

Where history meets experience - living long term with HIV

Dr Jeffrey Grierson

As a community we have been living with the HIV/AIDS epidemic in Australia for over 25 years. This has been a period of enormous social change. If we think of where we were as a community in the mid 1980s, and particularly of what HIV meant at that time, could we have imagined where we are now? Could we have imagined the struggles and reforms, the losses and the triumphs? Could we have imagined the immense learning curve that we have all been on over the past decades?

The meanings of HIV have changed dramatically over those years and the change in the meanings of being HIV positive have been a large part of that. It is not a simple modernist story of progress and improvement, not least because we, individually and as a community, bring the past with us into our future. In thinking about living with HIV in 2007 we have to think about the part that history plays in constructing current experience. What it means to have been diagnosed as HIV positive at age 20 in 1985 is certainly different to what it means to be diagnosed with HIV at age 20 in 2007. But this history can play out in other ways as well. The length of time someone has been HIV positive can interact with that history in particular ways. So two people of the same age may have lived through much of the same social history, but if one tested positive in 1985 and the other in 2005, the meaning of those changes may well be very different. Certainly the experience of HIV medication will be. Similarly, length of diagnosis by itself can be misleading. Two people diagnosed in 2005, one younger and one older, will have lived through very different social histories of HIV.

So the story, from a social research perspective, of what living long term with HIV means is a fairly complex and messy

one but that's as it should be – we are talking about people after all.

There are three factors that have to be considered simultaneously when thinking about what it means to be living long term with HIV in Australia in 2007. The first is the experience of living through many years of the epidemic. The second is the experience of having HIV for many years. And the third is the experience of ageing with HIV. For some people these three things will coalesce. This is the experience of testing positive at a relatively young age early in the epidemic, and this is what people usually refer to as long-term survivors. But I would like to suggest, not only that living through many years of the HIV epidemic and ageing might interact with length of infection in particular ways, but that they are in themselves ways of living long term with HIV.

Living through the epidemic

So what does living long term with the HIV epidemic mean in terms of how people see and live HIV in 2007? It means, in large part, a particular frame of reference that includes the story of community activism, the change in social attitudes and practices, and the change in media representations of HIV and people with HIV. It means the experiences of loss, intimate, distal and often multiple. It is a frame of reference that includes the history of stigma, discrimination, illness and suffering. But it is not a wholly negative experience - the achievements made in fighting the many injustices, and more often than not succeeding, also forms part of this history.

For those with HIV there a couple of additional aspects of this living through the epidemic that are, I think, particularly important in understanding what it means to be HIV positive in 2007. One is about the meaning of illness. It is a frame of reference that includes the witnessing of horrific illness and death among close friends and community members and, for

many, the experience of illness and expectation of death for themselves. At some level this has an impact on how people assess their health, well-being and future. These things are not absolute, but are often understood relative to what they and others have experienced and what might have been for them. Similarly with treatments. Living through the history of sub-optimal treatments, false starts and wrong turns can influence how people think about the treatment options currently available and the prospects for the future. This can increase the level of optimism around treatments for some, while for others; it tempers that optimism with caution. And finally, the experience, personal or observed, of discrimination, stigma and isolation can colour social and intimate interactions.

Living long-term with HIV

Living long-term with HIV brings its own complexities, both clinical and social. The health consequences include the cumulative effect of periods of poor health and experience of HIV related illnesses. In the *HIV Futures 5* survey, those who had been HIV positive for more than 12 years were more likely to have another major health condition. For example 14 per cent of this group currently have hepatitis C compared to 9 per cent of the rest of the respondents and 41 per cent experienced peripheral neuropathy compared to 21 per cent of the rest. This group is also more likely to have been diagnosed with a mental health condition (49 per cent compared to 38 per cent for the rest) and more likely to currently be using anti-depressant medication (35 per cent compared to 23 per cent).

