

NAPWA HIV AND AGEING THINK TANK

By Mandi Collins

Alright, so no-one wants to hear this, but we are an ageing population of HIV positive people. This is actually amazing considering how many people died in the early days of AIDS and in the years since then. Yes we are still here despite what was predicted for our 'so called' lack of future. Some of us are even approaching 25 – 30 years of living with this virus and are still in reasonable health. So this brings us to the next challenge – that of growing older with a chronic illness and the implications.

On 24th June 2010 I attended the NAPWA (National Association of People Living with HIV/AIDS) Think Tank on Ageing with HIV. The Think Tank was attended by about 30 representatives from AIDS Councils and PLWHA Organisations within Australia.

Both research and anecdotal information has started to emerge over the last few years that PLHIV are ageing at an accelerated rate. We are more at risk of becoming vulnerable to diseases which are usually associated with ageing such as diabetes, cardiovascular disease, early onset menopause in women, osteoporosis, neurocognitive degeneration, high blood pressure, elevated cholesterol levels and non-AIDS related cancers such as lung and liver cancers.

On a personal level I found the Think Tank quite confronting. As someone who has lived with HIV for 21 years now, the chances of me developing more health issues are extremely high. Living with HIV is a challenge in itself. The very real possibility that I will have to juggle more medications, more specialists and more life impeding conditions is quite overwhelming. However, there are many positive steps PLHIV can take to decrease the risk of early onset age related conditions. We have all heard about the

things we should be doing to stay healthy a hundred times in the past, however, I will reiterate these because they are extremely important. Smoking cigarettes affects the body in so many ways and quitting nicotine is one of the best things you can do to help your overall health. Reducing alcohol and recreational drug use will also be beneficial to your health. Regular exercise, maintaining a healthy weight and having a nutritionally balanced diet will all help you to stay well. Have your bloods monitored regularly and ensure that your GP is aware that the chances of these age related emerging are a very real possibility. Developing a strong relationship with your counsellor or support person/group has also shown to be invaluable for the mental health and wellbeing of PLHIV.

At a federal government level, a senate enquiry into ageing of the Australian population is being conducted and both NAPWA and AFAO (Australian Federation of AIDS Organisations) will be providing submissions for this enquiry.

A lot of HIV positive people have been living well over the last few years due to ART and have not needed to utilise support services for a long time, if ever. However, there may come a time when these people will need to access these services and some PLHIV may find this very confronting. Issues of body image, self worth and loss of femininity/masculinity will all need to be addressed as we age. The psycho/social impact and perceived or actual lack of independence can be very challenging and indeed, stressful.

If the current trends continue, we will have younger people requiring aged care and residential placements in nursing homes earlier than anticipated. This raises the questions of how well equipped staff in the nursing homes and aged care services are to deal with the complex needs of a person living with HIV.

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POSITIVELY is a regular 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 us 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 **Friday 27th August**. Opinions expressed in this publication do not necessarily reflect those of the editor, publisher, nor PLWHA ACT.

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Issues of homophobia, stigma and discrimination will also need to be addressed. AAC has already begun a program to educate staff in aged care and nursing homes. They are working to dispel the myths surrounding HIV transmission and to de-stigmatise HIV. They are also working to give staff in aged care a better understanding of the GLBT community. I believe that heterosexual people, especially HIV positive men will also find these issues very challenging. A lot of heterosexual men don't access support services or groups because, along with other reasons, they don't feel they will fit in with groups that are mostly attended by GLBT HIV positive people. This is one area which I would really like to explore to see if we can't change some of the perceptions about peer support. The challenge here is to try to change opinions that have been ingrained into their way of thinking for years and find ways to meet their psycho/social support needs.

From the findings of the think tank some of the actions NAPWA will undertake is to develop resources to promote healthy living. A monograph will be developed that will consist of current research findings and data, policy and health promotion and eligibility criteria, e.g. bone

density testing for osteoporosis. GP's also need to be alerted to the fact that pre-emptive testing and monitoring for age related diseases in PLHIV is critical to early detection and ongoing management. Development and implementation of a national education program for aged care agencies will also be undertaken during 2010/2011. NAPWA will also promote social research into HIV and ageing. Guiding principles for health promotion aimed at HIV and ageing will also be developed. NAPWA is also working with Medicare to try to amend eligibility for tests which will have to be paid for by the patient because

they don't meet Medicare eligibility criteria, e.g. bone density testing for osteoporosis where age is a factor.

