What’ New in HIV? 9/12/09 5th Annual Conference
Ambridge Conference Center, 1333 NE Martin Luther King Jr. Blvd.

A dynamic one-day conference that provides up-to-date and accurate information on advances in HIV prevention, care and treatment. The conference offers critical educational and networking opportunities for both individuals living with HIV and for service providers. Presentations include both consumer voices and service providers from some of Oregon’s top medical and care facilities.

2009 Conference Agenda

9:15 Welcoming remarks

9:30 Session 1
Treatment Update for Providers, Mike McVeigh, MD
Mental Illness and HIV, Josh Boverman, MD
Epidemiology of Specialized Communities, Sean Schafer, MD, Erin Nortrup, MSW
Relationships, Stigma and Disclosure, Josh Ferrer, Kurt Hunter

10:45 Session 2: Speakers’ Panel,
Facilitated by Toni Kempner, RN, BSN, CCRC, ACRN

12:00 Lunch

12:30 Keynote Address: HIV Vaccine Update, Shelly Karuna MD HIV Vaccine Trials Unit,
Fred Hutchinson Cancer Research Center, Seattle, WA

2:00 Session 3
Drug Interactions & Pharmacology, Debby Parrish, RPH MPA:HA
Treatment Update for Consumers, Diana Antoniskis, MD

3:15 Session 4: Substance Abuse and HIV, Todd Korthuis, MD David Eisen, OMD

4:15 Closing/Call to Action, Jack Cox, Jennifer Jako (Community Leaders)

For more information and to register go to: http://www.hivaidsproviders.org/whatsnew/
For questions: contact Alicia Toenniges or Email: intern.toenniges@cascadeaids.org or Call: (503) 223-5907, ext 3843
Disability Factors in Asthma & Other Respiratory Diseases

It’s hard to open a newspaper these days without reading about the increasing prevalence of asthma and other respiratory diseases. There are many theories about the reason, but for disability claims, we are just concerned about the effects, not the causes.

Social Security defines a person as disabled under the asthma listing when the disease triggers attacks lasting more than one day, occurring at least six times a year, and requiring “intensive treatment” and follow up medical care.

Asthma is now called “Reactive Airway Disease” or RAD to distinguish it from the more chronic diseases. It is seen as a temporary inflammation of the bronchial lining. It can also cause chronic pulmonary insufficiencies such as chronic obstructive pulmonary disease (COPD) or Chronic Restrictive Pulmonary disease. These more chronic diseases are measured by tests called the FEV1 or FEV (forced expiratory volume). The qualification level for disability is dependent on age and weight. The tests measure how deeply you can breathe or blow, and the results of these tests help determine eligibility, along with information about restrictions of activities of daily living.

The standard for disability for asthma is misleading and bears some investigation. When we are asking whether this illness is disabling under Social Security’s unique standards, more information is necessary. Many patients who receive regular insured medical care may receive breathing treatments that qualify as “intensive treatment” in their doctors’ offices.

Others may be able to administer such treatments at home. Emergency room treatment and hospitalization would be a rare occurrence for such a person, while it might be frequent for an underinsured person. Detailed questioning is necessary to determine the exact severity of the asthma and the number of treatments which might qualify as “intensive” under this regulation.

Also important to determine are the side effects of the treatments. For some, a breathing treatment is followed by hours of sleeping. If this occurs with any frequency, it clearly precludes full time work. Questions about this and other disabilities can be referred to our office for a full evaluation of the possibilities of obtaining SSI or Social Security disability payments.
Are there any new options for first line HIV treatment?

On July 8, 2009, FDA granted approval to Isentress (raltegravir) for the treatment of HIV-1 infection in treatment-naive patients. The recommended dose for treatment-naive adult patients is 400 mg twice daily, with or without food. This is the same dose approved for use in treatment experienced patients. This is the first time that a medication that is not a PI or NNRTI has been approved for use in treatment naïve (used with a dual NRTI backbone). Isentress (raltegravir) is an integrase inhibitor made by Merck & Co.

The approval of Isentress in treatment-naive patients is based the STARTMRK trial, a 48-week trial to evaluate the safety and efficacy of Isentress 400 mg twice daily versus Sustiva (efavirenz) 600 mg (both with emtricitabine + tenofovir). Of the 563 participants, 87% of the Isentress group achieved HIV RNA < 50 copies compared to 82% for the Sustiva group. At the end of the study, primary raltegravir resistance-associated substitutions were observed in 3 (1 with Y143R and 2 with Q148H/R) of the 6 virologic failure subjects. Reports of drug-related adverse events with RAL vs. EFV were 44% vs. 77%, respectively. Occurrence of moderate to severe drug-related problems was seen in RAL vs. EFV 32% vs. 16%, respectively.