Living long term can also mean a more complex experience of HIV treatments. Here the experience of individuals intersects with the history of the epidemic. Those who have been HIV positive for a long period are more likely to have experienced earlier regimens of therapy including AZT monotherapy.

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XVII INTERNATIONAL
AIDS CONFERENCE

3-8 August 2008 | Mexico City

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As you are all aware, POSITIVELY is a monthly publication for people living with HIV/AIDS in the ACT and surrounding districts. Currently we are looking for people to assist us with the publication e.g. writing groups. No experience is necessary as we will provide training in all aspects of publishing from writing articles through to the printing stage. If you can spare a couple of hours from time to time please drop into the office for a chat or give Marcus a call. Positively is a monthly publication produced within the ACT with funding from the ACT Dept of Health. Submissions for the next edition are due on **Wednesday 26 June 2008**. Opinions expressed in this publication do not necessarily reflect those of the editor, publisher, nor PLWHA ACT.

Positive Support Services in the ACT and surrounding areas

People Living With HIV/AIDS ACT

Provides support for HIV+ people in the ACT through a newsletter and links with other PLWHA organisations throughout Australia. We also provide individual support with advocacy and representation on health and other issues, and referral to other agencies. Phone 6257 4985

Positive Support Network

HIV+ people get together to offer support and share information. PSN is mostly a social occasion where people can share the experience of being HIV+ over a free meal, without the formality of a structured meeting. Dinner on alternate Tuesdays. Ph 6257 4985.

Positive Women's Group

The Positive Women's Group meets for social activities throughout the year. For information on the group's gatherings contact Marcus, Nada or Stephanie on 6257 2855 or 6257 4985

Trevor Daley Fund

The Fund provides assistance for people with HIV/AIDS who are experiencing financial hardship, for the part payment of bills, a treatments allowance and some other costs. Applications can be made to the TDF Committee by any service provider. For more information call the TDF on 6257 2855.

Counselling

Stephanie Buckle is the AIDS Action Council counsellor. Free consultation available to all HIV+ people, their partners, carers or significant others. Phone 6257 2855 to make an appointment.

Jane Keany is the counsellor for the ACT Division of General Practice HIV/AIDS Program, and offers subsidised counselling services for people infected with or affected by HIV, their significant others and people at risk of HIV infection. Jane is available at the Interchange General Practice. Phone 6257 3004 or 0402 222 408 to make an appointment

Health Maintenance and Treatments Information

All enquires to Marcus

Phone 6257 2855

Massage

Massages are available each Wednesday between 12.45pm and 4.15pm
Treatments are of ½ hour duration.
Appointments can be made by contacting the PLWHA ACT Office on 6257 4985.

Nutrition

Consultation with a dietician from The Canberra Hospital is available free at the Canberra Sexual Health Centre. Appointments necessary. Phone Canberra Sexual Health on 6244 2184.

An HIV specialist nutritionist from Melbourne will be visiting quarterly. For further info contact Marcus on 6257 4985

Canberra Sexual Health Centre

Co-located with The Canberra Hospital. Free service available (no Medicare card is required) for testing and treatment of STIs, HIV clinic and counselling for issues such as safe sex, relationships and sexual functioning problems. Walk-in consultations available for urgent matters. Call on 6244 2184 to make an appointment.

Library

PLWHA and the AAC have an extensive range of books and videos for your enjoyment.

Educational books on HIV issues, cooking, Sci-Fi and general reading material just to name a few of the areas covered. If you would like to borrow any of them please see Lynn or Mandi at the AAC reception desk who will sign them out to you and explain the borrowing conditions. We also have a number of new books in the library this month.

