OPEN DOOR

VOLUME 7 ISSUE 2

ODC NEWS & VIEWS

FEBRUARY 2013

WE'RE NO LAME DUCKS!

Louis Hobson

The AIDS Foundation of Chicago held an emergency lobby session on January 7, 2013. This session was to support House Bill 6253, HA#1. It would allow for 342,000 low income adults in Illinois to be newly eligible for and enrolled in Medicaid over the next four years. Enrollment could

start as early as October 2013 with coverage for those who enroll starting January 2014.

Open Door Clinic was represented at this special session that occurred during the states "lame

duck" session by advocacy's dynamic duo Bryan Gooding from the Client Advisory Committee and Louis Hobson from the Collar Counties HIV/AIDS Client Representative

House bill 6253 includes language that would cease coverage for this new population if the federal governments share of Medicaid matching funds drops below 90%. The Federal Government pays 100% of the cost of the newly eligible from 2014 through 2016. This legislation will bring an estimated $4.6 billion into Illinois in Medicaid provider's payments for the newly eligible adults, with no net state cost for their healthcare. Access to low cost preventive and maintenance medical care through a medical home will help to key individuals out of costly emergency rooms. Coverage for those newly

eligible populations is required by federal law. Over 60% of those newly eligible are employed but work at low wage or part time jobs that do not offer affordable coverage

CDC Says "Take 3" Actions To Fight The Flu

Flu is a serious contagious disease that can lead to hospitalization and even death. CDC urges you to take the following actions to protect yourself and others from influenza (the flu):

Take time to get a flu vaccine.

- CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses.
- While there are many different flu viruses, a flu vaccine protects against the three viruses that research suggests will be most common. (See upcoming season's Vaccine Virus Selection for this season's vaccine composition.)
- Everyone 6 months of age and older should get a flu vaccine as soon as the current season's vaccines are available.
- Vaccination of high risk persons is especially important to decrease their risk of severe flu illness.
- People at high risk of serious flu complications include young children,pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.
- Vaccination also is important for health care workers, and other people who live with or care for high risk people to keep from spreading flu to high risk people.
- Children younger than 6 months are at high risk of serious flu illness, but are too young to be vaccinated. People who care for them should be vaccinated instead.

Take everyday preventive actions to stop the spread of germs.

- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)
- While sick, limit contact with others as much as possible to keep from infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the t issue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.
- See Everyday Preventive Actions and Non-pharmaceutical Interventions (NPIs) for more information about actions – apart from getting vaccinated and taking medicine – that people and communities can take to help slow the spread of illnesses like influenza (flu).

Take flu antiviral drugs if your doctor prescribes them.

- If you get the flu, antiviral drugs can treat your illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
- Antiviral drugs can make illness milder and shorten the time you are sick. They may also prevent serious flu complications. For people with high risk factors , treatment with an antiviral drug can mean the difference between having a milder illness versus a very serious illness that could result in a hospital stay.
- Studies show that flu antiviral drugs work best for treatment when they are started within 2 days of getting sick, but starting them later can still be helpful, especially if the sick person has a high-risk health or is very sick from the flu. Follow your doctor's instructions for taking this drug.
- Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people also may have vomiting and diarrhea. People may be infected with the flu, and have respiratory symptoms without a fever.

Text Appointment Reminders Available Now

Open Door Clinic is proud to announce our new appointment partnership with the Illinois Department of Public Health (IDPH). This partnership will allow you to receive appointment reminders via text messages. This reminder will work for any type of service you receive at Open Door Clinic. The message will say this is a reminder of an upcoming appointment on this date and if you are unable to keep this appointment contact the appropriate clinic. This program works for those with cellular service only. If you have any other questions or want to sign up for this program contact Perry at 630-264-1819 ext. 319.

TREATMENT WITH RALTEGRAVIR INCREASES THE RISK OF MILD MUSCULAR SIDE-EFFECTS

Thebody.com

Treatment with the HIV integrase inhibitor raltegravir (Isentress) is associated with an increased risk of skeletomuscular side-effects, according to Australian research published in the online edition of the Journal of Acquired Immune Deficiency Syndromes. Toxicities included muscle pain and muscle weakness and wasting. However, in most instances, these side-effects were mild and in the case of muscle wasting/ weakness disappeared with the cessation of raltegravir therapy.

"This study identifies a significantly higher prevalence of symptomatic skeletal muscle toxicity…in patients treated with raltegravir-based cART [combination antiretroviral therapy]," write the authors. "This association is not dependent upon either the duration of raltegravir exposure or raltegravir trough levels."

