Herpes: It's a simplex matter

What is herpes?
Herpes is a disease caused by herpes simplex viruses (HSV) type 1 and type 2. Herpes can cause symptoms on the mouth (oral herpes) or genitals (genital herpes). Oral herpes is commonly called cold sores or fever blisters. Herpes can be uncomfortable, but it is not considered to be a dangerous virus. Most people do not have health problems from herpes, although people who have HIV may be affected differently.

How common is herpes?
Fifty to 80 percent of adults in the U.S. have oral herpes. At least 45 million adults—that is one in four—have genital herpes. However, many people don’t know they are infected because their symptoms are either too mild, or are mistaken for something else.

How do people get herpes?
Because HSV is very fragile and does not live long on surfaces, a person cannot get herpes from a doorknob, bathtub or towel. Herpes is spread through direct, skin-to-skin contact during sexual activity. From the anus or mouth to the genital area, Herpes is spread during oral sex. For people with genital herpes, they cannot get herpes from a toilet seat, because HSV cannot live long on surfaces. A person can get HSV from someone who is not showing any symptoms, and are mistaken for something else.

How do people get herpes?
Oral herpes is commonly called cold sores or fever blisters. The sores on the face can be itchy, burning, tingling and aches or pains in the infected area. After about 48 hours, these symptoms are followed by a typical cold sore. Also, the sores or rash may look very different in someone with HIV. The length of outbreaks varies from person to person. Symptoms can last three to four weeks, but most heal within two to 12 days.

How often do outbreaks occur?
Once transmitted, HSV stays in the body forever. Most of the time it lies dormant (sleeps), but sometimes it is reactivated (wakes up) and causes another outbreak. The average number of outbreaks is four to five per year. The first outbreak is usually the worst, and most recurrences occur less often and are less severe. Stress to the body, as well as illness, poor diet or alcohol can trigger activation. People with HIV may have bigger and more frequent outbreaks, especially when their CD4 counts are low.

How is herpes diagnosed?
Always consult your doctor or health care professional if you are afraid you may have been exposed to herpes. A doctor can diagnose herpes by looking at the rash, or by taking a sample from the sore. If there are no symptoms, a blood test must be performed.

How is herpes treated?
There is no cure for herpes. However, there are medications that are available for treatment. When taken as directed, these drugs can speed up the healing process and help reduce the number of outbreaks. When taken daily by someone with herpes, they can reduce the risk of transmission to a partner by 50 percent.

How do I avoid getting herpes?
If someone has a cold sore, he or she should not give oral sex until all signs have healed. If someone has a symptom on or around the genitals, he or she should not have sex until all signs have healed. When there are no symptoms present, using latex condoms decreases the risk of infection.

Who can I talk to if I have herpes?
There are many available resources about herpes, including books, newsletters and other educational materials, as well as support groups. For more information, contact your doctor or local health department. You can also visit the American Social Health Association — Herpes Resource Center online at www.ashastd.org/herpes/herpes_overview.cfm. You also can call the National Herpes Hotline at (800) 448-4888.

Understanding panic attacks

By Laura Wilhelm, PhD

We all feel nervous or anxious at times. A panic attack is different from just feeling scared, nervous or upset. When a person has a panic attack, there is usually experiencing four or more of the following 13 symptoms:

- Increased heart rate, pounding heart (palpitations)
- Sweating
- Trembling or shaking
- Shortness of breath or smothering sensations
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Dizziness or light-headedness
- Feeling unreal or detached from oneself
- Fear of losing control or going crazy
- Feeling of dying
- Numbering or tingling
- Chills or hot flashes

If you think about this list, each of these symptoms is uncomfortable. When several of these symptoms happen together, the experience can be frightening. A panic attack feels like a wave of fear coming over a person. Typically, an attack lasts between 10 to 30 minutes, but can last longer. People who have suffered panic attacks often want to avoid situations where they might panic again (at work, a mall, restaurant, crowds, driving being alone, etc). Although nobody likes to have panic attacks, they are actually more common than you would think. During the past year, over 30% of people in the United States had some form of panic attack.

Why do panic attacks happen?
First, it is very important to rule out medical reasons for panic symptoms, such as cardiac, thyroid or metabolic problems. Once your doctor has confirmed that there is no medical basis for your symptoms, it’s a good bet that you are responding to a situation that feels threatening. This emergency response is different for different people — genetics, social learning history, environmental stressors, thinking patterns and behaviors (e.g., breathing patterns) each play a role.