Greater Southern Area Sexual Health and Hep C Service

Sexual Health Counsellor/Educators

Angela Trevaskis

Queanbeyan, Braidwood, Yarrowlumla Shire

Ph- 02-6298 9233 Mobile 0428 972 414

Aboriginal Sexual Health HIV/AIDS worker

Sharyn Medway

Ph 02-4827 3913 Mobile 0429 985 606

Sexual Health Nurses

Christine Taylor -

South Coast, Batemans Bay - Eden

Ph- 02-4476 2344 Mobile 0427 219 874

Shannon Woodward, Lee Constable

Queanbeyan-Goulburn Region

Ph- 02-6298 9213 mobile 042 789 3247

Margaret Trill

Albury 02 6058 1839

Robyn Ridley & Sally Anne Brennan

Wagga Wagga 02 6938 6492

Sally Daveron

Griffith 02 6966 9930

Clinical Nurse Consultant

Alison Kincaid Albury 02 6058 1831

Sexual Health Physician

Dr Katherine Turner

Ph 6298 9213

HIV/AIDS Related Programs Manager

Michael Bolton

Ph: 02 6923 5774

The Fine Print

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TB and HIV

Testing Times.

NSW TB/HIV Roadshow

Most of us are aware what HIV and AIDS are -

HIV stands for Human Immunodeficiency Virus and is the virus that causes AIDS.

AIDS stands for Acquired Immune Deficiency Syndrome:

- **Acquired** means you can get infected with it.
- **Immune Deficiency** means a weakness in the body's system that fights diseases.
- **Syndrome** means a group of health problems that make up a disease

But what is TB?

TB stands for Tuberculosis and is a disease caused by bacteria called *Mycobacterium tuberculosis*.

I was aware that TB was an infection of the lungs but wasn't aware that it can also infect other parts of the body including the brain, gut and joints to name a few, and that not all TB infections are infectious to other people.

So what might you ask am I writing about? Having just attended an information session on HIV TB co-infection, I thought I would share some information.

HIV and TB co-infection is common in many places around the world. The latest United Nation figures show high rates of co-infection in Southern Africa, South America and most of Asia. It was reported in the 2006 National TB/HIV data that of all TB infections identified within Australia where HIV testing was done at the same time there were 423 of 1,201 cases, 11 were identified as being co-infected.

Currently NSW Health is preparing to test all TB patients for HIV and assess HIV patients for TB. So what's the difference? Not much really. Testing can only be done with patient consent following the appropriate pre-test guidelines and an assessment of someone's risk factors for co-infection can only be undertaken with the person's co-operation in providing detailed information for the assessment to take place.

So why is this being undertaken? HIV accelerates the progression of TB infection and TB infection accelerates HIV infection. Australia has one of the lowest rates of TB infection in the world and I think we would all agree that we would like to keep it this way. Early detection and treatment of either TB or HIV generally leads to better health outcomes for the person involved and the whole community. TB is a highly treatable disease and can usually be

cleared within 6 to 24 months of commencing treatment. The trick is that once treatment is started it must be continued to completion. HIV is a life long chronic disease usually kept at bay by daily dosing of antiretroviral drugs. If you had a HIV infection and thought you may have been exposed to TB wouldn't you want to know so that you could do something about it? I know I would.

Testing for TB is usually done by what is called a Mantoux test. The Mantoux test is a skin test to detect whether or not a person has been infected by the TB disease. A positive test result does not necessarily mean you have active TB, only that you have come in contact with the disease somewhere in your travels and that further tests may need to be carried out. This could include chest X-rays to assess the most common site for TB infection. It is quite possible that the body's own immune system, when functioning well, is controlling the infection and the person is not infectious. Your doctor may discuss the possibility of starting treatment.

Further information about TB and HIV infection is available from PLWHA ACT and the AIDS Action Council of the ACT along with all good health centres or by discussing your concerns with your GP.

Marcus

A.C.T NILS (No Interest Loans Scheme)

The ACT NILS scheme is an alternative form of low cost credit provision which assists low income consumers to access affordable loans for the purchase of essential household items. To be eligible you must be an ACT resident, have leased or owned your current home for at least six months, can show the capacity to repay the loan in 12 months, and hold a current Centrelink Health Care Card.

How to apply?

You can request an application form from the PLWHA worker or contact Care Inc Direct on 62571788.

