Living Healthy With HIV

Do you or a loved one have HIV? Thinking about starting treatment? Here's what you should know.

December 1, 2007 By Derek Thaczuk

Claudia Medina just started taking HIV meds last year. Diagnosed with HIV in 1994, Claudia says she has been physically healthy. But she has struggled with depression, which can disrupt a person's ability to take medication regularly. Since her health was stable, she decided to wait until she could handle the HIV treatment schedule. Ultimately, Claudia's doctor supported her decision. "My doctor felt I should be on treatment," says Claudia, a case manager with the Toronto People With AIDS Foundation. "But she never strong-armed me into it. Our discussions were always realistic and completely honest." The relationship has worked, and so has the treatment. Claudia's HIV is now well under control, as is her depression.

If you are living with HIV, whether or not you are taking HIV medication, it's important to work with a doctor to monitor your health. Together, you'll decide whether HIV treatment makes sense for you—and which treatment regimen is the best for you to take.

When to Start

Drugs to control HIV have become simpler. There are fewer pills to take and fewer side effects than in the past. But taking HIV meds still requires the guidance of a health professional and commitment to taking your pills every day, on time. If you miss doses of your meds, your HIV may adapt to resist the drugs. If that happens, the meds you're on now won't be able to control the virus. While there are many HIV drugs available, you want to preserve as many options as possible.

An important sign of when to start meds is your CD4 count (also known as T-cell count). CD4s are white blood cells in your immune system that fight infection. Current guidelines advise people to start meds when CD4s are between 200 and 350 cells. With CD4s lower than 200, you're at risk of becoming ill.

How HIV Drugs Work

HIV medications work by making the virus unable to reproduce itself. There are several different classes of drugs, each of which works differently. Most HIV regimens combine three medications

from different classes. Sometimes two or three medications can be combined in a single pill, which can make taking the medication easier. There are many choices, and no single combination is best for everyone. You and your doctor will also consider any medications you take for health conditions other than HIV.

What Latinos Need to Know

Luz Amarilis Lugo, MD, assistant director of the residency program of internal medicine at NYC's Saint Vincent's Hospital, has treated countless HIV-positive patients, many of them Latinos. "You need to be mindful of the risks for the group, but still treat each patient as an individual. With Latino patients, we're particularly sure to get a thorough family history—is there heart disease? diabetes?—and baseline laboratory tests."

Latinos living with HIV need to be especially vigilant about heart disease, diabetes and kidney disease. These are common in the Latino community but also among people with HIV. In addition, certain HIV meds can increase your risk for these conditions or complicate them if you already have them.

Diabetes is a condition in which your body can't control blood-sugar levels. It can lead to problems with nerves, circulation, kidneys and the eyes. Latinos are 70 percent more likely to have diabetes than Caucasians, and HIV medications can increase the risk even more. Your doctor will monitor your blood-sugar (glucose) levels closely. If the levels rise, you may need dietary changes, a switch in your HIV meds or the addition of glucose-lowering drugs.

Cardiovascular disease (or heart disease) can lead to heart attack or stroke. Your risk depends on many things, including high blood pressure, high levels of some blood fats (especially LDL or "bad" cholesterol) and a family history of heart disease. People with HIV have a higher risk for heart disease, and researchers are still examining why. Many HIV meds (particularly in the class known as protease inhibitors) are known to raise levels of LDL cholesterol and other heart-unfriendly fats.

Recent studies have found kidney problems in nearly 25 percent of all people with HIV—especially those who are sicker, older or thinner. Those with kidney problems may need to avoid certain meds, including tenofovir (found in Viread, Truvada and Atripla) and over-the-counter pain relievers (such as Advil), or take them at lower doses.

Diabetes, kidney disease and heart disease can be interrelated. Diabetes increases the risk of kidney disease, while kidney malfunction can increase heart disease risk. Researchers are examining the links between these conditions and HIV meds. A recent study shows, for instance, that one class of HIV meds known as nucleosides (NRTIs) may boost diabetes risk. Higher diabetes risk has been associated with protease inhibitors, too.

Prevention

Your doc will regularly take your blood pressure and draw blood samples (every three months if you are on HIV meds, twice a year if you are not). Lab tests help you and your doctor monitor many health factors, including fat (lipid) levels in your blood.

Talk honestly with your doctor about your diet and lifestyle—fried foods, low exercise levels and smoking can all take a toll on your heart. You may need to reduce the amount of fat in your diet. It's a good idea to get your heart pumping with regular exercise and, if you smoke, you may want to quit. Medications are also available to help reduce levels of "bad" LDL cholesterol and other fats called triglycerides.

When it comes to health, what's true for one person isn't necessarily true for everyone. With good doctor-patient communication and attention to your well-being, you, like Claudia, can live healthfully with HIV.

Don't have insurance?

For many immigrants, lack of medical insurance is a hard reality. In New York City, says Dr. Luz Amarilis Lugo, there are so many people without private coverage that services have sprung up to meet the challenge. The vast majority of people at her hospital, St. Vincent's, can get coverage through the state AIDS Drug Assistance Program (ADAP). The program coverage may vary from state to state.

Many clinics have social workers on staff to help you sort through red tape and find coverage. Community AIDS service organizations (ASOs) also can help you deal with practical issues, such as residency status or health insurance, and provide referrals to doctors and health clinics. To find an ASO near you, go online to directory.poz.com or directorio.poz.com.

Shopping for a doctor?

Since Claudia has a great relationship with her doctor, we asked her advice for people who aren't as fortunate. She says, "If you're not comfortable with your doctor, don't just walk away. Talk about whatever's not sitting right with you; see if you can develop a way to communicate openly. Shop around to find the right doctor for you. It's your health, so you need someone who can work with you well."

Working well may mean that the doctor speaks your language and knows your culture. A doctor or nurse who is Latina or familiar with Latino culture can be a big plus when it comes to discussing sensitive subjects like your family, relationships and lifestyle. If you need them, Spanish-language translation services are available at most city hospitals and health clinics. Medical language may differ from everyday talk, so translators can help even those who regularly speak English. You deserve the best HIV care—and the best HIV care providers for you. *¡A buscarlos!*

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