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**March/April 2008**

**Journal Articles  
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## ACSA Information Services Current Awareness Service

### GUIDE TO USE

**This list contains references to articles held in journals in the ACSA Library. Articles are listed under subject headings to make them easy to find. Please refer to the table of contents for the subjects included in this issue. You can request copies of these articles by following the instructions below.**

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## March/April 2008 HIV/AIDS Journal Articles

### HEALTH & FINANCIAL ISSUES

6433

#### "Smoking and your health : how to quit (and why you should)"

**Location:**

**AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 41**

Publication Type:

JOURNAL ARTICLE

by Highleyman, Liz

BETA

Volume: Winter Issue: Day: Month: Year: 2008 Page numbers: pp 35-47

**Subjects:**

1. SMOKING 2. HIV POSITIVE PEOPLE-SELF CARE

**Abstract:**

*Provides a comprehensive overview of the hazards of smoking and the benefits of quitting for HIV positive people. Includes detailed advice on how to quit and the pharmacological aids now available.*

---

6442

#### "Impact of lipoatrophy on quality of life in HIV patients receiving anti-retroviral therapy"

**Location:**

**AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 42**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Rajagopalan , Rukmini ; Laitinen, David ; Dietz, Birgitta

AIDS CARE

Volume: Issue: Day: Month: April Year: 2008 Page numbers: pp 1-5 iFirst Article

**Subjects:**

1. LIPODYSTROPHY 2. HAART 3. TREATMENTS-SIDE EFFECTS

4. STIGMATIZATION

**Abstract:**

*Metabolic and morphological side-effects occur in HIV-infected individuals receiving anti-retroviral treatment (ART). Peripheral fat loss that occurs particularly in the face, limbs and/or buttocks is referred to as lipoatrophy and has been found to be highly stigmatizing and to adversely impact the quality of life. Consumer Health Sciences Survey data collected between November 2003 and January 2006 were utilized to evaluate the impact of lipoatrophy on the quality of life in HIV-infected individuals receiving ART. This was evaluated using analysis of variance with item scores and mental component summary (MCS) and physical component summary (PCS) scores from the Medical Outcomes Trust questionnaire, SF-8 as dependent variables and lipoatrophy as the independent variable controlling for baseline age, sex and ethnicity. Clinical meaningfulness (mean difference divided by population standard deviation, d/s) of differences between the groups with and without lipoatrophy was also evaluated. A cohort of 1124 subjects with at least six months of ART was selected based on the availability of data on whether or not lipoatrophy was present. Subjects were primarily male (80%), between the ages of 30 and 60 years (90%), Hispanic (37%) and about 25% each of African American and White. Overall, prevalence of lipoatrophy in this cohort of HIV patients was 18.9%. Statistically significant (p<0.001) differences in quality of life (as measured by SF-8 individual item scores and MCS and PCS scores) were observed between the two groups. The*

differences between the groups in item and summary scores were clinically meaningful in the small to near medium range (0.28-0.43). HIV-infected patients already experience a considerable deficiency in health-related quality of life compared to general population; this study demonstrates that lipoatrophy further enhances that negative impact on health-related quality of life.

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6461

**"Diabetes and HIV"**

**Location:**

**AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 44**

Publication Type:

JOURNAL ARTICLE

by Appleby, J ; Gayford, M

HIV AUSTRALIA

Volume: 6 Issue: 2 Day: Month: Year: 2008 Page numbers: pp 31-33

**Subjects:**

1. HIV POSITIVE PEOPLE-HEALTH CARE NEEDS 2. DIABETES

**Abstract:**

*Diabetes is now the fastest growing chronic health condition in the developed world and affects over one million Australians. People living with HIV are more likely to develop diabetes than their negative peers, particularly as antiretroviral treatment increases life expectancy. Provides information of prevention and management for HIV positive people.*

---

**HEPATITIS**

6449

**"Sexual reinfection with HCV following treatment"**

**Location:**

**AA VERTICAL FILE - HEPATITIS - HEP 31**

Publication Type:

ARTICLE (ONLINE)

by Horn, Tim

POZ

Volume: Issue: Day: 4th Month: February Year: 2008 Page numbers:

