CDC Announces $31.5 Million Expansion of Successful HIV Testing Initiative

The Centers for Disease Control and Prevention (CDC) is committed to increasing people’s knowledge of their HIV status and encouraging more Americans to get tested for HIV. Following the success of an initiative in which more than 1.4 million Americans have been tested for HIV, CDC announced today a new three-year expansion of the current program. Over the next three years, funding will increase by approximately $31.5 million and a total of $142.5 million will be awarded to eligible state and local health departments across the country to increase access to testing in health-care and non-health-care settings and prompt early diagnosis of HIV. Beginning today, eligible jurisdictions can apply for the funds, which will be awarded in August for the new phase of the initiative that begins in September.

In addition to African American men and women who were the focus of the original initiative, the new phase will also focus on other disproportionately affected populations: gay and bisexual men of all races, Latino men and women, and injection drug users. This phase of the expanded testing initiative builds on progress and ensures that many more persons will know their HIV status and will use that knowledge to improve their health and, if infected, protect the health of their partners. The funding opportunity announcement is available at http://www.cdc.gov/hiv/topics/funding/PS10-10138/index.htm.

MEDICARE EXPANDS COVERAGE FOR TREATING FACIAL LIPODYSTROPHY SYNDROME IN PEOPLE LIVING WITH HIV

The Centers for Medicare & Medicaid Services (CMS) today announced its decision to cover facial injections for Medicare beneficiaries who experience symptoms of depression due to the stigmatizing appearance of severely hollowed cheeks resulting from the drug treatment for Human Immunodeficiency Virus (HIV). Today's decision is effective immediately.

Facial lipodystrophy (LDS) is a localized loss of fat from the face, causing an excessively thin appearance in the cheeks. In some cases, facial LDS may be a side effect of certain kinds of medications (antiretroviral therapies) that individuals receive as part of an HIV infection treatment regimen.

The facial LDS can leave people living with HIV looking gaunt and seriously ill, which may stigmatize them as part of their HIV-infection status. Individuals who take these medications and experience facial LDS side effects may suffer psychological effects related to a negative self-image. These effects may lead people living with HIV to discontinue their antiretroviral therapies. The new decision allows for treatment of individuals who experience symptoms of depression due to the appearance changes from facial LDS.

The injections included in today's coverage decision are "fillers" that have been approved by the U.S. Food & Drug Administration (FDA) to be injected under the skin in the face to help fill out its appearance specifically for treatment of facial LDS. Data show that these injections can improve patient self-image, relieve symptoms of depression, and may lead to improved compliance with anti-HIV treatment.

"Today's decision marks an important milestone in Medicare's coverage for HIV-infection therapies," said Barry M. Straube, M.D., CMS Chief Medical Officer and Director of the Agency's Office of Clinical Standards & Quality. "Helping people living with HIV improve their self-image and comply with anti-HIV treatment can lead to better quality of life and, ultimately, improve the quality of care that beneficiaries receive." The final decision is posted on the CMS Web site at http://www.cms.hhs.gov/center/coverage.asp.
Trends in reasons HIV meds are discontinued

Results of a study in Italy shed light on reasons patients discontinue or change their HIV medications. They looked at patients starting their first regimen and gathered data for the first year of being on meds. Trends were compared for three periods, early (1997-1999), intermediate (2000-2002) and recent (2003-2007). A total of 3291 patients were included in the study. Reasons for discontinuation or change were categorized by the clinician as intolerance/toxicity, poor adherence, failure or due to simplification strategies.

Overall the risk of discontinuing at least one medication for any reason in the first year was 36%, this was consistent across all three time periods. The most common reason for discontinuation was intolerance (58%), followed by poor adherence (24%), 11% due to failure, and 5% due to simplification.

Trends over time show that intolerance rates decreased with each time period, which was confirmed by a multivariate analysis. In contrast the contribution of poor adherence did not vary significantly over time. Overall women were about 30% more likely to discontinue for any reason then men. This could be partially explained by the fact that pregnant women were not excluded from this study. The trends were further analyzed by gender, age, HIV risk group, HCV status, baseline CD4 and VL, and type of ARV regimen.