The results of a 144 week, Phase 2 study comparing the long-term efficacy, safety, and tolerability of raltegravir to efavirenz in previously untreated patients was reported at the 5th International AIDS Society Conference on HIV Pathogenesis, Treatment, and Prevention (IAS 2009) by researchers from Peru, Canada, and the US.

These data indicate that raltegravir continues to be effective at 144 weeks. In this double-blind, multicenter study, 198 treatment-naive participants were randomly assigned to receive 400 mg twice-daily raltegravir (the first 48 weeks were dose-ranging from 100 to 600 mg twice-daily) or 600 mg once-daily efavirenz, both combined with tenofovir (Viread) and lamivudine (3TC; Epivir).

At 144 weeks, in a non-completer = failure analysis, 78% of the 160 patients receiving raltegravir and 76% of the 38 patients taking efavirenz had sustained HIV RNA suppression < 50 copies/mL. Only 3 patients met the study's definition of virological failure after week 96, 2 in the raltegravir arm and 1 in the efavirenz arm. Participant in both arms experienced similar CD4 cell gains (252 vs 233 cells/mm3, respectively). Drug-related clinical adverse events were less frequent in the raltegravir arm compared with the efavirenz arm, at 54% vs 76%, respectively.

Overall, the most common adverse events, reported by more than 10% of participants, were nausea, dizziness, and headache, which occurred with similar frequency in the 2 arms. Neuropsychiatric adverse events were less frequent in the raltegravir compared with the efavirenz arm (35% vs 61%). Laboratory adverse events were uncommon in both treatment groups. Raltegravir had a minimal effect on total cholesterol, LDL ("bad") cholesterol, and triglyceride levels. Drug interactions with raltegravir are not very common, strong inducers of UGT1A1 such as rifampin may result in reduced plasma concentrations of raltegravir.

The disadvantage of Isentress compared to other preferred options for treatment naïve HIV patients is that it must be taken twice daily. Excellent adherence is required; once resistance develops there will likely be strong cross resistance to other agents in the class still in the pipeline.

Ask Debby is graciously provided by Debby Parrish, Rph, MPA:HA
A pharmacist who specializes in HIV
Social Security Holds Compassionate Allowance Outreach Hearing on Alzheimer’s and Related Dementias

On July 29, Social Security hosted an outreach hearing on early-onset Alzheimer's disease and related dementias. It was the fourth public hearing on Compassionate Allowances, the agency’s expedited processing of disability claims for applicants with medical conditions so severe that their conditions, by definition, meet Social Security's standards.

“"This year, through Compassionate Allowances and our Quick Disability Determination process, over 100,000 Americans with severe disabilities will be approved for Social Security disability benefits in a matter of days rather than the months and years it can sometimes take,” said Commissioner Michael J. Astrue. “With this hearing, we are expanding our focus from specific rare diseases and cancers to look at subgroups of much broader conditions. Early-onset Alzheimer’s disease is a rapidly progressive and debilitating disease of the brain that affects individuals between the ages of 50 and 65 and clearly deserves our consideration.”

Learn more about the hearing or view the webcast at

www.socialsecurity.gov/compassionateallowances/hearings0729alt.htm.

Number of Social Security backlogged disability cases drops for 6th straight month

Social Security is making progress in one of its top priorities -- eliminating the hearings backlog for disability claims. The disability backlog has now gone down six months in a row. SSA began the year with 760,813 cases pending and ended June with 746,398 – a drop of 14,415 cases for the year and 4,203 cases for the most recent month. "We have moved quickly to utilize new technologies, improve our business processes, and add new staff," said Commissioner Astrue. "Combined with the hard work of our employees and the support of Congress, we are clearly on the right track to providing Americans with disabilities the prompt service they deserve."

Learn more at www.socialsecurity.gov/appeals and check out the "What's New" section.

Teens. Recreation. Education. Community (T.R.E.C.) had our first ever Teen Camp this summer and it was a wonderful experience for everyone! Taking place at a beautiful campsite near Molalla, Oregon twelve HIV impacted Teens came together with CAP staff, our committed volunteers, and some guest educators to engage in a weekend of building leadership skills, bonding as a community, and having fun together. It was a truly successful weekend; the young people who attended Teen Camp truly became leaders of this program, and we are very proud of them! These are some of the things they did at Teen Camp:

* Used incredible teamwork to built rafts out of raw materials that actually floated across the river
* Engaged in educational sessions about leadership and job skills, including presentation and technology skills
* Designed a short video about T.R.E.C. that can be shown to advertise the program
* Had plenty of time to explore, have a dance-off, and eat s’mores around the campfire.

In the words of one of the teens “we worked together to make everything happen. [These] skills will assist us in future endeavors”

If you know a teen who attended T.R.E.C.’s Teen Camp, congratulate them! They did awesome work! And remember, all Kids’ Connection teens are welcome attend T.R.E.C.’s upcoming activities, even if they couldn’t make it to camp.