**Subjects:**

1. HEPATITIS C 2. SEXUALLY TRANSMITTED INFECTIONS 3. HIV POSITIVE PEOPLE 4. MEN WHO HAVE SEX WITH MEN

**Abstract:**

*Reinfection with hepatitis C virus (HCV), after undergoing successful treatment for the liver infection, can occur following a subsequent sexual exposure to the virus, according new data involving eight gay and bisexual HIV-positive men reported today at the 15th Conference on Retroviruses and Opportunistic Infections (CROI) in Boston.*

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**HIV RELATED CONDITIONS**

6435

**"HIV-associated pneumonias"**

**Location:**

**AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 48**

Publication Type:

JOURNAL ARTICLE

by Fei, Mathew ; Huang, Laurence  
BETA

Volume: Winter Issue: Day: Month: Year: 2008 Page numbers: pp 21-31

**Subjects:**

1. HIV-RELATED CONDITIONS 2. HIV POSITIVE PEOPLE-HEALTH CARE NEEDS

**Abstract:**

*While the overall incidence of opportunistic infections amongst people with HIV has decreased since the introduction of HAART in 1996, HIV-associated pneumonias remain a significant source of illness. This review focuses on the most common HIV-related pulmonary infections - bacterial pneumonia, Pneumocystis pneumonia and tuberculosis - provides an overview of the epidemiology, characteristic clinical and chest radiograph findings, diagnosis, treatment, and prevention of those pneumonias.*

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**6456**

**"HIV lipodystrophy : where are we after ten years?"**

**Location:**

**AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 49**

Publication Type:

JOURNAL ARTICLE

by Vergel, Nelson

GMHC TREATMENT ISSUES

Volume: 21 Issue: 3 & 4 Day: Month: July - December Year: 2007 Page numbers: pp 10-15

**Subjects:**

1. LIPODYSTROPHY 2. HAART 3. TREATMENTS-SIDE EFFECTS

**Abstract:**

*Lipodystrophy, a condition of abnormal fat redistribution associated with HIV and anti-retroviral treatments, has a significant negative impact on the quality of life of HIV positive people. Many positive people affected by the condition suffer extreme body dissatisfaction and report stigmatization. This article examines the causes, effects and possible treatment options.*

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**6460**

**"Red hot chilli peppers as treatment of painful HIV neuropathy"**

**Location:**

**AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 50**

Publication Type:

JOURNAL ARTICLE

by Bodsworth, Neil

HIV AUSTRALIA

Volume: 6 Issue: 2 Day: Month: Year: 2008 Page numbers: pp 29-30

**Subjects:**

1. HIV 2. NEUROLOGICAL ASPECTS 3. HIV-RELATED CONDITIONS  
4. TREATMENTS

**Abstract:**

*Reports on a current study into the use of capsaicin, the heat causing ingredient in chillis, as a topical cream for the treatment of HIV related neuropathy.*

<b>INJECTING DRUG USERS</b>
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**6462**

**"Beyond borders : conference report, Reponse Beyond Borders, the Goa Consultation, India, January 2008"**

**Location:**

**AA VERTICAL FILE - INJECTING DRUG USERS - IDU 58**

Publication Type:  
JOURNAL ARTICLE

by Annie Madden

OF SUBSTANCE

Volume: 6 Issue: 2 Day: Month: Year: 2008 Page numbers: pp 26-27

**Subjects:**

1. PREVENTION AND CONTROL 2. INJECTING DRUG USE 3. INTRAVENOUS DRUG USERS 4. ASIA 5. CONFERENCES

**Abstract:**

*Report on efforts to upscale HIV/AIDS prevention and treatment efforts in Asia, with a focus on harm reduction and injecting drug use.*

**INTERNET**

**6438**

**"M4M chat rooms: Individual socialization and sexual autonomy"**

**Location:**

**AA VERTICAL FILE - INTERNET - IT 27**

Publication Type:  
JOURNAL ARTICLE

by Sander, T C

CULTURE, HEALTH & SEXUALITY

Volume: 10 Issue: 3 Day: Month: April Year: 2008 Page numbers: pp 263-276

**Subjects:**

1. MEN WHO HAVE SEX WITH MEN 2. INTERNET 3. SOCIAL RESEARCH

**Abstract:**

*This paper uses data from twenty-one online and in-person qualitative interviews to examine the meaning and use of chat rooms located on men for men (M4M) websites from the perspectives of men seeking men on the Internet. This research is inspired by recent public health and social sciences literature on gay websites and chat rooms. The data indicate that these online sites help expedite learning about sex and sexuality and, for men who are shy or geographically isolated, to interact with metropolitan gay communities. There is, however, a measure of stigma associated with use of these chat rooms, particularly by men who are older or in coupled relationships. Using these data, the paper argues that M4M chat rooms play a vital role in fostering the sexual autonomy of many men who frequent these venues and that sociologists should devote more study to the complexity of online social interaction.*