Raltegravir is a potent antiretroviral drug with proven efficacy in both treatment-naive and treatment-experienced people. Its main side-effects are headache, diarrhoea and nausea. These are generally mild and time limited.

Nevertheless, four case reports have associated raltegravir with rhabdomyolysis – the breakdown of skeletal muscle fibre. Elevations in creatinine kinase levels have also been observed in people treated with raltegravir, a finding which is consistent with the hypothesis that the drug may cause low-grade muscular toxicities.

To get a clearer understanding of this question, doctors in Sydney designed a prospective study comparing the prevalence and risk factors for skeletomuscular side-effects between people takingHIV treatment based on raltegravir and individuals treated with alternative antiretroviral regimens.

A total of 318 participants were recruited to the study between 2011 and 2012. Half were treated with raltegravir.

Muscle toxicity was defined as any one of the following:

Isolated elevation in creatinine kinase.

Widespread muscle pain (myalgia).

Muscle weakness or wasting (proximal myopathy).

Rhabdomyolysis.

There were no significant differences between the participants treated with raltegravir and those taking other regimens. Almost all (98%) were male, 89% were white and their median age was 51 years.

Strenuous exercise – which can cause muscle soreness or weakness – was reported by 42% of participants.

The overall prevalence of muscle toxicity was 28%. This was significantly higher among the participants taking raltegravir-based treatment compared to individuals treated with alternative regimens.

Looking at individual muscle toxicities, the investigators found that participants taking raltegravir were more likely to be diagnosed with myalgia than those in the control arm.

"Myalgia, although a common clinical finding, is unlikely to be a sufficient reason alone to switch from raltegravir, but cases should be considered on an individual basis," suggest the authors. Prevalence of proximal myopathy was also more common in those taking raltegravir (4 vs 0%, p = 0.03).

Prevalence of isolated elevation in creatinine kinase was similar between the two study arms (14 vs 16%). There were no cases of rhabdomyolysis.

After controlling for potential confounders, raltegravir and recent strenuous exercise were both identified as having an independent and significant association with muscle toxicity.

In addition, myalgia was associated with raltegravir treatment and strenuous exercise was a risk factor for isolated elevation in creatinine kinase.

"Additional, prospective studies are necessary to better assess the long-term sequelae of muscle toxicity and uncover associated factors that may predict the likelihood of damage," conclude the authors. "Our findings suggest that all patients receiving raltegravir should be actively monitored for myalgia and myopathy."

GIVE US YOUR OPINION

Open Door Clinic staff and the Client Advisory Committee wants to hear from YOU.

They want to hear the good, the bad and any ideas that you have about or for the clinic, the staff, or anything that you want to say.

So Please take a minute and write it down.

THE ONLY WAY WE CAN IMPROVE IS TO HEAR FROM YOU.

The SUGGESTION BOXES are located in each clinic in the waiting room.

CDC Says "Take 3" Actions To Fight The Flu

Thebody.com

Internet links shown in these posts are designed to provide more detailed information if required.

With over 100 possible causes and over 100 possible forms, neuropathy is nerve damage that affects roughly 30% of people living with HIV. If you're really unlucky, you may also be diabetic, or have also been treated for cancer, or are a heavy drinker, in which case your chances of suffering from nerve damage unfortunately become exponentially greater.

The bad news doesn't end there I'm afraid: once it has been established that you are suffering from neuropathy of any form or cause; you will begin plotting your way through a minefield of treatments designed to reduce the worst symptoms, including tingling, loss of feeling, and sharp, unrelenting pain. If you're lucky, the first treatment you meet will help you and keep you going for some while. However, if you are like most people with neuropathic problems, you will be trying this, that and the other medications, in the hope that your symptoms will be suppressed and if they fall short of your needs, your frustration increases.

If you see advertisements claiming to have cures for neuropathy, or clinics that say they will reverse the process; please take these with a pinch of salt and consult your HIV-specialist, or neurologist. Most scientists agree there is no cure for nerve damage, there is only the possibility of making the symptoms bearable but that doesn't prevent unscrupulous people from trying to separate you from your money.

Over 20 million Americans alone suffer from neuropathy, the vast majority being diabetic. This has led to experts taking a closer look at the traditional medications used to subdue the symptoms. The pharmaceutical industry has made millions over the decades, promoting anti-depressants, anti-convulsants and analgesics ranging from aspirin, to the heaviest opioids for neuropathy. These are drugs normally meant for the treatment of other conditions but because of their effects on the brain and central nervous system, it has always been thought that they should be able to inhibit pain signals if directed properly.