After lodgement of the application form the loans administrator will contact eligible applicants and arrange an appointment to assess the applicant's capacity to repay the loan.

CARE INC
Financial Counselling Service
& The Consumer Law Centre of the ACT

Personal Computer Reuse Scheme

Charity Computers is an organisation that enables people on a low income to access home computers at a greatly reduced price.

The computer packages are supplied at various prices starting at \$100.00. All computers come complete with monitor, mouse, keyboard, operating system and 12 months warranty.

Those with concession cards such as – student's, pensioner's and Health Care Cards can access this scheme.

Contact Details 46 Lhotsky St Charnwood ACT 2615

Phone 02 6101 6931

Fax 02 6259 8034

Email:

admin@charitycomputers.com

Web: www.charitycomputers.com



HOURS: 9am-12 and 1-4.30pm Mon to Fri

LOCATION: Opposite the West Belconnen Fire Station in Charnwood in the Canberra Christian Life Centre facility (previously old Charnwood High School)

For further details or assistance in accessing this scheme please contact

Marcus or Mick on 6257 4985

They may be more likely to have commenced certain drug regimens, the recommended dosing for which changed as their impact on people became better known. Those respondents from *HIV Futures 5* who had been positive for more than 12 years had, on average, used 4.5 different combinations of antiretroviral therapy, compared to an average of 2.7 among the other participants.

The social consequences of living long term may include the economic and social disadvantages that accrue from unstable workforce participation. In our most recent survey, 64 per cent of those positive for more than 12 years had stopped work because of HIV, compared to 40 per cent of the rest, and had stopped work on average 2.3 times as compared to 1.8. This, not surprisingly, can lead to economic disadvantage, and those living longer with HIV also earn less on average and are more likely to be living below the poverty line.

In addition, the meanings of HIV positivity and health more generally may be different for those who have lived longer with the virus in the ways discussed earlier.

The impact of the epidemic can be seen in our data in small ways, for example, those living longer with HIV are more likely to have cared for someone else with HIV in the previous two years (22 per cent vs 14 per cent) and to have had someone close to them die from AIDS (92 per cent vs 55 per cent).

Ageing with HIV

People with HIV are not immune from the health and social consequences of ageing. The ways in which the physical consequences of ageing interact with HIV are only now beginning to be understood.

Of course, living long term with HIV and ageing with HIV are not independent, but neither are they the same thing. Many of the differences between those living long term with HIV, and those more recently infected, also hold true for older PLWHA compared to younger PLWHA.

Older (50+) positive people also tend to rate their overall health as poor or fair (39 per cent vs 29 per cent in *HIV Futures 5*). Those over 50 are also more likely to have a major health condition other than HIV (50 per cent vs 41 per cent), although the specific health conditions are different to those we observed in people living long term with HIV. For example, those over 50 are less likely to currently have hepatitis C (11 per cent vs 17 per cent), but more likely to have raised

cholesterol/triglycerides (44 per cent vs 27 per cent) or lipodystrophy/lipoatrophy (39 per cent vs 25 per cent). In terms of mental health, however, older PLWHA are no more likely to have been diagnosed with a mental health condition, or to be currently taking anti-depressant medication.

In the social domain, there are also some differences by age as well as by length of diagnosis. Older PLWHA are less likely to be in paid employment (41 per cent vs 56 per cent) and have lower incomes (an average of \$476 per week compared to \$586 for the under 50s). In the area of sex and relationships, older PLWHA are also more likely to report that they currently have no sex (41 per cent vs 25 per cent) and they are less likely to have a regular partner.

Where to from here?

Considering these three aspects together offers us a slightly more sophisticated way of thinking about the future than just considering an ageing HIV population or an increasing number of long-term PLWHA. We need to think about the experiences and histories that people will bring to living with HIV in the future. This has to include the social and community experiences as well as the clinical and emotional ones. We need to consider what it means to test HIV positive in 2007 after living with the epidemic for 25 years. We need to think about what it means to be 60 and living with HIV. We need to think about what it means to be living with HIV for 30 or more years. In the same way that few of us could have imagined in 1985 what HIV would look like in 2007, I doubt many of us will look back in 2030 and smugly know we got it right.