**LEGAL ISSUES**

**6459**

**"The law of living longer"**

**Location:**

**AA VERTICAL FILE - LEGAL ISSUES - LI 24**

Publication Type:  
JOURNAL ARTICLE

by Brady, I ; Viegas, K ; Behan, N

HIV AUSTRALIA

Volume: 6 Issue: 2 Day: Month: Year: 2008 Page numbers: pp 22-25

**Subjects:**

1. HIV POSITIVE PEOPLE(AUST) 2. LEGAL ASPECTS(AUST)

**Abstract:**

*Examines some of the legal issues relevant to people with HIV/AIDS in Australia including travel, migration, superannuation, insurance, disclosure and privacy.*

**MENTAL HEALTH****6451****"Depressive symptoms as a link between barriers to care and sexual risk behavior of HIV-infected individuals living in non-urban areas"****Location:****AA VERTICAL FILE - MENTAL HEALTH - MH 30**

Publication Type:

JOURNAL ARTICLE

by Ryan, K et al

AIDS CARE

Volume: 20 Issue: 3 Day: Month: March Year: 2008 Page numbers: pp 331-336**Subjects:**

1. HIV POSITIVE PEOPLE 2. HIV POSITIVE PEOPLE-PSYCHOLOGICAL ASPECTS  
3. DEPRESSION 4. RURAL COMMUNITIES

**Abstract:**

*HIV-infected individuals living in non-urban areas have been proposed to be particularly vulnerable for sexual risk behavior because of barriers to adequate care. The current study examined the association of barriers to care and sexual risk behavior with a focus on depressive symptoms as a link between the two variables. One-hundred-and-one sexually active HIV-infected individuals living in non-urban areas in New England participated by completing self-report measures in a computer-administered format. Four barriers to care were examined: geographical barriers and distance to services; access to and quality of medical and psychological services; community stigma; and personal resources. The results indicated barriers to care, and in particular those pertaining to access to and quality of medical and psychological services were related to depressive symptoms, which, in turn, were related to sexual risk behavior. The findings suggest that interventions to reduce sexual risk behavior in non-urban settings could include not only increasing the availability of quality services but targeting depressive symptoms of HIV-infected individuals.*

**PREVENTION****6440****"HIV interventions affect behavior indirectly: results from the AIDS Community Demonstration Projects"****Location:****AA VERTICAL FILE - PREVENTION - PV 47**

Publication Type:

JOURNAL ARTICLE

by Yzer, Marco ; Fishbein, Martin ; Hennessy, Michael

AIDS CARE

Volume: 20 Issue: 4 Day: Month: April Year: 2008 Page numbers: pp 456-461**Subjects:**

1. HIV 2. HEALTH PROMOTION 3. EVALUATION

**Abstract:**

*Behavioral theory informs HIV prevention programs by identifying important predictors of the relevant behavior. Changes in those predictors brought about by program messages should theoretically translate into behavior change. Program evaluation, however, may examine only whether message exposure is associated with behavior change, assuming that if people changed their behavior, the intervention must have effectively changed the determinants. This practice obscures how intervention programs work in the field. We use data from the AIDS Community Demonstration Projects (ACDP) to illustrate this important idea. Earlier research found that the ACDP moved at-risk communities to more consistent condom use with both main and non-main partners. This study demonstrates that these behavioral effects are explained by the ACDP's ability to improve intention and self-efficacy for condom use with both main and non-main partners. We conclude that to understand how HIV prevention programs work, program evaluations need to assess how the intervention affected what it was designed to change: one or more critical behavioral determinants.*