AFAO, NAPWA and ACON (AIDS Council of NSW) have produced a resource booklet called "Ahead of time – a practical guide to growing older with HIV" Copies of this resource are available at PLWHA ACT and the AIDS ACTION Council of the ACT.

As more information comes to light regarding these issues I will update you further.

DIETITIAN'S CLINIC

9th November 2010

Jenny McDonald is a well known HIV Dietitian and Treatments Officer who has been conducting clinics for People Living with HIV/AIDS and the AIDS Action Council for a number of years. Jenny will be in Canberra to conduct another Clinic at Westlund House on 9th November Appointments are available from 9.30am till 3.15pm. For bookings and further information please contact

Mick at People Living with HIV/AIDS on
62574985



Positive Travel

This article is a follow up from the special speaker from HALC (Brady) who spoke at our dinner on Monday 7th June 2010 .

It is a sad reality that HIV positive people are not given the same freedoms as others to move around the globe. It is always important for travellers to be aware of their rights and obligations in foreign countries, however even more so for HIV positive travellers.

Rights under International Guidelines and Conventions

Under international guidelines and conventions HIV positive people should be afforded the same rights as others to move throughout the globe. Travel and migration to any country is a possible opportunity and not a given right, however on the basis of a person's HIV status they should not be excluded from the same opportunities as someone who is not HIV positive.

Article 18 of the United Nations Convention on Rights of Persons with Disabilities states that;
'1. States Parties shall recognize the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality, on an equal basis with others, including by ensuring that persons with disabilities:

- (a) Have the right to acquire and change a nationality and are not deprived of their nationality arbitrarily or on the basis of disability;*
- (b) Are not deprived, on the basis of disability, of their ability to obtain, possess and utilise documentation of their nationality or other documentation of identification, or to utilise relevant processes such as immigration proceedings, that may be needed to facilitate exercise of the right to liberty of movement;*
- (c) Are free to leave any country, including their own;*
- (d) Are not deprived, arbitrarily or on the basis of disability, of the right to enter their own country.'*¹

The International Guidelines on HIV/AIDS and Human Rights, produced by the Office of the United Nations High Commissioner for Human Rights and the Joint United Nations Programme on HIV/AIDS

further affirms the Right to Liberty of Movement, stating that;

'The right to liberty of movement encompasses the rights of everyone lawfully within a territory of a State to liberty of movement within that State and the freedom to choose his/ her residence, as well as the rights of nationals to enter and leave their own country. Similarly, an alien lawfully within a State can only be expelled by a legal decision with due process protection.

127. There is no public health rationale for restricting liberty of movement or choice of residence on the grounds of HIV status. According to current international health regulations, the only disease which requires a certificate for international travel is yellow fever². Therefore, any restrictions on these rights based on suspected or real HIV status alone, including HIV screening of international travellers, are discriminatory and cannot be justified by public health concerns.

128. Where States prohibit people living with HIV from longer- term residency due to concerns about economic costs, States should not single out HIV/AIDS, as opposed to comparable conditions, for such treatment and should establish that such costs would indeed be incurred in the case of the individual alien seeking residency. In considering entry applications, humanitarian concerns, such as family reunification and the need for asylum, should outweigh economic considerations.'

Whilst these various international guidelines and conventions exist in an effort to prevent discrimination, unfortunately even those States who ratify a convention still fail to unwaveringly stand by their obligations.

It appears that a large number of countries do not recognise an HIV positive person's right to liberty of movement in the context of travel and residence outside their home State, some countries even having a total ban on entry to HIV positive persons. Restrictions on HIV positive travellers can be categorised into three groups;

1. Green Countries, being those with no restrictions;
2. Orange Countries, being countries with some restrictions; and
3. Red Countries, being countries with a complete ban on entry to HIV positive people.

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You can get information about the level of restrictions in certain countries at www.positivetravel.info . This website also contains information in relation to insurance. Additionally, <http://www.hivtravel.org> , contains further up to date information on restrictions and upcoming legislative changes which may affect positive people

Disclosure

On visa application forms, immigration entry forms and/or customs forms there are often questions as to a person's HIV status, even for 'green counties', and also questions relating to importing pharmaceuticals, including prescription medication. In most countries it is considered fraud and thus a criminal offence to answer dishonestly on such forms.