Jeffrey Grierson is a Senior Research Fellow at the Living with HIV Program, Australian Research Centre in Sex, Health and Society, La Trobe University.

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What is the International Community of Women Living with HIV/AIDS?

The International Community of Women Living with HIV/AIDS (ICW), a registered UK charity, is the only international network run for and by HIV positive women. ICW was founded in response to the desperate lack of support, information and services available to women living with HIV worldwide and the need for these women to have influence and input on policy development. ICW was formed by a group of HIV positive women from many different countries attending the 8th International Conference on AIDS held in Amsterdam in July 1992. HIV positive women shared stories and strategies for coping and devised action plans for the future. An important achievement at this first ICW pre-conference was drawing up the "[Twelve Statements](#)". These statements relate to the issues and needs facing all women living with HIV worldwide and form the basis of our organisation's philosophy. During this meeting, the women agreed that they did not want to lose this momentum and ICW was created.

The Twelve Statements of ICW

To improve the situation of women living with HIV and AIDS throughout the world, we need:

1. Encouragement and support for the development of self-help groups and networks.
2. The media to realistically portray us, not to stigmatise us.
3. Accessible and affordable health care (conventional and complementary) and research into how the virus affects women.
4. Funding for services to lessen our isolation and meet our basic needs. All funds directed to us need to be supervised to make sure we receive them.
5. The right to be respected and supported in our choices about reproduction, including the right to have, or not to have, children.
6. Recognition of the right of our children and orphans to be cared for and of the importance of our role as parents.
7. Education and training of health care providers and the community about women's risk and our needs. Up-to-date

and accurate information about all the issues for women living with HIV/AIDS should be easily and freely available.

8. Recognition of the fundamental human rights of all women living with HIV/AIDS, particularly women in prison, drug users and sex workers. These fundamental rights should include employment, travel without restriction and housing.

9. Research into female infectivity, including woman-to-woman transmission, and recognition of and support for lesbians living with HIV/AIDS.

10. Decision making power and consultation at all levels of policy and programmes affecting us.

11. Economic support for women living with HIV/AIDS in developing countries to help them to be self-sufficient and independent.

12. Any definition of AIDS to include symptoms and clinical manifestations specific to women.

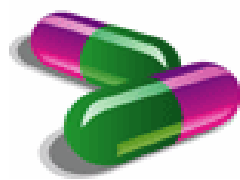
Information taken from the ICW website.

More information about the ICW can be found on their website <http://www.icw.org>



Is he thinking
what I'm
thinking?

www.thinkagain.com.au



treataware

Ph 1800 817713

People with HIV need informed, independent advice to make treatment decisions

Media Release • Contact: [Paul Kidd](#) •
19 May 2008 -

Continuing improvements in HIV treatment are helping many people with HIV lead healthy lives, but some HIV-positive people may not be well-enough informed about the latest treatment options, the National Association of People Living with HIV/AIDS (NAPWA) has said in a statement to mark the launch of an innovative new HIV treatments information project.

“The benefits of HIV treatments are unambiguous, and there is growing evidence that starting treatment sooner rather than later leads to better long-term health outcomes, yet a substantial number of HIV-positive people are avoiding treatment because they may be unaware of the latest research, are concerned about treatment side effects or they don’t know where to go for up-to-date information,” said Bill Whittaker, NAPWA treatments spokesperson.

To combat this, NAPWA has established a suite of new initiatives to help positive people make good health and treatment choices. The Treataware project includes a national HIV treatment information line, a website and a printed treatment guide, all of which combine to markedly increase the range of information available to people living with HIV in navigating what can sometimes be a complex treatments and health landscape.

