Spring Forward
Pam LeRose, Path Editor and CAMC Ryan White Outreach Director

Warm weather is on its way and exercise articles are springing up in magazines and newsletters quicker than crocuses.

Although exercise cannot control or fight HIV disease, it can help you feel better and fight many of the side effects of the disease and your medications. An HIV-positive person used to be told that exercise would not guarantee a longer life, only a higher quality of life. That has changed. Now a 20-year-old man with HIV, who begins treatment early, can expect to live to 77 — the average lifespan of an average American male.*

Exercise guidelines for people with HIV
1. Check with your doctor.
2. Choose something you enjoy.
3. Don’t overdo it. A moderate exercise program will improve your body composition and maximize health risks. Go slow and schedule exercise into your daily activities.
4. Listen to your body. When you really are not feeling well you should not exercise, but you need to figure out what is just general tiredness and what is a more serious fatigue or illness. If you get overly tired in the middle of a workout, it is time to stop. Be flexible and be patient with your body and your workout.
For optimal health, you should make keeping an exercise routine just as important as your daily medication regimen.

* David Heitz, Published on June 25, 2014,

For more information on preventive measures for people who inject drugs, visit: 1-800-348-9677

Free HIV In-Home Testing Kits Available
One month swab, results in 20 minutes
Pick up a free HIV home testing kit from the CAMC Ryan White HIV Program, located in the CAMC Memorial Outpatient Clinic on the fourth floor of the Heart and Vascular Center across from McDonald’s.
The tests are available every Monday through Thursday from 10 a.m. to 2 p.m.
Brief instructions are provided and post-counseling if needed.
Call: (304) 388-9337, (304) 388-8106 or (304) 388-9979
Or call toll-free: 1-877-565-4423

Contact our clinic
• To pre-register or reschedule an appointment (304) 388-9677 or toll-free 1-800-348-9677
• Care coordinator (304) 388-9337 or toll-free 1-877-565-4423 or dense.heltem-peterson@camc.org
• Program director (304) 388-8106
• After hours (urgent) (304) 388-5432
• Medicine Clinic (304) 388-5590
• Medicaid Eligibility Specialist (304) 388-4261
• Medical Center Specialty Pharmacy (304) 344-8021

PATH
positive approach to health
SPRING 2015
The facts about PrEP
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4. Injecting drug users getting into drug treatment programs and using sterile equipment
In summary, PrEP is a powerful new strategy that can be used in conjunction with other prevention methods to reduce the risk of HIV transmission. It is recommended for those that are at highest risk and for those willing to commit to taking medication daily and regular medical follow up. Ask any of your health care team if you or your sexual partner(s) should consider a PrEP program.

References:
www.cdc.gov

The facts about PrEP: is it for you?
The drug that helps prevent HIV infection
Christine Teague, PharmD, MPH, AAhIVP, CAMC Ryan White Program Director

By now, you have probably heard or read about PrEP, which stands for Pre-Exposure Prophylaxis:
• PrE = before,
• Exposure = coming into contact with HIV,
• Prophylaxis = treatment to prevent an infection from happening.

Clinical studies have shown that one pill taken every day helps prevent HIV infection. This pill contains two medicines that we already use, in combination with other medicines, to treat HIV infection. When someone is exposed to HIV through unprotected sex or injecting drug use, PrEP can help stop the virus from turning into a permanent infection.
PrEP is another powerful tool that we have in our HIV prevention tool belt. It can be combined with condom use and other prevention methods for even greater protection than when used alone. If you choose to use PrEP, you must commit to taking the drug daily and seeing your health care provider every three months for follow up, HIV and other STD testing and monitoring for medication side effects.
Most of the clinical trial studies tested a combination of two antiretroviral HIV medicines, tenofovir (brand name Viread®) and emtricitabine (also known as FTC or brand name Emtriva®). This combination pill (brand name Truvada®) was approved by the FDA in 2004 for treatment of HIV infection when combined with other antiretrovirals and in July 2012 for PrEP.
In all of these studies, the risk of getting HIV infection was lower – up to 92 percent lower – for study participants who took the medicines consistently than for those who did not take the medicines.

