

NEWS & VIEWS

FEBRUARY



VOLUME 9

ISSUE 02

NEW BUILDING OPENING SOON IN ELGIN

**We are Pleased to Announce
Our new doors will be open
March 2nd!**

**To serve you better, Open Door's
Elgin Center will be moving to
1665 Larkin Ave., Elgin IL 60123**

**Our phone number will remain the same
(847) 695-1093**

**The new facility will include:
New Individual Offices for Case Managers**

**5 Exam Rooms
A Beautiful Large Reception Area
New Large Group Rooms
Lots of Bathrooms!!**

**The CAC and the Open Door Staff
invites clients to join them on
Friday, March 6th from 11am –
2pm for a Client Only Open House
for a tour of the facility.**



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THE WINTER BLUES: SEASONAL AFFECTIVE DISORDER

The American Psychiatric Association

During the fall and winter months, some people suffer from symptoms of depression that can appear gradually or come on all at once. These symptoms often dissipate as spring arrives and stay in remission through the summer months. For some people, this is a sign that they suffer from Seasonal Affective Disorder (SAD).

Symptoms

Symptoms usually appear during the colder months of fall and winter, when there is less exposure to sunlight during the day. Depression symptoms can be mild to moderate, but they can become severe. Those who work long hours inside office buildings with few windows may experience symptoms all year, and some individuals may note changes in mood during long stretches of cloudy weather. Symptoms can include, but are not limited to:

- fatigue
- lack of interest in normal activities
- social withdrawal
- craving foods high in carbohydrates

weight gain
Those with SAD may not experience every

beat the winter blues

symptom. For example, energy level may be normal while carbohydrate craving may be extreme. Sometimes a symptom is opposite the norm, such as weight loss as opposed to weight gain. In a small number of cases, annual relapse occurs in the summer instead of the fall and winter, possibly in response to high heat and humidity. During this period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss, and agitation or anxiety.

How Does SAD Develop?

SAD has been linked to a biochemical imbalance in the brain prompted by shorter daylight hours and a lack of sunlight in winter. Just as sunlight affects the seasonal activities of animals,

SAD may be an effect of this seasonal light variation in humans. As seasons change, people experience a shift in their biological internal clock or circadian rhythm that can cause them to be out of step with their daily schedule.

Melatonin, a sleep-related hormone, also has been associated to SAD. This hormone, which has been linked to depression, is produced at increased levels in the dark. When the days are shorter and darker, more melatonin is produced. Researchers have proved that bright light makes a difference to the brain chemistry, although the exact means by which sufferers are affected is not yet known. Some evidence suggests that the farther someone lives from the equator, the more likely they are to develop SAD. The most difficult months for SAD sufferers seem to be January and February. SAD may begin at any age, but the main age of onset is between 18 and 30 years.

Treatment

Increased exposure to sunlight can improve symptoms of SAD. This can be a long walk outside or arranging your

home or office so that you are exposed to a window during the day. If your depressive symptoms are severe enough to significantly affect your daily living, light therapy (phototherapy) has proven an effective treatment option. Researchers have proved that bright light makes a difference to the brain chemistry, although the exact means by which sufferers are affected is not yet known.

This form of therapy involves exposure to very bright light (usually from a special fluorescent lamp) between 30 and 90 minutes a day during the winter. Additional relief has been found with psychotherapy sessions, and in some cases prescription of antidepressants.

If you feel you are suffering from SAD, it is important to seek the help of a trained medical professional. SAD can be misdiagnosed as hypothyroidism, hypoglycemia, infectious mononucleosis, and other viral infections, so proper evaluation is necessary. For some people, SAD may be confused with a more serious condition like severe depression or bipolar disorder.

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THE CAC IS LOOKING FOR CLIENTS TO JOIN PLEASE CONTACT DEAN B FOR MORE INFORMATION

@DEANBNEWSLETTER@YAHOO.COM OR CALL THE CAC EXTENTION 375 AND LEAVE YOUR CONTACT

INFORMATION OR SEE PERRY M. FOR AN APPLICATION OR ASK THE PEER NAVIGATOR.