When feelings of panic come on suddenly and for no obvious reason, we can feel out of control and terrified. If we can’t point to a clear reason for these feelings, we usually try to guess at one, like “I’m having a heart attack” or “I must be going crazy” or “I’m dying.”

Understanding what’s happening in a panic attack can be one of your best tools for coping. Although it may seem hard to believe, none of panic attack symptoms is harmful to you in any way. In fact, each of these symptoms was originally intended to protect humans from danger.

To understand this point, it is helpful to think about our prehistoric ancestors. In order to stay alive, people living in cave times had to fight
Panic attacks
Continued from page 1
a predator, or escape from one. This is called a “fight or flight” response, and it helped our ancestors to respond quickly and defensively against threats to their safety. This response system has been passed on to us, and all the sensations that characterize a panic attack are actually part of what is known as our fight or flight ability. The heart (right) lists sensations that are common in panic attacks and an explanation for each symptom.

Although panic symptoms are uncomfortable, they are not dangerous. Your body is able to handle any panic sensations without you going crazy, losing control, having a heart attack or dying. Further, keep in mind that a panic attack is always temporary. The body chemicals that produce our emergency response will be broken down in a short while and it helped our ancestors to respond quickly and defensively against threats. This cools the body down. Blood leaves the skin, fingers and toes to keep a person feeling lightheaded, faint or confused. Nausea/abdominal discomfort is not at all harmful, but it can lead to vomiting. Fat loss (lipohypertrophy) shows up usually in the abdomen, breasts or the back of the neck. Numbness, tingling is not very harmful as long as you can feel your toes.

To 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.

Panic attack: the symptoms and their reasons

Symptom: Increased heart rate
Reason: An accelerated heart rate increases blood flow to the large muscles of the body (e.g., quadriceps, biceps), giving them more oxygen and helping them to prepare for fighting or running away.

Symptom: Shortness of breath, chest pain, feeling of choking
Reason: Each of these symptoms is related to increased breathing. In the face of danger, our breathing accelerates to deliver more oxygen to the tissues involved in fighting or fleeing. (Think about times when you have run really fast.) One of the side effects is that the chest muscles are working really hard, which can result in chest pain or tightness.

Symptom: Dizziness, lightheadedness, feeling unreal, feeling outside of yourself
Reason: These sensations are related to changes associated with the increased breathing rate during fighting or fleeing. As a result of overbreathing, slightly less oxygen reaches the brain. This change is not at all harmful, but it can lead to feeling lightheaded, faint or confused.

Symptom: Cold, clammy hands, numbness, tingling
Reason: Blood leaves the skin, fingers and toes to keep a person from bleeding to death in the case of a severe cut or other wound. More blood is sent to the large muscle groups for fighting or getting away.

Symptom: Sweating
Reason: This cools the body down. Sweating also makes the body more slippery, which hinders attackers’ ability to grab and harm our cave ancestors.

Symptom: Nausea/abdominal discomfort
Reason: Less activity is used for digestion — most of the body’s energy and resources are being devoted to the large muscle groups for fighting or getting away from danger.

Symptom: Hot flushes
Reason: Preparing the body for fighting or running away uses a lot of energy, which results in feeling hot.

Body shape changes and metabolic side effects: “Lipodystrophy” Common HIV drug side effects and their management: Part three

By Christine Teague, PharmD, MPH, BCPS

It has been nearly 10 years since articles about “Crix Belly” were published. Lipodystrophy can refer to high level of blood fats (lipids) including triglycerides and LDL (bad) cholesterol, or it can include high blood sugar and insulin resistance. These get lumped together as “metabolic disturbances.” It also can refer to body shape changes. Fat loss (lipohypertrophy) shows up primarily in the arms, legs and face, whereas fat gain (lipohypertrophy) usually shows up in the abdomen, breasts or the back of the neck.

Body shape changes

Lipodystrophy was first reported in 1996 when a number of people taking protease inhibitors (PIs) began noticing abnormal changes in body shape and size. There have been some patients who have never taken any antiretroviral drugs, but have experienced many of the symptoms that have come to be known as lipodystrophy. Research is ongoing to figure out why lipodystrophy occurs and to determine management strategies.

What have we learned about lipodystrophy

About half of the people taking medications for HIV have some lipodystrophy, and the risk is highest among those with the lowest (nadir) CD4 count. Several studies have shown that women have higher rates of fat accumulation (especially in the breasts and trunk) compared to fat loss. Symptoms usually start to appear within the first two years of starting antiviral therapy. Unfortunately, they are slow to reverse after changing or stopping treatment. Protease inhibitors are the most likely to cause fat accumulation in the abdomen, whereas the NRTIs (“nukes”) are linked to fat loss. This is probably due to cell damage in mitochondria.