## **SAFER SEX & RISK BEHAVIOUR**

6441

**"Frequent and systematic unprotected anal intercourse among men using the Internet to meet other men for sexual purposes in France: results from the "Gay Net Barometer 2006" Survey"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 67**

Publication Type:

JOURNAL ARTICLE

by Leoban, Alain ; Frigault, Louis-Robert

AIDS CARE

Volume: 20 Issue: 4 Day: Month: April Year: 2008 Page numbers: pp 478-484

**Subjects:**

1. MEN WHO HAVE SEX WITH MEN
2. RISK BEHAVIOUR
3. ANAL SEX
4. INTERNET

**Abstract:**

*For men who have sex with men (MSM), the Internet has imposed itself in the past decade as the place to be to meet other men with similar interests for sex or just to surf in search of excitement. This is a biennial study on the MSM in France. Between December 2005 and February 2006, 15,085 MSM completed an online questionnaire on their social and sexual uses of the Internet. Participants in the "The Gay Net Barometer 2006" study responded to questions related to their sexual and sexual risk behaviours. One third of respondents reported at least one event of unprotected anal intercourse while 11.1% reported frequent or systematic unprotected anal intercourse. These sexual risk behaviours were associated with various sociodemographic and sexual variables in addition to the recruitment website. The study suggests Internet users are not a homogeneous group and intervention targeting of them should be based on an in-depth understanding of the sexual cultures operating within websites.*

## **SCIENCE & RESEARCH**

6437

**"GB Virus C : an association showing reduction in liver disease in HCV/HIV co-infection"**

**Location:**

## **AA VERTICAL FILE - SCIENCE & RESEARCH - SR 41**

Publication Type:

JOURNAL ARTICLE

by Berzsenyi, Mark D ; Bowden, D Scott

VICTORIAN INFECTIOUS DISEASES BULLETIN

Volume: 10 Issue: 4 Day: Month: December Year: 2007 Page numbers: pp 91-93

### **Subjects:**

1. HIV 2. HEPATITIS C 3. RESEARCH

### **Abstract:**

*Infection with GB virus C (previously known as hepatitis G virus) is relatively high amongst IDUs and people infected with HIV and/or HCV with rates of up to 35%. Co-infection with GB virus C is known to have beneficial effects on HIV infected individuals, slowing the progression to AIDS. However, it has not been known what the effects are on the progression of liver disease in HIV/HCV co-infected. This Australian study found that GBV-C infection is associated with a reduction in HCV-related liver disease in HCV/HIV co-infection, although no effect on liver-related survival or overall survival. Also discusses planned further research and implications for HIV and HCV treatments.*

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**6439**

## **"Sexuality, culture and society: shifting paradigms in sexuality research"**

### **Location:**

## **AA VERTICAL FILE - SCIENCE & RESEARCH - SR 42**

Publication Type:

JOURNAL ARTICLE

by Parker, Richard

CULTURE, HEALTH & SEXUALITY

Volume: Issue: Day: Month: May Year: 2008 Page numbers: pp 1-15 iFirst Article

### **Subjects:**

1. SEXUALITY 2. SOCIAL RESEARCH

### **Abstract:**

*Over the course of the past three decades, there has been a significant increase of research on the social and cultural dimensions of sexuality. This paper reviews three major phases in the development of this work. In the first phase, work focusing on the social construction of sexual experience developed an important critique of the biomedical and sexological approaches that had dominated the field over much of the twentieth century. In the second phase, increasingly detailed studies of sexual life were developed which highlighted the cross-cultural diversity of sexual cultures, sexual identities and sexual communities. In the most recent phase, there has been a growing recognition of the complex relationship between culture and power, and increasing attention to the political and economic dimensions of sexuality. In spite of the significant conceptual and methodological advances that have taken place over time, however, it is also possible to identify a number of important questions that have not yet been adequately addressed and that may have been precluded by some of the perspectives that have come to dominate the field. The paper ends by focusing on the silences and invisibilities that continue to characterize this field of research and the challenges that must still be confronted in seeking to expand our understanding of these issues.*

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**6458**

**"Where history meets experience : living long term with HIV"**

**Location:**

**AA VERTICAL FILE - SCIENCE & RESEARCH - SR 43**

Publication Type:

JOURNAL ARTICLE

by Grierson, Jeffrey

HIV AUSTRALIA

Volume: 6 Issue: 2 Day: Month: Year: 2008 Page numbers: pp 7-9

**Subjects:**

1. HIV POSITIVE PEOPLE(AUST) 2. HIV POSITIVE PEOPLE-SURVEYS 3. SOCIAL ASPECTS 4. SOCIAL RESEARCH(AUST)

**Abstract:**

*Dr Grierson, from the living with HIV Program at ARCSHS, reflects on the personal, social and economic impacts of living long term with HIV and findings from ongoing research into living with HIV in Australia.*

**SEXUALLY TRANSMITTED INFECTIONS**

**6445**

**"Hetero men also at risk for anal HPV"**

**Location:**

**AA VERTICAL FILE - SEXUALLY TRANSMITTED INFECTIONS - STD 29**

Publication Type:

ARTICLE (ONLINE)

POZ

Volume: Issue: Day: 9th Month: April Year: 2008 Page numbers:

**Subjects:**

1. HIV POSITIVE PEOPLE 2. HETEROSEXUALS 3. HUMAN PAPILLOMAVIRUS 4. ANUS

**Abstract:**

*Approximately 14 percent of heterosexual men in a Brazilian cohort study were diagnosed with anal lesions likely caused by human papilloma virus (HPV), according to a report published in the March 2008 issue of the International Journal of STD & AIDS. These new data, the authors of the small study conclude, justify the screening for anal lesions in all men with HIV infection, not just men with a history of sex with other men.*

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**6446**

**"Offer presumptive treatment for STIs to gay men testing HIV-positive"**

**Location:**

**AA VERTICAL FILE - SEXUALLY TRANSMITTED INFECTIONS - STD 30**

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP

Volume: Issue: Day: 1st Month: May Year: 2008 Page numbers:

**Subjects:**

1. HIV POSITIVE PEOPLE 2. SEXUALLY TRANSMITTED INFECTIONS 3. TREATMENTS 4. GUIDELINES

**Abstract:**

*Gay men testing HIV-positive at point-of-care testing centres (which provide test results the same day) should be given presumptive treatment for gonorrhoea and chlamydia, investigators in the US are recommending in a study published in the*

May 1st edition of the Journal of Acquired Immune Deficiency Syndromes. The investigators issued this recommendation after finding a high prevalence of these sexually transmitted infections amongst gay men testing HIV-positive in San Francisco.

## TESTING

6457

### "Building stakeholder partnerships for an on-site HIV testing programme"

**Location:**

**AA VERTICAL FILE - TESTING - TES 25**

Publication Type:

JOURNAL ARTICLE

by Woods, William J et al

CULTURE, HEALTH & SEXUALITY

Volume: 10 Issue: 3 Day: Month: April Year: 2008 Page numbers: pp 249-262

**Subjects:**

1. HIV TESTING 2. SEX ON PREMISES VENUES 3. MEN WHO HAVE SEX WITH MEN

**Abstract:**

*Because of the large number of individuals at risk for HIV infection who visit gay saunas and sex clubs, these venues are useful settings in which to offer HIV outreach programmes for voluntary counselling and testing (VCT). Nevertheless, establishing a successful VCT programme in such a setting can be a daunting challenge, in large part because there are many barriers to managing the various components likely to be involved. Using qualitative data from a process evaluation of a new VCT programme at a gay sauna in California, USA, we describe how the various stakeholders overcame barriers of disparate interests and responsibilities to work together to successfully facilitate a regular and frequent on-site VCT programme that was fully utilized by patrons.*

## TREATMENTS

6443

### "Adherence to antiretroviral treatment in patients with HIV in the UK: a study of complexity"

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 126**

Publication Type:

JOURNAL ARTICLE

by Sherr, Lorraine et al

AIDS CARE

Volume: 10 Issue: 4 Day: Month: April Year: 2008 Page numbers: pp 442-448

**Subjects:**

1. HAART 2. COMPLIANCE

**Abstract:**

*Adherence to HIV treatment regimes is a core element to viral suppression. Yet measurement of adherence is complex. Although adherence levels are good predictors of outcome, they do not always provide full explanations of observed variations in responses. This study was set up to examine the complexity of adherence measurement and to examine rates of adherence in the presence of complex measurement. A total of 502 consecutive attenders at HIV clinics in the*