Who should consider PrEP?
There are new federal guidelines regarding optimal use of PrEP. These guidelines recommend that it be considered for people who are HIV-negative and at substantial risk for HIV infection.
Sexual transmission:
1. Anyone who is in an ongoing relationship with an HIV-positive partner
2. Anyone who is not in a monogamous relationship with a partner recently tested HIV-negative
3. Anyone who is a:
   a. Gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months, OR

For people who inject drugs:
1. Anyone who has injected illicit drugs within the past six months and has shared injection equipment, or who has been in drug treatment for injected drug use in the past six months.
Because no prevention strategy is proven to be 100 percent effective, people who decide to take PrEP are strongly encouraged to use other prevention strategies to maximally reduce their risk including:
1. Using condoms consistently and correctly
2. Getting regular HIV testing with partners
3. Choosing less risky sexual behaviors, such as oral sex

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A month ago, I began taking a blue pill each day, called Truvada. It’s a combination of two of the three antiretroviral medications that form the cocktail used to treat people with HIV. Last year, the FDA approved the prescription of Truvada for the prevention of HIV in people who are uninfected. The term for this is pre-exposure prophylaxis (PrEP).

I’m HIV negative. My choice to begin taking a highly potent HIV drug wasn’t an easy one. And the decision to come out publicly as someone who’s on PrEP is not one that I take lightly. But the more I learn about PrEP, the more shocked I’m becoming that gay men are not shouting from the rooftops about this potential game changer in the fight to prevent new HIV infections, which we’re losing badly.

I’m ready to shout about it. Here’s what helped convince me: Dr. Robert Grant of UC San Francisco and the world leader on the multinational study on PrEP, was quoted at an AIDS conference as saying that “No one in iPrEx [the PrEP study] acquired HIV infection with a drug level that would have been expected with daily dosing.” Was this really possible? Whether they used condoms or not, people who took Truvada, as prescribed, were protected from the virus. Before writing this column, I reached out to Dr. Grant to make sure I understood correctly.

While emphasizing that PrEP is still “very new,” Dr. Grant confirms that “we have not seen anyone become infected that indicated daily use.” He explained that the people in his study were among those at highest risk of becoming positive: gay men whose partners were already positive, and other men who frequently had unprotected sex.

Before I go any further, I do realize that I’m committing heresy: I’m certain there are safe-sex advocates in our community who are reading this right now, and whose heads are about to explode. Am I telling people to pop a pill and go have bareback sex? I’m not. I am advocating that we look at both the social and medical science, and begin responding accordingly. And I am angry. In the past month, eight people I know have told me that they’ve tested positive for HIV. A couple of them had boyfriends who cheated on them. These friends, who didn’t know about PrEP, are now unfortunately among the 50,000 Americans newly infected with HIV each year — one in four of whom is under 24 years old.

Whether we want to admit it or not, safe-sex education has been an epic failure. In a recent national survey, the majority of gay men — 58 percent — admitted to not using a condom the last time they had anal sex. Is PrEP better than condoms? Dr. Grant won’t go that far, but here’s what he did say in a phone conversation: “That actual use of PrEP is more effective than saying you’ll use condoms and not using them. And that’s often the choice people make.”

I know I’m not a public health expert, but I can’t understand why we’re not discussing, in a serious way, the most-at-risk in our community on this medication immediately. With new and preventable HIV infections happening every hour, is the silence about PrEP among the safe-sex establishment not criminal?

One more statistic: US News reports that if HIV infections among gay men continue to rise at current rates, more than half of college-aged gay men will have HIV by the age of 50. We desperately need a new approach to battling new infections.

To be sure, taking Truvada is not like taking a vitamin. This is serious medication, and unless people take it every day, the protection it offers will be reduced. And like all medications, it carries risks and potential side effects — some of which are potentially quite serious. But none of the friends I know who are taking Truvada PrEP have experienced anything abnormal.

And here’s as another good thing about Truvada PrEP: You can stop taking it! You can use it at times when you’re most sexually active, and stop taking it when you’re not having sex. If the side effects are a problem for you, you can simply go off of it. But if you are HIV positive, that’s simply not an option. As of now, you’re on it for life. And if you’re positive, you have to take another pill, which often causes diarrhea and other unpleasantness. I know this because I’ve slipped up before, and went on post-exposure prophylactic treatment, which includes all three medications.

There are a few other downsides to the PrEP strategy. If your insurance doesn’t cover it, Truvada costs around a thousand dollars per month. But Gilead, the maker of Truvada, is offering assistance (free pills) to qualifying individuals who can’t afford it.

You also must get an HIV test before starting Truvada, and between any “breaks” in using it. And, yes, you should continue to use condoms even while taking Truvada to avoid getting other STDS.

I’m now 41 years old, and have been sexually active for at least 23 years. I’ve lived through the horrific period when AIDS was untreatable. It’s a memory that will never go away. But since this disease is no longer a death sentence, our daily fear of it has diminished, and we have become more likely to slip up. That’s why the possibility of PrEP offers our community is one we need to be talking about. Now.

This article is the opinion of the writer. National survey may be found at: http://www.aidsmap.com/Consistent-decline-in-partner-numbers-in-US-gay-men-in-last-decade-but-no-change-in-condom-use/page/265306/0

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