AURORA CLINIC WELCOMES NEW PEER ADVOCATE

The staff at Open Door would like to introduce and welcome Carmen Earsery as our newest soldier in the fight against HIV/AIDS. Carmen has been involved with Open Door as client since 2009. During that time her

commitment to the clinic, clients, and the community has grown. She is a frequent speaker with Mary Hodges, doing outreach, sharing her story, and educating people on living with HIV. Carmen has participated in People to People trainings, and is currently attending school for Community Health Work. Carmen is the current secretary of the Ryan White Consumer Advisory Board at the AIDS Foundation of Chicago. She was a member of the Open Door Client Advisory

Committee. She possesses key knowledge about HIV prevention, care and treatment, and comes with a variety of resources and contacts she has developed in the community.

Carmen will be the new Peer Advocate in Aurora, taking the place of Bryan Gooding as he transitions back to the Elgin clinic. Bryan and Carmen will be working closely together to make sure there are no gaps to clients receiving services. As well as being an advocate and resource for existing clients, Carmen will be

working with the newly diagnosed, reaching out to those HIV persons who are lost to care in an attempt to reengage and support them in their health. Carmen plans to keep telling her story and assisting in outreach. She is excited about the opportunity to give back to the community and hopefully make a difference in the lives of people living with HIV. We are confident that she will do so. Help us, welcome Carmen Earsery.

Starts at 12:00pm
Please Arrive at 11:30am

February 8, 2015

St. Charles Bowl,
2520 W Main St.
St. Charles IL 60174

- **FREE to Clients and Clients kids 12 & under**



- **Food & drink will be provided**

RSVP by February 5, 2015



- **Includes shoes & 2 hours of bowling**

RSVP by February 5, 2015

- **\$5.00 for family & friends**

WHY HIV VACCINES MAY BE FAILING

From TheBodyPro.com

Despite years of research and the success of science in preventing and eliminating other diseases through immunization, a vaccine to prevent HIV remains elusive in large part because the virus targets exactly the cells that most vaccines use to create protection. In fact, vaccine-induced immune responses to HIV may actually make transmission more likely, according to recent research.

Two recent, large-scale clinical trials on vaccines found higher SIV acquisition in monkeys who were vaccinated compared to those who had received the placebo. A new primate study provides a simple explanation of this "backfire effect" -- increasing the number of immune cells also increases the number of targets for the virus.

T cells, a type of white blood cell, are one of the

body's first lines of defense against intruders, such as bacteria and viruses. Two different types of T cells usually work together to fight off infections. CD4+ T cells are known as "helper" cells because they identify the infection, whereas CD8+ T cells have the job of killing the intruder. HIV specifically attacks CD4+ T cells and uses some of the information in those cells to replicate and spread throughout the body.

For this reason, many vaccine attempts have also targeted CD4+ T cells but, as the new study suggests, activating too many of these cells is counterproductive.

Scientists at the Yerkes National Primate Research Center at Emory University followed 36 rhesus macaques who were not infected with SIV (simian immunodeficiency virus, which is the primate equivalent of HIV) to test five immunization strategies. The monkeys were divided into six groups:

The first five received one of the strategies and the last served as an unimmunized control group. Vaccinations were given as an initial shot and two boosters. Three to five months after the final booster, the monkeys were exposed to a low dose of SIV rectally once a week for up to 15 weeks. In addition to testing the monkeys for SIV, the scientists also kept track of the presence of both CD4+ T cells and CD8+ T cells.

Their results, published in the Proceedings of the National Academy of Sciences, found that immunization did not protect the animals against infection; however, monkeys who had been vaccinated had lower viral loads than those in the control group. Moreover, they found that even though the vaccinated monkeys had elevated levels of CD8+ T cells in their systems, these "killer" cells did not help prevent infection.

The most important finding, according to the authors, however, is "that the monkeys that became infected had higher levels of activated CD4+ T cells in rectal biopsies before challenge." This higher level of activated helper cells was associated with increased risk of breakthrough SIV infection in the vaccinated animals.

"This study shows that if a vaccine induces high levels of activated CD4+ T cells in mucosal tissues, any potential protective effect of the vaccine may be hampered," stated Guido Silvestri, one of the study authors. Silvestri and colleagues also suggest that, "an effective T-cell-based AIDS vaccine should induce strong HIV-specific CD8+ T cells in mucosal tissues without increasing availability of target cells for the body."