What can be done about it?

There are no current treatments that have proven effective for body shape changes. Many patients have switched regimens — from a PI-based combo to a NNRTI-based combo, for example, to reduce these body shape-changing side effects, but in clinical studies, the results have been mixed and fairly disappointing. Because physical changes, especially the return of lost fat to arms and legs, seem to occur very slowly after switching from suspecting regimen, many clinicians try to avoid lipo rather than attempting to reverse its symptoms once they occur.

What can be done about it?

To control these side effects, people living with HIV – along with their health care providers – are encouraged to monitor weight loss. While weight loss is effective for some people, it tests very carefully. At the present time, there is no definitive treatment for these metabolic side effects, but lipid-lowering drugs (the “statins” such as Pravastatin® or Lipitor®) are often used to help reduce cholesterol levels. Other agents that can be used in addition to statins for elevated triglycerides include Trizc® (fenoibrate) and Lopid® (gemfibrozil), niacin and fish oils.

Increased insulin and glucose levels in the blood are warning signs of diabetes. To treat these problems, doctors rely on diabetic drugs. Commonly used drugs include Glucophage® (metformin), which helps the liver produce lower amounts of glucose. Avandia® (rosiglitazone) and Actos® (pioglitazone), both of which help cells to make better use of excess insulin and glucose in the blood.

Another option may be to switch anti-HIV drugs. While it isn’t clear if PIs are truly to blame for these metabolic side effects, a handful of studies have demonstrated that NNRTIs are less likely than PIs to cause increased lipid, glucose and insulin levels. However, some alternative treatment options may not exist, or if they do, may be associated with different side effects. If the current regimen is otherwise well tolerated and providing good HIV control, treating the lipids or glucose with other medications may be the best approach. This is a matter best left up to discussion between you and your health care provider(s).

Teague is the program director of the CAMC Ryan White Program.

To find out more about the CAMC Ryan White Program in southern West Virginia or to schedule an appointment, call toll-free 1-877-565-4423.

By phone, you may call:
• WV AIDS/STD Hotline: 1-800-642-8244
• CAMC Ryan White Programs 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

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Herpes: It’s a simplex matter

What is herpes?
Herpes is a disease caused by herpes simplex viruses (HSV) type 1 and type 2. Herpes can cause symptoms on the mouth (oral herpes) or genitals (genital herpes). Oral herpes is commonly called cold sores or fever blisters. Herpes can be uncomfortable, but it is not considered to be a dangerous virus. Most people do not have health problems from herpes, although people who have HIV may be affected differently.

How common is herpes?
Fifty to 80 percent of adults in the U.S. have oral herpes. At least 45 million adults – that’s one in four – have genital herpes. However, many people don’t know they are infected because their symptoms are either too mild, or are mistaken for something else.

How do people get herpes?
Because HSV is very fragile and does not live long on surfaces, a person cannot get herpes from a toilet seat, bathtub or towel. Herpes is spread through direct, skin-to-skin contact during an active outbreak. However, it can also be spread during a prodrome (the few days just before an outbreak). In other words, it can be spread even when there are no symptoms present. This happens when a contagious area comes in contact with a mucous membrane, like the mouth or genitals. If a person with oral herpes gives oral sex, it is possible for his or her partner to get genital herpes. If a person with genital herpes has sex, it is possible for his or her partner to get genital herpes. Having genital herpes makes it easier to acquire and transmit HSV.

What are the symptoms of herpes?
Many people have very mild symptoms or no symptoms at all. However, if signs and symptoms do occur, they can be severe. The first outbreak more often occurs within two to four weeks after infection. During the prodrome period, there is itching, burning, tingling and aches or pains in the infected area. After about 48 hours, these symptoms are followed by a typical cold sore. Also, the sores or rash may look very different in someone with HIV. The length of outbreaks varies from person to person. Symptoms can last three to four weeks, but most heal within two to 12 days.

How often do outbreaks occur?
Once transmitted, HSV stays in a person’s body forever. Most of the time it lies dormant (sleeps), but sometimes it is reactivated (wakes up) and causes another outbreak. The average number of outbreaks is four to five per year. The first outbreak is usually the worst, and most recurrences occur less often and are less severe. Stress to the body, as with illness, poor diet or an injury, can trigger reactivation. People with HIV may have bigger and more frequent outbreaks, especially when their CD4 counts are low.