Recent research from the UK^[1] has shown that large numbers of people with HIV delay starting treatment for too long, despite being advised by their doctors of the need to start antiretroviral therapy. This delay increases their risk of developing serious illnesses and lessens their likelihood of getting the best response from HIV treatments. While treatments uptake in Australia remains fairly good, NAPWA has developed the Treataware project to support positive people in making sensible choices about treatments based on the latest scientific evidence. The project is the first of its kind in Australia.

“The Treataware information phone line has trained educators standing by, five hours a day, five days a week,” Whittaker said. “We’ve also developed Australia’s

first searchable clinical trials website specifically for HIV, and a comprehensive checklist guide to getting the best HIV care, which will be distributed through doctor’s offices, clinics and HIV organisations. Together, these three initiatives represent an important step in making health and treatment information more accessible to HIV-positive people.”

Whittaker stressed that “the central aim of the Treataware project is to support a strong partnership between HIV-positive people and their doctors in health decision making. Learning the basics about HIV and treatment, knowing how to manage side effects, and working with your doctor to maximise your health and wellbeing – all of these are essential skills which keep people alive and well for longer. These are the skills the Treataware project is intended to foster.”

The project will be launched by Dr Jonathan Anderson, a leading HIV clinician and the current President of the Australasian Society for HIV Medicine (ASHM). “Decisions like when to start HIV treatment can be challenging, so this along with other health planning is best done collaboratively between doctors and patients. We know this approach works as there is a wealth of research showing health outcomes are better when a partnership approach to health care planning is taken.”

“But to make that partnership work, people need good information on the basics of HIV, about treatments, managing side effects and tips for taking medicines correctly, so patients feel involved and supported. The Treataware phone line, clinical trials website and treatment guide will be very welcome additions to the resources available for HIV-positive people in Australia. They will also be helpful resources for doctors involved in HIV to encourage their patients to use,” said Anderson.

The Treataware information line is 1800 817 713, available Mon-Fri 2–7 PM Eastern Standard Time. The clinical trials website is at www.treataware.info.

The Treatment guide is available in hard copy from PLWHA ACT or the AAC.

Nurse Philip

DNP I'm in my late 60s and for the past 18 years I have been very lucky in not having any HIV related illnesses, Im not on any medications, do not exercise very much and my diet is hopeless to put it mildly. It has now been suggested that it's long term non-progression. Can you explain this to me?

The expression "long term non-progressor" has been with us for a long while. Some time after HIV was discovered, it became apparent that not everyone with HIV became sick in a matter of a few years. This attracted a lot of scientific interest and a number of groups tried to find out what it was that kept some people with HIV healthy, despite persistent untreated infection. Each of these research groups adopted specific criteria for identifying "long-term non-progressors" resulting in a number of definitions for this expression. For some, long-term non-progressors stayed above a particular CD4 count for a certain number of years while for others, a person has to remain free of AIDS related conditions for more than a particular length of time to meet their criteria.

The thing that all definitions have in common is that the person concerned has been able to maintain good health for an unexpectedly long period of time without using antiretroviral therapy (ART). So, depending on which definition is being used, between about 1 and 8 percent of positive people can be classed as long-term non-progressors. Within this group is a smaller group, known as "elite controllers", who are able to keep their viral loads extremely low (possibly even undetectable) for extended periods of time, without use of ART. Certainly, if you have been living well with HIV for 18 years without the use of ART you would be considered to be a long-term non-progressor by most definitions.

There are a number of things that contribute to a person's long-term non-

progressor status: nature of the virus and particular qualities of the person's immune system.

The Sydney Blood Bank Cohort is a well studied group of 8 individuals who received a weakened form of HIV in the early 1980s following blood transfusions from a single HIV positive donor. A small number have since died from non-HIV related problems. Some of them have low levels of virus detected in their blood with some indications of HIV disease progression. However, after more than 24 years without treatment, three people in this group had undetectable viral loads and no obvious signs of HIV infection. Of course, this is only one example of weakened HIV leading to infection with a slow (or absent) progression of disease. Other studies have shown that HIV with certain genetic changes causes infection with slowed disease progression.

