For your mental health: Coping with the holidays

By Laura Wilhelm, PhD

The holiday season is here. Movies, television and store decorations lead us to believe that this time of year feels wonderful for everyone. However, this idea is not true. The holidays can be very difficult, especially for people struggling with loss or loneliness. Many individuals living with HIV/AIDS feel abandoned, unsupported, or misunderstood by their families and friends much of the time. During the holidays, this sense of isolation can seem even worse. There might be a tendency to compare what’s happening now with perceived better times in the past, which also leads to feeling down. Faced with holiday blues, people often focus on how bad they are feeling or do things to avoid feeling anything at all. Neither of these strategies really works. The following is a list of some tips that can help you cope with holiday depression and stress.

Do:

• Make your health a priority (take your medications as prescribed, eat right, get plenty of sleep and exercise).

• Live in the moment. Try to avoid dwelling on the past or worrying about the future. We can’t change the past, and we don’t know what the future holds. Remember that there is more right with you than wrong with you.

• Remind yourself that it’s okay to feel down. Tell yourself that bad feelings pass.

• Talk with someone. Spend time with people who care about you — this may mean new people or a different set of friends. Make plans to not be alone.

• Consider volunteering — giving your time to a good cause gets you out of the house and helps you to feel better about yourself.

• Try new, healthy ways to celebrate, especially ones that are free!

• Treat yourself well. This might mean one special meal, gift, outing, etc. — give yourself a break!

Don’t:

• Don’t turn to alcohol or drugs to escape feeling down.

• Don’t expect yourself to feel any certain way.

• Don’t spend money that you don’t have.

• Don’t focus on the past or what you don’t have.

• Don’t argue with family members—this just makes you feel worse.

Probably the most important idea to remember about holiday depression and stress is that bad feelings are temporary and they pass! Try not to let yourself get tricked into believing that everyone else is happier or better off than you. It’s normal to feel down during the holidays, but it’s also very important to do something healthy to improve your mood.

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At the beginning of the HIV epidemic, there weren’t any approved medicines to treat the virus, and alternative therapies were as good as anything else. As anti-HIV drugs (antiretrovirals) got better and stronger, alternative therapies were used to support overall health or to help the immune system. Now that we have several years of experience with effective antiretroviral drugs, there is renewed interest in some vitamins and herbal medicines to help counteract their side effects as well as treat other current conditions (such as depression or Hepatitis C).

Most alternative therapies have not been carefully studied. Many of their manufacturers see no reason to spend millions of dollars to research a product they already sell. Vitamins and herbs are classified as “nutritional supplements” rather than drugs, and as such are not regulated by the United States Food and Drug Administration (FDA). These therapies are not subject to the stringent criteria set forth for drugs. They do not have to have proof of either effectiveness or safety, nor data regarding potential interactions with approved drugs you might be taking. There also are no regulations regarding the amounts of these therapies in products made by different companies. What you get from “Brand A” can be completely different in amount than “Brand B,” and it’s completely legal.

The limited research on alternative therapies for HIV that does exist has shown that their anti-HIV effects are probably much weaker than the FDA-approved antiretrovirals. Recently, some of the therapies approved for other conditions were studied to see if they interfered with prescription anti-HIV drugs. Unfortunately, some of them did. St. John’s Wort, a well-researched herb that can be effective in dealing with mild depression, dropped blood levels of the protease inhibitor Crixivan®. Lower blood levels of anti-HIV drugs can cause these drugs to stop working. Garlic supplements have been shown to cut the amounts of other protease inhibitors (such as Fortovase®) as well. On the other hand, marijuana and milk thistle (used for liver problems) did not make a big difference in drug levels. Echinacea, an herb used for many purposes including immune boosting short-term, has actually been shown to suppress the immune system when used chronically.

Where do alternative therapies fit in? There’s very little research, so a lot depends on how you feel about using them after talking with your health care providers. If they help maintain your immune system and your overall health, you might stay healthier longer. Some alternative therapies can help you deal with side effects of the HIV drugs. Just be aware that some can be a bad idea and not a lot may be known about many of them. Be sure to let your health care providers know about everything you’re taking or planning to take just in case there are any problems.

Teague is the program director for the CAMC Ryan White Program.
Hepatitis: an old disease in the news

Shelda Martin, MD

If you have been paying attention to the news, I am sure you have heard about the outbreak of Hepatitis among people who ate at a Chi-Chi’s Mexican restaurant in western Pennsylvania. So far, more than 500 cases have been confirmed, three people infected with the virus have died, and thousands have lined up for vaccinations. Because this is in the headlines, I thought now would be a good time to talk about Hepatitis in general and focus on Hepatitis A in this issue.