How is herpes diagnosed?
Always consult your doctor or health care professional if you are afraid you may have been exposed to herpes. A doctor can diagnose herpes by looking at the rash, or by taking a sample from the sore. If there are no symptoms, a blood test must be performed.

How is herpes treated?
There is no cure for herpes. However, there are medications that are available for treatment. When taken as directed, these drugs can speed up the healing process and help reduce the number of outbreaks. When taken daily by someone with herpes, they can reduce the risk of transmission to a partner by 50 percent.

How do I avoid getting herpes?
If someone has a cold sore, he or she should not give oral sex until all signs have healed. If someone has a symptom on or around the genitals, he or she should not have sex until all signs have healed. When there are no symptoms present, using latex condoms decreases the risk of infection.

Who can I talk to if I have herpes?
There are many available resources about herpes, including books, newsletters and other educational materials, as well as support groups. For more information, contact your doctor or local health department. You can also visit the American Social Health Association — Herpes Resource Center online at www.ashastd.org/herpes/herpes_overview.cfm. You also can call the National Herpes Hotline at (911) 621-8488.

In December 2005, Jennifer Hillenbrand, RD, LD is the newest member of the CAMC Ryan White Program’s “care team.” Jennifer recently joined the clinical dietitian staff at CAMC Memorial Hospital. A native of Cross Lanes and a graduate of Nitro High School, she obtained a degree in Human Nutrition and Foods at Virginia Tech and completed a 10-month dietetic internship at the University of Virginia. Jennifer worked in Virginia for the last eight years, at Augusta Medical Center and Western State Hospital, and volunteered at the Augusta Regional Free Clinic.

Jennifer is an important member of the Ryan White Program’s care team because good nutrition is a significant part of HIV care and treatment. Good nutrition helps keep the immune system strong, enabling HIV-infected people and those who are affected or infected by HIV/AIDS to better fight diseases. Diet may help alleviate symptoms such as diarrhea, fatigue and issues such as high blood sugars and elevated triglycerides.

If you are a client of the CAMC Ryan White Program and you have diet or nutrition questions, ask the program’s care coordinator, Denise Helfin-Pettyon, RN, to schedule time during your next appointment for you to talk with Jennifer. Denise can be reached at (304) 388-9337 or toll-free 1-877-563-4423.

Understanding panic attacks

By Laura Wilhelm, PhD

We all feel nervous or anxious at times. A panic attack is different from just feeling scared, nervous or upset. When a person has a panic attack he or she is usually experiencing four or more of the following 13 symptoms:

- Increased heart rate, pounding heart (palpitations)
- Sweating
- Trembling or shaking
- Shortness of breath or smothering sensations
- Feeling of choking
- Coughing
- Nausea or abdominal distress
- Dizziness or light-headedness
- Feeling unreal or detached from oneself
- Fear of losing control or going crazy
- Fear of dying
- Numbering or tingling
- Chills or hot flushes
- Numbness or tingling

If you think about this list, each of these symptoms is uncomfortable. When several of these symptoms happen together, the experience can be frightening. A panic attack feels like a wave of fear coming over a person. Typically, an attack lasts between 30 to 90 minutes. In the past, attacks were often longer. People who have suffered panic attacks often want to avoid situations where they might panic again (at work, a mall, restaurant, crowds, driving, being alone, etc). Although nobody likes to have panic attacks, they are actually more common than you would think. During the past year, over 30% of people in the United States had some form of panic attack.

Why do panic attacks happen?
First, it is very important to rule out medical reasons for panic symptoms, such as cardiac, thyroid or metabolic problems. Once your doctor has confirmed that there is no medical basis for your symptoms, it’s a good bet that you are responding to a situation that feels threatening. This emergency response is different for different people — genetics, social learning history, environmental stressors, thinking patterns and behaviors (e.g., breathing patterns) each play a role.

When feelings of panic come on suddenly and for no obvious reason, we can feel out of control and terrified. If we can’t point to a clear reason for these feelings, we usually try to guess at one, like “I’m having a heart attack” or “I must be going crazy” or “I’m dying.” Understanding what’s happening in a panic attack can be one of your best tools for coping. Although it may seem hard to believe, none of panic attack symptoms is harmful to you in any way. In fact, each of these symptoms was originally intended to protect humans from danger.