When a person is initially infected with HIV, the virus usually needs to join onto two different receptor molecules (CD4 and CCR5) on the cell surface before it can infect the target cell. A number of people (about 10% of people in Caucasian populations, but virtually none in Asian populations) inherit genes for a mutated form of CCR5 (CCR5 delta 32) from one or both parents. If these people acquire HIV, they are likely to have a much slower progression of HIV disease. In fact, it is very rare for people who inherit this mutation from both parents to be infected with HIV. Again, this is only one example of the influence of a person's genes and immune system makeup on the rate of progression of HIV disease

Despite your good level of wellbeing, it is important to keep as healthy as possible. There are a number of problems, many of them unrelated to HIV, that can start to become troublesome with advancing years. So attention to diet, and introducing a spot of exercise might be a good thing. This may help prevent (or reduce the impact of) things like diabetes or cardiovascular disease. For dietary advice, check with PLWHA to make an

appointment with the dietitian who regularly visits Westlund House or for suggestions of other local recommended dietitians.

Even in the absence of immune system damage, HIV can contribute to health problems in other areas. For example, HIV may lead to some forms of kidney damage, nerve damage and is thought to be responsible for some heart attacks and instances of stroke. So it remains important to monitor all aspects of your health. It is also important to keep monitoring your immune function and viral load too; even people who have been officially categorised as long-term non-progressors can experience a decline in their immune system over time. Long-term non-progressor status is not guaranteed to last for ever.



FAMILY SUPPORT

Does someone you love or support have an issue with alcohol or drugs?

Do you or someone you know need information, counselling or understanding?

You are not alone and there is support

DIRECTIONS ACT has a Family Support

Counsellor and support group, COMPASS

For more information call DIRECTIONS ACT and speak to Bek.

Ph: 61228000

Brenda's Blenda

As I walk among the fruit and vegetable sections of the supermarket I am surprised at the amount of variety now available.

Currently I am making my own yummy vegetable soups in my new slow cooker (Crock-pot) as winter fast approaches. But it's hard to know what vegies cook slowly and what cooks fast!

So here is some information on the basic vegetables, what they look like and how to prepare them for baking or for soups.

Carrots – The most versatile of root vegetables because they can be eaten raw as well as cooked for savoury or sweet food or even a refreshing drink. Carrots have more **vitamin A** than any other vegetable. Just wash them and enjoy raw or throw a couple sliced into your next casserole, they are even delicious baked.

Beetroot – You will either love them or hate them, an excellent source of **folate**. To prepare, wash them with a brush and boil them whole, eat them hot or they can be used cold in salads, like carrots they are also delicious roasted.

Parsnips – Shaped like a carrot but creamy in colour it is an excellent source of **vitamin c** and **potassium**. Roast them, mash them or use in soups or stews.

Turnips – Either white or purple. Roast them, mash them or use in soups or stews.

Swedes – A cross between a turnip and a cabbage. Wash and peel them, they can be used for roasting, soups or casseroles.

Red Radish – Another root vegetable has a red exterior and a crisp juicy white flesh. Excellent raw in your winter salad or on a sandwich. For something different try them steamed or roasted.

White Radish - has a delicate flavour and is popular in Japanese and Chinese cuisine. Slice them raw or grate them for use in marinades or salads.

Celeriac - A bizarre looking vegetable with rough brown skin and hairy roots. Beneath the skin is a smooth white flesh. To prepare cut away skin as you would a pumpkin. Steamed or pureed it can be eaten as a mash or great combined with mashed potatoes. They are about the size of a small grapefruit.

The above vegetables are all available in supermarkets but my biggest fear is what to do with them in the kitchen. Other than the usual potatoes, pumpkin etc these are excellent vegetables to add to your cooking and easy on your budget

Enjoy Love Brenda



Vitamin A

Like most vitamins, the existence of Vitamin A in our bodies is to help us maintain good health.

