional 43YO, young-looking, good-looking, well-endowed HIV positive GWM, 71kg, slim, 5'9" tall, brown hair, [sexually] passive, live good, healthy lifestyle, work full-time. WLTM attractive, very masculine & straight-acting, healthy-living, interesting, good, non-scene, non-addictive, passionate, cool top for LTR. Hung, even better. **Reply 200710**

Greek 33YO, very fit, attractive HIV+ male, fitness/exercise physiology student (Parramatta area). ISO specifically to make friends and have LTR with other guys. Must be very honest, healthy and hygienic. I am very straight acting and DTE **Reply: 300710**

South Coast. 49YO Poz guy, 78kg, mo + goatee, hairy chest, 5'8". Looking for friendship or LTR with Poz guy in local area. Quiet nights, GSOH, single. ALA. **Reply 230810**

Genuine 40YO Aussie guy, 5ft7, 73kg with brown hair, caring, affectionate, with GSOH and varied interests. ISO friendship, relationship, fun with slim to medium guys any nationality to 45yo. ALA. **Reply 240810**

Leura – 44yo Poz man who recently moved to the area ISO friends and/or partner aged btwn 30–40 for LTR. My interests include music, house renovating, cars, cooking and movies. **Reply 151110**

Men Seeking Women

Mid North Coast NSW. Straight, young 48yo guy, non user. HIV+ unstoppable in life. GSOH. Definitely individual, but like us all has moments. Genuine, sincere, wants children, seeking lady wanting same. Kids OK. Discretion given and expected in return. **Reply 150409**

Carpe Diem. 40yo young and attractive Sydney male. I'm kind, considerate, new-age spirited, intelligent, artistic. Want to meet a lady to adore, worship and share life forever. Hopefully I've made you smile! Seize the day! **Reply 160709**

Looking to grow in love, to be resourceful in how one lives life and transcends everything which can drag you down. Do interesting things. In my 40s, youthful, healthy, HIV+. 6' tall, Caucasian; Work at maintaining a good appearance and attitude. Is there a Soul to match? **Reply 061009**

Victoria. Youthful and energetic 38YO guy working in Melbourne, caring, understanding, and happy to have kids sometime. Seeking to meet that soul mate who accepts my HIV status and is happy to spend her time with me and enjoy life together. **Reply 021109**

Port Macquarie, NSW. Young 48yo guy straight non user HIV+. Tired of being single seeks lady wanting same. Genuine, sincere. Discretion given and expected in return. Nothing to lose, so drop me a line and see how things go. **Reply 201009**

Sydney 56 YO genuine, fit, active poz guy seeking a secure independent lady to enjoy the fun things in life with. I have a wide circle of friends and interests. So let's make contact and see what happens. ALA. **Reply 150810**

Women Seeking Men

Papua New Guinea (PNG), 32yo poz lady ISO pen pals aged 33 to 49yo. Looking forward to your letter. **Reply 080810**

Share love & life with a woman positively in love. Today was a beautiful day in Sydney, I had time and spirit to share. I stretched my hand but there was no one there... Hi Mr Awesome what are you waiting for? Do not die with your song within you! **Reply 170110**

Spicy & very attractive dark skin girl seeks a special, secure & independent guy to share the journey of life with. I am caring, honest, DTE person. I love to laugh and I do believe in LOVE. **Reply 210110**

Attractive, faithful, humble, God-fearing positive white female, mid-30s, seeks responsible African-Australian male for marriage aged 36–49, fully committed to Christ, who does not touch cigarettes or alcohol at all and is gainfully employed. WLTM a nice, calm, gentle person with GSOH and optimistic outlook. Looking for a family-oriented, reliable and faithful man who above all loves God. **Reply 220210**

Placing personals

Write an ad of up to 50 words describing yourself and what you are looking for. You can be creative, but it pays to be realistic to avoid disappointment. Please include your location if you are outside the Sydney metro area.

Olga encourages you to be polite. Claims about blood test results will not be published. Olga's is a safe space for people to declare their HIV-positive status. Any ads that refer to illegal activity or include homophobic, racist, sexist or abusive language will not be published.

You can send your personal ad to Olga, including your name and postal address for replies, to editor@positivelife.org.au or by post to:

Olga's Personals, PO Box 831, Darlinghurst NSW 1300

Ads will remain in Olga's personals for 5 issues or a period of 12 months. We encourage you to submit a new ad if your circumstances change or your ad has expired.

Common acronyms

ALA	All letters answered
DTE	Down to earth
GAM	Gay Asian male
GSOH	Good sense of humour
GWM	Gay white male
ISO	Looking for
LTR	Long-term relationship
NS	Non smoker
TLC	Tender loving care
WLTM	Would like to meet

Answering personals

If you want to reply to an ad, think carefully about your response. Olga suggests that you not give you out work or home address or telephone number until you can trust the person. As Olga's personals are anonymous, you should establish trust first. You may want to give out your email address as a first step and take it from there.

Place your response in a sealed, stamped (55c) envelope. Write the reply number in pencil on the outside and place this inside a separate envelope and send it to:

Olga's Personals, PO Box 831, Darlinghurst NSW 1300

Olga then forwards your response to its intended recipient.

Meeting someone

Olga wants you to have fun, but asks you to take some simple precautions when you agree to meet in person.

It might be best to meet in a public place so that you can confirm the person is who they say they are. You can always go someplace private later if you really hit it off!

If you are going somewhere unfamiliar, let a friend know the details or ask them to call you to make sure you are alright.

Use commonsense and remember the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful and leave if you feel uncomfortable.

Finally, have reasonable expectations. It can be exciting to meet someone new but the person may be different from what you expected. Keep this in mind and have fun!

Protecting your privacy

Your personal details remain strictly confidential. Olga keeps your personal details on file in accordance with our Privacy Policy, available at www.positivelife.org.au/about/privacy. If you have questions about your privacy, please contact Positive Life NSW at admin@positivelife.org.au or 02 9361 6011 or 1800 245 677.