If you are carrying medication and you answer dishonestly on a customs form, should the customs officials find the medication you may not only place yourself in legal jeopardy but also place your health in jeopardy if the medication is confiscated. It is vitally important to always have the prescription details clearly marked on, any medication. Additionally carrying a doctors letter confirming that the medication is prescription may also be of assistance.

It may be possible to send your medication ahead of you by post to avoid the issue of disclosure at the border. It is best to be sure they have safely arrived before you travel if you use this strategy.

Disclosure of a person's HIV status to a 'red country' will result in automatic exclusion and, if a person's status is discovered after entry, possibly deportation from the country.

If you are found in a situation where you are in trouble because of failure to disclose your status or medication you should immediately contact the nearest Australian, or relevant Commonwealth, embassy or consulate to obtain assistance.

Summary

Discrimination in the context of international travel and migration appears to be unchecked. The HIV/AIDS Legal Centre assists people in overcoming Australia's blatant disregard for a HIV positive person's right to Liberty of Movement, we could hope that similar organisations will assist Australians wishing to travel or migrate to other countries.

Unfortunately it seems HALC is but one of a handful of organisations worldwide that offers specialist assistance to positive people. It is therefore up to HIV positive people and their support networks to fight for their rights for equality with respect to liberty of movement.

References

¹ Article 18 , United Nations Convention of the Rights of Persons With Disabilities

² WHO International Health Regulations (1969).

³ United Nations High Commissioner for Human Rights and the Joint United Nations Program of HIV/AIDS

Author: Alexandra Stratigos, Solicitor, HIV/AIDS Legal Centre, NSW

Christmas in July Dinner

Once again PLWHA members and their guests, 27 in all, attended a very successful Christmas in July dinner celebration which was held at Westlund House. This dinner has always been a very well attended and popular event and this year was no exception, with our menu consisting of baked pork, baked leg of lamb and chicken. With a lot of help from our members who volunteered their time the dinner turned out a great success.

It was also pleasing to have some of our volunteer cooks and AAC board members come along together with AAC staff.

P.S.N Spring

BBQ

A BBQ will be held for the P.S.N dinner on Tuesday. 31st August those members who can assist with the preparation please give PLWHA a call on 62574985



Nurse Philip

Dear Nurse Philip

Nine weeks ago I came out in an all over body rash, small pimples that bled and my body felt it was burning.

The dermatologist I had visited diagnosed Grover's Disease; could you please explain what this is all about and possibly what causes it.

MB

Yes, for some people, Grover's Disease can be an extremely unpleasant condition, with persistent periods of unrelenting itching and discomfort. Other individuals with this condition only have very mild signs and symptoms.

The areas of irritated skin occur most commonly in the middle of the chest, on the trunk or on the back, but can affect other parts of the body. For most affected people, the skin changes are transient, usually lasting about 6 months. For others, however, it can last up to 12 months or more. It tends to affect people who are over 50 years of age, with more men having it than women. It is not easy to make a diagnosis of Grover's Disease, as there are a number of other conditions that are similar to it. A skin biopsy and other skin tests can help in identifying this condition and rule out others.

For some people, it seems to be brought on by sweating and getting overheated. If sweating from exercise results in a mild exacerbation; usually washing the skin afterwards will minimise irritation. Many people with Grover's Disease will still be able to exercise if they follow this

suggestion. Some people report that Grover's Disease is triggered by exposure to sunlight, while others identify certain medications as an initiating factor. There doesn't seem to be a single cause of this condition.

Initial treatment may involve creams applied to the skin to reduce inflammation and itching. If this doesn't work, oral medications, and exposure of the skin to certain types of ultraviolet radiation can be used. There are some people who get no relief from any of these treatments.

This condition, although usually transient can recur, so it is important that individuals identify things that trigger it (such as overheating, excessive sweating or exposure to sunlight) and try to avoid them in future.

As Grover's Disease is not a rare condition, it is bound to affect some people with HIV, particularly as they enter their middle years. Fortunately, there is no obvious link between Grover's Disease and HIV infection and any resulting immune suppression. So, it looks like it is just a matter of following your dermatologist's recommendations (reporting back if treatments are not effective) and waiting for it to pass. After it has settled, be careful to avoid or minimise things that may set it off again.

If you are bothered by any skin problems, it might be worth talking to your doctor about getting your Vitamin D level checked: Vitamin D deficiency can be associated with unusual immune related skin rashes.