What is hepatitis?
The liver is an important organ in the body. It works to break down nutrients and medications, and also helps clear the body of toxic waste products. Hepatitis is an inflammation, or swelling of the liver, that keeps the liver from working as it should. Hepatitis can lead to scarring of the liver (cirrhosis) and liver failure, which can be fatal. Hepatitis is a very common disease which can affect people even if their immune systems are healthy. Causes include viruses, alcohol, drugs (including prescription medications and herbal products), opportunistic infections and poisons. Over 90 percent of hepatitis cases are caused by viral hepatitis A, B, or C. Many cases of hepatitis are not recognized and treated because people think they have the flu. The most common symptoms are loss of appetite, tiredness, fever, body aches, nausea, vomiting and stomach pain. In more serious cases, people may have dark urine, light-colored bowel movements and a yellowing of the skin or eyes (jaundice). Hepatitis may be acute or chronic. Acute means that you get sick for a couple of weeks, but eventually recover. Chronic hepatitis means that the liver might be inflamed for six months or more. The virus stays in your body, and you can infect other people. Your disease may even become active again in the future.

Hepatitis A
In Pennsylvania, people are being affected by the hepatitis A virus. It can affect anyone who has not been vaccinated against the disease or previously infected with the virus. Hepatitis A does not cause a chronic infection. However, about 15 percent of patients can have symptoms which last for six to nine months. Symptoms are usually very mild and are often mistaken for the flu. Your doctor can do bloodwork to check out your liver function and to see if you have ever had the disease before. Once you have hepatitis A, you cannot get it again.

You can get hepatitis A by eating food or drinking water that has been in contact with infected stool (feces). Another way to get hepatitis A is by having sex with a person who is infected. In Pennsylvania, health investigators still don’t know the source of the virus but they are looking at foods, including green onions, which are difficult to clean and have been linked to outbreaks in smaller states.

Using good personal hygiene and proper sanitation can help prevent the illness. Always wash your hands with soap and water after using the bathroom, changing a diaper and before eating and preparing food. The same applies to before and after sex. Avoid contaminated foods that may have been prepared under unsanitary conditions or that could have been handled by an infected person. Beware of street drugs that can be contaminated if handled by a person infected with hepatitis A. Taking these drugs may spread the virus.

Get vaccinated
For long-term protection against the hepatitis A virus, a shot is available for people who have not been exposed to the virus (requires two doses). The vaccine is currently recommended for men who have sex with men, injecting and non-injecting drug users and persons with chronic liver disease.

So, what’s the big deal with hepatitis A? Well, if you have HIV, hepatitis B or hepatitis C, you can become really sick if you get hepatitis A. If you think you have been exposed, call your doctor or the clinic. I will write more about the chronic hepatitis viruses in the next issue.

Martin is the medical director for the CAMC Ryan White Program.

Take the test!
The decision to be tested for HIV is the first step in taking responsibility for yourself and the health of others with whom you may be intimately involved.

HIV testing locations
Many testing sites offer free testing, but some charge a fee. Some locations require an appointment; others accept walk-ins. Call ahead to be sure!

On the Internet you can find a list of test sites in your area by entering your zip code. Go to www.hivtest.org
By phone, you may call:
• WV AIDS/STD Hotline: 1-800-642-8244
• CAMC Ryan White Program care coordinator in Charleston: 388-9337 or toll-free: 1-877-565-4423
• National HIV/AIDS Hotline: 1-800-342-2437
• Your local county health department
Some HIV/AIDS patients become eligible for Medicaid automatically if they have no income whatsoever, have no assets and are on SSI (Supplemental Security Income). There are, however, some patients who come to the ID clinic who are working, want to continue working and have income or savings over the previously mentioned financial guidelines. Despite their income or savings, the high cost of antiretrovirals and other prescriptions make it impossible for them to pay for their medications even if they deplete all their savings and income. These individuals are eligible to apply for a sub-category of Medicaid called Spenddown, a program in which they keep track of all receipts or bills for medical-related expenses and prove that their income cannot meet their medical expenses. Unfortunately, this Spenddown is frequently unobtainable. Patients on a limited income are likely to do without medications they can't afford, and that means they don't have the receipts needed to qualify for Spenddown. Others might get free samples or Good Samaritan-paid medications, and while this solves the problem temporarily, they still have no receipts.

As of February 1, 2003 there is a waiting list for new HIV/AIDS patients enrolled in the AIDS Drug Assistance Program (ADAP). We are helping these patients get free medications through the Pharmaceutical Indigency Program, when and if the manufacturer of the patient’s specific HIV/AIDS medication participates in this nationwide community service program.

For more information about Medicaid eligibility, call your local/county DHHR office:

- Putnam County DHHR .......................... 757-7843
- Wyoming County DHHR ..................... 732-6900
- Kanawha County DHHR ..................... 558-4098
- Boone County DHHR .......................... 369-7802
- Raleigh County DHHR ........................ 256-6930
- Mercer County DHHR ........................ 425-8738
- Clay County DHHR ............................. 587-4268
- Summers County DHHR ..................... 466-2807

For details on WV Medicaid eligibility guidelines on the Internet, go to: www.WVDHHR.org. Under “Online Services,” go to “View the Income Maintenance Manual,” go to chapter 10; then go to chapter 10.20 for “Medicaid for AIDS Patients.”

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