The CAC will be celebrating Spring by hosting a Cinco de Mayo II Spring Fling. Once was not enough, so we thought we would have it again. We are planning to have this PARTY on May 16th so Please keep that Saturday open and we will have more information to you shortly.

SMOKING LOWERS LIFE EXPECTANCY MORE THAN HIV ITSELF

From TheBodyPro.com

People living with HIV may lose more years of life through smoking than through HIV, according to a study published in the journal AIDS.

Researchers found smoking and associated lifestyle factors were linked with a two-fold increase in mortality among people living with HIV who had been receiving antiretroviral therapy for at least a year.

The study, which followed about 18,000 people living with HIV in Europe and North America over four years, found that the life expectancy of smokers was on average eight years less than that of nonsmokers, while virally suppressed nonsmokers had a similar life expectancy to nonsmokers in the general population.

Deaths from cardiovas-

cular disease (CVD) and non-AIDS related cancers accounted for most of the excess mortality among smokers. More than one-third of all non-AIDS related cancer deaths were from lung cancer and all deaths from lung cancer were among smokers.

Excess mortality associated with smoking increased markedly with age. However, the study noted cigarettes were unlikely to be the only cause of higher mortality among smokers.

"It is likely that unmeasured confounders, such as alcohol intake and other life-

style-related factors, contributed to the reduced life expectancy among smokers," researchers explained.

"Such factors are likely to explain the substantially greater rates of liver-related mortality in smokers than nonsmokers."

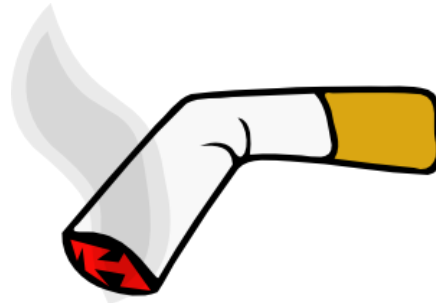
Notably, the study found that people who quit smoking had similar outcomes to people who never smoked, pointing to the benefits of smoking cessation.

"We were unable to directly assess the impact of smoking cessation on life expectancy, but another study found that the inci-

dence of CVD in HIV patients who stopped smoking during follow-up decreased substantially with increased time since smoking cessation," the study noted.

"This shows the importance of implementing smoking cessation programmers in the HIV-infected population. Training programmers for HIV physicians in smoking cessation counseling may increase rates of smoking cessation among HIV-infected individuals," the researchers advised.

One of the limitations noted by the authors was that there were too few deaths among nonsmoking female participants to provide meaningful estimates of life expectancy and loss of life years. Therefore, study results can only be generalized to the male HIV population.



COMPREHENSIVE HIV CARE COORDINATION PROGRAM IMPROVES VIRAL SUPPRESSION RATES

By: TheBodyPro.com

Care engagement and viral load suppression significantly improved after enrollment in an urban comprehensive HIV care coordination program, according to a study published in Clinical Infectious Diseases.

Previous studies had estimated that somewhere between 24% to 43% of those diagnosed with HIV are virally suppressed (defined as a viral load

of < 200 copies/mL). By contrast, viral suppression was achieved by 66.2% of the 465 newly diagnosed clients enrolled in New York City's Ryan White Part A HIV Care Coordination Program (CCP). Additionally, the percentage of previously diagnosed clients enrolled in the program (3,176) who were virally suppressed increased from 32.2% to 50.9%.

Similarly, previously diagnosed clients' engagement in care (defined as at

least two HIV tests 90 days apart, one or more tests during each half year) increased from 73.7% to 91.3%, while 90.5% of newly diagnosed clients met the criteria for engagement in care. The biggest improvement in both measures came from clients who had not been in HIV care for six months or more prior to enrolling in CCP.

Compared to the 70,823 HIV-infected New Yorkers who were not enrolled in the program during the same

period (but who did receive medical care at some point during that time), CCP clients were more likely to be persons of color (91.5% in the CCP group versus 77.7% in the general HIV population) and female (37.2% versus 29.5%). Fewer of the CCP clients were virally suppressed at baseline compared to HIV-infected individuals who were not CCP clients (29.4% versus 46.7%).