The clear lack of significant and consistent success and the rise in numbers of people suffering from neuropathic pain, has finally forced companies to get their research labs working hard on developing new solutions and the results of these investigations and studies are now emerging. Unfortunately for most people currently suffering from neuropathic problems, this may be cold comfort because as you will all know, the path between research and development and the chemists' shelves is a very long one indeed. Long periods of testing and the need to officially approve new drugs/treatments for public use mean it can be years before those treatments become available.

The good news is that progress is finally being made and the advent of more advanced technology has meant that research results at basic cellular and molecular levels are more promising. It looks as though a much wider industry-wide understanding is building up of how neuropathy works and how pain signals can be blocked or inhibited. Patience will be a virtue but in the meantime, neuropathy sufferers need to do as much research as they can and help their doctors find the best solutions currently possible.

Since the publication of this full progress report (Nov. 9th 2012), further studies have shown possibilities in the areas of spinal stimulation and spinal drug delivery from permanently implanted devices; regeneration of nerves in mice via magnetic fields and more serious studies into light treatment, electrical impulses, ultrasound and other devices such as the recently FDA-approved Senses system. Apart from these, ongoing studies are looking even closer at the neuronal tissue that makes up nerve cells and layers protecting nerves. Even the role of antibodies and immunotherapy in neuropathic pain is now being seriously studied in an attempt to better understand the relationships with auto-immune diseases.

It certainly seems that the medical research world has finally woken up to the fact that the problem is serious and that current treatments are inadequate; but we'll need to wait some years to see which studies will lead to end-products and which will not.

SAVE THE DATE FOR THE NEXT SOCIAL EVENT

The Open Door Clinic Client Advisory Committee is Hosting "Cinco De Mayo Spring Fling Social" For Clients, Family and Friends May 04, 2013 4p-8p More information to come.....

RECREATIONAL USE OF HIV DRUGS LEADING TO PRE-TREATMENT RESISTANCE IN SOUTH AFRICA

Thebody.com

NPR's "Shots" blog examines how "opportunists who market street drugs may be undermining the global struggle against AIDS," writing, "In South Africa, two mainstay HIV drugs have found their way into recreational use." According to the blog, "people with HIV who smoke so-called whoonga -- an illicit concoction of an AIDS medication and a street drug, like marijuana or heroin -- can develop mutant strains of the virus resistant to the medication," or "people can become infected with a strain of HIV that came from someone who used whoonga."

"'One large study showed 3 to 5 percent of people with HIV were coming in with pre-treatment resistance' to antiretroviral drugs used to treat HIV, [said] Dr. David Grelotti ..., a Harvard School of Public Health researcher who co-authored a commentary on the phenomenon in the *Lancet* Infectious Diseases published Tuesday," the blog notes. "Recreational use of HIV drugs isn't altogether new, though it hasn't had much attention," "Shots" writes, noting, "Some media reports documented illicit use of HIV drugs in South Africa as long ago as 2009." The blog adds, "Aside from the resistance problem, illicit use of HIV drugs poses other dangers," as "recreational use can make legitimate users of these drugs, and the clinics that dispense them, targets of thieves and violent crime" (Knox, 12/18).

JUMP START COMIC

B O W L I N G

Date: February 10, 2013 **Time: 1:00pm**

Location: St. Charles Bowl

THIS OUTING IS SPONSORED BY
THE OPEN DOOR CLINIC
CLIENT ADVISORY COMMITTEE

- **COST: FREE to Clients and their children 12 and under**
- **$5.00 for family & friends**
- **Includes shoes & 2 hours of bowling**
- **Refreshments will be provided**

Check in will be at 12:30pm
Space is limited so please RSVP by February 1, 2013
to your Case Manager or call Bryan at 847-695-1095 ext 23

ALL THINGS CHOCOLATE IS COMMING

OPEN DOOR CLINIC'S
ALL THINGS CHOCOLATE
APRIL 20, 2013
TICKETS CAN BE
PURCHASED ONLINE AT
OPENDOORCLINIC.ORG

IF YOU ARE INTERESTED IN GETTING THE OPEN DOOR CLINIC'S MONTHLY NEWS-LETTER VIA E-MAIL OR HAVE ANY TOPICS THAT YOU WOULD LIKE TO SEE IN THE NEWSLETTER.

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