Brenda's Blenda

Guest coming for the week-end and you need a quick and easy recipe that's easy on the pocket and healthy.

Lamb & Mushroom Kebabs.

20 minutes preparation plus 10 minutes cooking.

There are 6 serves of veggies in this recipe.

Ingredients:

500g lean lamb round, cut into cubes.

8 button mushrooms halved.

1 green capsicum seeded and diced.

8 cherry tomatoes.

1 medium red onion, cut into wedges.

Marinade

1. 2 tsp wholegrain mustard.

2. 2 tsp mint jelly.

3. 2. tsp reduced salt soy sauce.

(These ingredience are always handy and kept in the back of the fridge for future use)

How to prepare.

1. Mix marinade ingredience together and microwave for 40 seconds to combine.

2. With a pastry brush, coat meat and vegetables with marinade, preheat barbecue or grill to moderate heat.

3. Thread lamb and vegetables onto skewers, mix marinade onto skewers and set aside.

4. Cook Kebabs for 5-10 minutes, turning frequently and brushing with marinade.

This will serve 4.

Hint

Soak bamboo skewers in hot water for a few minutes to prevent splintering or burning on BBQ or grill.

Serving suggestions

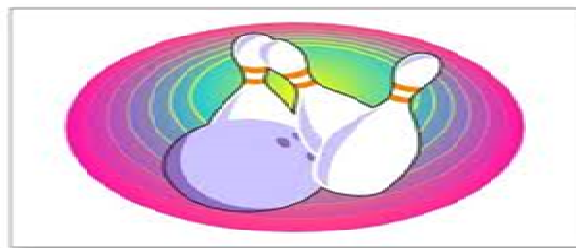
Serve Kebabs with Pita bread and a salad of diced tomatoes, sliced cucumber, pineapple chunks, diced olives and crumbed feta.

Alternatively serve on a bed of warm mashed potatoes and little chopped herbs.

What is great about this recipe is that all vegetables can be used for the vegetarian guests or family members.

Enjoy,

Love Brenda.



Ten Pin Bowling Night

PLWHA will be holding a Ten Pin Bowling night for our members at AMF Ten Pin Bowling Centre, 1 Emu Bank Belconnen starting at 6.30 PM Wednesday 1st September. Members who would like to participate in this event please contact PLWHA by Thursday 29th August as bookings are limited. Cost of the bowling will be covered by PLWHA, any other cost (food/drinks) must be met by members. Because of the location transport will be a problem for some members, Members who can assist with transport please contact PLWHA on 62574985.

PLWHA—COMING EVENTS

August



Tuesday 3rd August

P.S.N Dinner starting at 6pm

Westlund House

Wednesday 4th August

P.S.N Lunch 12-2pm

Westlund House

Wednesday 11th August

P.S.N Lunch 12-2pm

Westlund House

Wednesday 18th August

P.S.N Lunch 12-2pm

Westlund house

Wednesday 25th August

P.S.N Lunch 12-2pm

Westlund House



Tuesday 31st August

P.S.N Welcome to Spring

BBQ Big Dinner Starting at 6pm

Westlund House



For catering purposes members attending PSN Dinners please RSVP on 62574985.

September

Wednesday 1st September

P.S.N lunch 12-2pm

Westlund House

Wednesday 1st September

PSN Ten Pin Bowling night

AMF Belconnen 6.30pm

Wednesday 8th September

P.S.N Lunch 12-2pm

Westlund House



Tuesday 14th September

PSN Dinner starting at 6pm

Westlund House

Wednesday 15th September

P.S.N Lunch 12-2pm

Westlund House

Wednesday 22nd September

PSN Lunch 12-2pm

Westlund House



Tuesday 28th September

PSN Dinner starting at 6pm

Westlund House

Wednesday 29th September

PSN Lunch 12-2pm

Westlund House

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. Ph 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 or if you would like to suggest some activities contact Marcus, Nada or Stephanie on 6257 2855.

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 or Nada
Phone 6257 2855

Treataware www.treataware.info

Nutrition

Consultation with a dietitian 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 Nada or Mick on 6257 2855

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

GSAHS Queanbeyan Sexual Health Service

For Appointment

Ph- 02-6298 9233

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

Queanbeyan-Goulburn Region

Ph- 02-6298 9213 mobile 042 789 3247

Margaret Trail

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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