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**BOWLING OUTING
FEBRUARY 8, 2015 @ ST. CHARLES
BOWL @11:30AM**

**CLINICS WILL BE CLOSED
MONDAY, FEBRUARY 16 IN OBSERVANCE OF
PRESIDENTS DAY.**

THE WINTER BLUES: SEASONAL AFFECTIVE DISORDER

Continued from Page 2

However, if you feel the depression is severe or if you are experiencing suicidal thoughts, consult a doctor immediately regarding treatment options or seek help at the closest emergency room. A mental health professional can

diagnose the symptoms and suggest therapy options. With the right course of treatment, SAD can be a manageable condition. Please contact Open Door's Behavioral Health Department, in Aurora 630.264.1819 Diane ext. 311 and Shan-

non ext. 316, Elgin 847.695.1093 Diane ext. 226, Shannon ext. 227 This article can be found on the American Psychiatric Association's Webpage: www.psychiatry.org/seasonal-affective-disorder.

COMPREHENSIVE HIV CARE COORDINATION PROGRAM IMPROVES VIRAL SUPPRESSION RATES

Continued From page 5

Pre- and post-enrollment comparisons of engagement in care among CCP clients "suggest a higher potential

impact among low-income, uninsured, unstably housed, and younger populations," according to the study authors.

Program enrollment also appeared to have "a higher potential impact for those with lower CD4 [counts], unsuppressed VL [viral load], and/or no cur-

RSVPs are appreciated: Here's How

The CAC has put into place three ways to make it easier for you to RSVP for Events:

Call Aurora Clinic at 630-264-1819 Ext 375
OR Elgin Clinic at 847-695-1093 Ext. 375
(All you need to do is leave a message)

OR

You can email your RSVP to deanbnewsletter@yahoo.com **OR**
Drop your RSVP in the Communication & Suggestion Box at either clinic

PLEASE HELP US BY RSVPing

ELGIN

**164 DIVISION STREET
SUITE # 607
ELGIN, IL 60120**

**PHONE (847) 695-1093
FAX (847) 695-0501**

AURORA

**157 S. LINCOLN AVE.
ROOM K
AURORA, IL 60505**

**PHONE (630) 264-1819
FAX (630) 229-0182**

www.opendoorclinic.org

**IF YOU ARE INTERESTED
IN RECEIVING OPEN
DOOR'S MONTHLY
NEWSLETTER VIA E-MAIL
OR HAVE ANY
SUGGESTIONS YOU
WOULD LIKE TO SEE IN
THE NEWSLETTER.
PLEASE EMAIL DEAN AT
deanbnewsletter@yahoo.com**

F E B R U A R Y E V E N T S

02 - Substance Use Group (A) 11a - 12p	12p - 1:30p	20- HIV/AIDS Activity Education Group (A) 4p - 6p	27 - Bingo Night (E) 4p - 6pm
03 - Positive MH (A) 4p - 5:30p	12 - Lincolns Birthday	23 - Newsletter to Clinics	27 - Pain Management Group (A)1p - 2p
04 - Positive MH Group (E) 12p - 1:30p	13 - HIV/AIDS Activity Education Group (A) 4p - 6p	23 - Substance Use Group (A) 11a - 12p	
06 - HIV/AIDS Activity Education Group (A) 4p -6p	14 -Valentines Day	24 - Positive MH Group (A) 12p - 1p	
08 - Bowling Event (St. Charles Bowl) 12p - 2pm	16 - Newsletter Articles Due	27 - Positive MH Group (E) 12p - 1:30p	
09 - Positive MH Group (E)	16 - Presidents Day Clinics CLOSED	27 - HIV/AIDS Activity Education Group (A) 4p - 6p	
	16 - Positive MH Group (E) 12p - 1:30p		
	17 - Positive MH Group (A) 12p - 1p		

- (A) Aurora Clinic
157 S. Lincoln Ave Rm K
Aurora, IL 60505
- (E) Elgin Clinic
164 Division St, Suite 607
Elgin, IL 60120
- (G) First Congregational Church
321 Hamilton
Geneva IL 60134