Intolerance:
Patients who started treatment with a boosted PI were more likely to have intolerance marked as reason for discontinuation compared to single PI or NNRTI. Women and those co-infected with Hepatitis C also had a higher risk of intolerance. No significant trends by age, HIV risk group, or baseline labs were observed. There are more options for HIV meds in recent years so clinicians may be quicker to change meds due to intolerance than in the earlier years therefore intolerance could be over estimated in date for recent period.

Poor adherence:
Compared to other HIV risk groups, having a history of IDU resulted in almost a threefold increased risk of discontinuation as a result of poor adherence. Adherence was the major factor for discontinuing meds with women compared to men. No other significant trends were identified. Despite lower pill burden, the probability of modifying the initial ARV regimen due to poor adherence did not change over time.

Failure (immunologic, virologic or clinical).
There was a trend towards boosted PI or NNRTI having decreased risk for failure than single PI. When clinician classified reason of discontinuation as failure, the viral load at time of switch has decreased significantly, average of 50 copies in the recent period, 250 in middle period and 1500 in early period. Again, with more options, clinicians may be less willing to tolerate low level viremia in recent years thus over-estimating in the recent period due to failure. This is supported by the trends in viral load at time of switch.

Reference: Insights into reasons for discontinuation according to year of starting first regimen of highly active antiretroviral therapy in a cohort of antiretroviral naïve patients.
P Cicconi et al, Hlv Medicine, 2009;11(2):114-120
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Diabetes in Danger of Losing Disability Status

People with Diabetes Mellitus (DM) may be surprised to hear that Social Security has proposed taking that condition out of the list of disabling conditions. Although for years DM has been considered a condition severe enough to be disabling, revisions are underway that could change that. All of the diseases under Social Security’s in the Endocrine Systems are on the chopping block.

The rationale is that the conditions are now more readily detectable and well managed - that it is simply not as disabling as it used to be. It is thought that even people with recurrent episodes of hypoglycemia or diabetic acidosis do not remain in these states long enough to be disabled. The regulations were last revised in 1985.

When DM causes end-organ damage, there are other parts of the regulations which apply – for example, if the diabetes is so advanced that the there is cardiovascular, visual or kidney impact, disability is considered under those standards. The same is true of neuropathies and amputations. Current recipients of benefits would continue to receive checks.

We are working through national organizations to try to modify these proposed changes. Although medical advances have been made, not all patients have access to good medical care. Despite dramatic recent improvement in medications, diabetes at severe levels can still control the lives of its victims. In practical terms, if a patient’s functional capacities are impacted, a viable claim for disability may still exist. This might include impaired ability to see or walk normally, or having hands or arms so affected by numbness that work is impossible.

For example, can the patient write? Use a computer keyboard? Perform repetitive motions? Lift and carry over ten pounds on a regular basis? These are the factors that need to be made clear to SSA in a DM claim.

SSA always looks to functional impairments as one test of disability. If you have a client or patient whose disease is limiting activities of daily living, call us for an evaluation of the disability law that applies. When you have a question about the disability law on any medical condition, there is never a charge for a legal consultation from our office.

FREE CONSULTATION
There is no charge by our firm for initial consultation. Attorney’s fees are not charged unless and until a claim is successful. Fees are approved by Social Security to make sure they are fair. The fee is usually 25% of any past due benefit received by the claimant. If we do not win the case, no fee is charged.
Thursday, April 29, 2010

Join us for Dining Out for Life on Thursday, April 29 and between 20% and 30% of your bill will be donated to the Partnership Project and Ecumenical Ministries of Oregon’s HIV Day Center to provide services for people living with HIV/AIDS in the Portland metro area.

Participating Restaurants

New restaurants are joining daily! For more information, including a complete list of restaurants, visit www.diningoutforlife.com/Portland

Bridges Café and Catering (B,L)
Broder Café (D)
Detour Café (B,L)
Dingo’s (L,D)
Echo (D)
Egyptian Club (L,D)
Firehouse (D)
Gilt Club (D)
Gracie’s Restaurant (B,D)
IL Piatto (D)
Kir Wine Bar (D)
Lauro Kitchen (D)
Lincoln Restaurant (D)
The Original (D)
Por Que No? (Hawthorne) (L,D)
Red Star Tavern (L,D)
Rose and Thistle (D)
Stickers Asian Café (D)

B=Breakfast, L=Lunch, D=Dinner

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This issue, and issues from Feb 2002 on, can be found electronically at http://www.oregon.gov/DHS/ph/hiv/