To understand this point, it is helpful to think about our prehistoric ancestors. In order to stay alive, people living in cave times often had to fight living in cave times often had to fight...
**Panic attacks**

Continued from page 1

a predator, or escape from one. This is a called “flight or fight” response, and it helped our ancestors to respond quickly and defensively against threats to their safety. This response system has been passed on to us, and all the sensations that characterize a panic attack are actually part of what is known as our fight or flight ability. The start (right) lists sensations that are common in panic attacks and an explanation for each symptom.

Although panic symptoms are uncomfortable, they are not dangerous. Your body is able to handle any panic sensations without you going crazy, losing control, having a heart attack or dying. Further, keep in mind that a panic attack is always temporary. The body chemicals that produce our emergency response will be broken down, so it is impossible for a panic attack to last indefinitely. While it may be difficult to remember this in the middle of a panic attack, understanding that panic sensations are temporary and not harmful is a huge part of coping with the problem. The more you learn to think realistically about panic symptoms and respond more calmly to them, the better you’ll feel.

**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!

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**Panic attack: the symptoms and their reasons**

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
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**Body shape changes and metabolic side effects: “Lipodystrophy”**

By Christine Teague, PharmD, MPH, BCPS

Common HIV drug side effects and their management: Part three

It has been nearly 10 years since articles about “Crixibell” were published. Lipodystrophy can refer to high level of blood fats (lipids) including triglycerides and LDL (bad) cholesterol, or it can include high blood sugar and insulin resistance. These get lumped together as “metabolic disturbances.” It also can refer to body shape changes. Fat loss (lipodystrophy) shows up primarily in the arms, legs and face, whereas fat gain (lipohypertrophy) usually shows up in the abdomen, breasts or the back of the neck.

**Body shape changes**

Lipodystrophy was first reported in 1996 when a number of people taking protease inhibitors (PIs) began noticing abnormal changes in body shape and size. There also have been some patients who have never taken any antiretroviral drugs, but have experienced many of the symptoms that have come to be known as lipodystrophy. Research is ongoing to figure out why lipodystrophy occurs in order to determine management strategies.

What we have learned about lipodystrophy

About half of the people taking medications for HIV have some lipodystrophy, and the risk is increased among those with the lowest (nadir) CD4 count. Several studies have shown that women have higher rates of fat accumulation (lipohypertrophy) primarily in the arms, legs and face, whereas fat gain (lipohypertrophy) occurs more in the abdomen, breasts or the back of the neck.

**Symptoms**

- Shortness of breath, chest pain, feeling of choking
- Dizziness, lightheadedness, feeling unreal, feeling outside of yourself
- Cold, clammy hands, numbness, tingling
- Blood leaves the skin, fingers and toes to keep a person from bleeding to death in the case of a severe cut or other wound.
- Sweating
- Nausea/abdominal distension
- Hot flushes
- Preparing the body for fighting or running away uses a lot of energy, which results in feeling hot.

**Symptoms**

- Fat loss (lipodystrophy)
- Fat gain (lipohypertrophy)

**Reasons**

- Excessive breathing
- Excessive breathing
- Excessive breathing
- Excessive breathing
- Excessive breathing
- Excessive breathing
- Excessive breathing
- Excessive breathing

**What can be done about it?**

To control these side effects, people living with HIV – along with their health care providers – are encouraged to monitor the results of their tests very carefully. At the present time, there is no definitive treatment for these metabolic side effects, but lipid-lowering drugs (the “stats” such as Pravachol® or Lipitor®) are often used to help reduce cholesterol levels. Other agents that can be used in addition to statins for elevated triglycerides include Triglide® (fenofibrate) and Lopid® (gemfibrozil), niacin and fish oils.

Increased insulin and glucose levels in the blood are warning signs of diabetes. To treat these problems, doctors rely on antidiabetic drugs. Common oral antidiabetes drugs include Glucophage® (metformin), which helps the liver produce lower amounts of glucose, Avandia® (rosiglitazone) and Actos® (pioglitazone), both of which help cells to better use excess insulin and glucose in the blood.

Another option may be to switch anti-HIV drugs. While it isn’t clear if PIs are truly to blame for these metabolic side effects, a handful of studies have demonstrated that NNRTIs are less likely than PIs to cause increased lipid, glucose and insulin levels. However, alternative treatment options may not exist, or if they do, may be associated with different side effects. If the current regimen is otherwise well-tolerated and providing good HIV control, treating the lipids or glucose with other medications may be the best approach. This is a matter best left up to discussion between you and your health care provider(s).

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