The primary role of vitamin A is to help build healthy eyes and for growth and bone development while its many other functions include aiding reproductive functions; preventing and treatment of skin disorders and aging of skin; promoting the growth of strong hair, teeth, skin, and gums and stimulating immunity.

Folate

Folate is a water-soluble B vitamin that occurs naturally in food

Folate helps produce and maintain new cells. This is especially important during periods of rapid cell division and growth such as infancy and pregnancy. Folate is needed to make DNA and RNA, the building blocks of cells. It also helps prevent changes to DNA that may lead to cancer. Both adults and children need folate to make normal red blood cells and prevent anaemia.

Vitamin c

Vitamin c is a water soluble vitamin and its primary role is the formation of collagen, which is important for the growth and repair of body tissue cells, gums, blood vessels, bones and teeth. Smokers and older people have a greater need for vitamin C

Potassium

Works with sodium to regulate the body's water balance and normalise heart rhythms. (Potassium works inside the cells, sodium works just outside them)

Nerve and muscle functions suffer when the sodium- potassium balance is off.

Hypoglycaemia (low blood sugar) causes potassium loss, as does a long fast or severe diarrhoea.

DENTAL HEALTH PROGRAM

We would just like to remind all people living with HIV/AIDS (PLWHA) about the Dental Health Program that has been set up in partnership with ACT Dental Health which aims to improve the dental health of PLWHA. The HIV/AIDS Special Needs Dental Health Program provides priority services for those on low incomes and on Centrelink benefits. All eligible clients of the AAC will be referred to ACT Dental Health and placed on a waiting list to receive treatment as soon as possible. The advantage of this program is that you will receive priority over those on the normal waiting list.

In addition, AAC clients who are also on Methadone or Buprenorphine treatment are entitled to one free examination, scale and clean each year.

While other services will still attract a fee, adult restorative services are capped at \$250.00 per year while child and youth services are capped at \$40.00. The Trevor Daly Fund may be able to assist eligible clients with fee payment. Enquiries should be made to the manager of the Community Support Services Unit (CSSU) for eligibility.

For more information on any aspect of the Special Needs Dental Health Program please contact Nada at AAC or Marcus at PLWHA. An information pamphlet has also been produced and is now available.

Please note that the current cost of an emergency visit is \$31.00 as at the 1.04.2007



Christmas in July Big Dinner 8 July
starting at 6pm at Westlund House!
Please RSVP to Mick on 6257 4985

Positive Support Network

Chinese Big Dinner

10.06.08 @ 6pm

RSVP's are essential for this event as it is held off site to
Westlund House

Please contact Mick on 02 6257 4985
for further details



**PAN PACIFIC
HIV+ PEOPLES
GATHERING**

**Auckland, New Zealand
September 2 - 5, 2008**

**LET THE CALL GO OUT
TO ALL THE POSITIVE
PEOPLES OF THE PACIFIC**

www.panpacificshiv.com

Friday 13 June, 2008 - Scholarship
Application Closing Date

COMING EVENTS

Wednesday 4.06.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Monday 9.06.2008

Queen's Birthday
Westlund House Closed

Tuesday 10.06.2008

**Dietician Clinic Bookings to
Mick or Marcus**

PSN Chinese Big Dinner

Wednesday 11.06.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Wednesday 18.06.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Wednesday 25.06.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Wednesday 2.07.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Tuesday 8.07.2008

PSN Christmas in July

Please RSVP to Mick

Westlund House Starts 6pm

Wednesday 9.07.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Wednesday 16.07.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Wednesday 23.07.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Wednesday 30.07.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

3.08.2008 to 8.08.2008

**XVII International AIDS Conference
Mexico City**

2.09.2008 to 5.09.2008

**Pan Pacific HIV+ Peoples Gathering
New Zealand**