UK (80.5% response rate) provided detailed measurement on adherence in the preceding 7 days, setting out dose adherence, as well as measures of timing and dietary conditions. In addition, a range of psychological, demographic and relationship data were gathered to understand predictors of full and partial adherence. Although 79.1% reported dose adherence in the previous 7 days, 42.8% had not taken the dose at the correct time, and 27.2% had not taken the dose under the correct circumstances. Using a more complex composite measure of full adherence, rates reduced from 79.1% to 41.5%. Comparisons of those deemed fully adherent, partially adherent and non-adherent were carried out. Those that were fully adherent were significantly more likely to be older ( $F=7.8$ ,  $p<0.001$ ), UK born ( $F=6.8$ ,  $p=0.03$ ), code ethnicity as white ( $F=5.3$ ,  $p=0.07$ ), record higher quality of life ( $\chi^2=8.7$ ,  $p=0.01$ ), lower psychological symptoms ( $\chi^2=15.2$ ,  $p=0.001$ ) and lower global distress symptoms ( $\chi^2=6.9$ ,  $p=0.03$ ). There were no differences according to education, behavioural and attitudinal variables (disclosure, stable relationship, STI diagnosed, number of sexual partners, unprotected sex, optimism or treatment switching). Fully adherent groups were significantly more likely to be in agreement with their doctor on treatment initiation ( $\chi^2=6.2$ ,  $p=0.045$ ), satisfied with the amount of involvement in the decision-making process ( $\chi^2=7.3$ ,  $p=.026$ ), their wishes were considered ( $\chi^2=12.5$ ,  $p=0.002$ ) and had monitoring of their condition ( $\chi^2=7.1$ ,  $p=0.028$ ). Multivariate analysis showed that variables which contributed significantly at a 5% criterion level to complex adherence were physical symptoms ( $OR=0.56$ ,  $p=0.05$ ), psychological symptoms ( $OR=2.37$ ,  $p<0.001$ ), age ( $OR=0.96$ ,  $p=0.02$ ), education ( $OR=0.54$ ,  $p=0.03$ ), having more than one sexual partner ( $OR=0.46$ ,  $p=0.03$ ), having risky sex ( $OR=4.30$ ,  $p=0.002$ ) and being optimistic about treatments ( $OR=0.42$ ,  $p=0.01$ ). The softer markers of adherence are not usually measured in follow up and may account for variations in treatment responses. The complexity of adherence needs to be understood and addressed to maximise treatment efficacy.

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6444

**"Higher CD4 cell counts associated with lower rate of non-HIV-related diseases in patients taking antiretrovirals"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 127**

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP

Volume: Issue: Day: 25th Month: April Year: 2008 Page numbers:

**Subjects:**

1. HAART 2. CD4 COUNT 3. HEALTH

**Abstract:**

Higher CD4 cell counts in patients taking antiretroviral therapy are associated not only with a lower rate of HIV-related illnesses, but a lower rate of serious illnesses such as heart, kidney, and liver disease as well as some cancers, according to a US study published in the April 23rd edition of AIDS. HIV treatment guidelines have recently been changed in the UK, Europe and US recommending that anti-HIV therapy should be started when a patient's CD4 cell count is in the region of 350 cells/mm<sup>3</sup>, mainly because the SMART treatment interruption study showed that a higher CD4 cell count was associated with a lower risk of not only AIDS-defining illnesses, but also some serious diseases not traditionally associated with HIV. The findings of the current study potentially add

to our understanding of the importance of CD4 cell count in reducing the risk of serious illnesses not normally associated with HIV.

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6450

**"Using motivational interviewing to promote adherence to antiretroviral medications: A randomized controlled study"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 128**

Publication Type:

by Diiorio, C et al

AIDS CARE

Volume: 20 Issue: 3 Day: Month: March Year: 2008 Page numbers: pp 273- 283

**Subjects:**

1. TREATMENTS 2. COMPLEMENTARY THERAPIES 3. COUNSELLING

**Abstract:**

*The primary aim of this study was to test an intervention to support antiretroviral medication adherence among primarily low-income men and women with HIV. The study was a randomized controlled trial (Get Busy Living) with participants assigned to treatment (Motivational Interviewing [MI]) and control groups. Participants were recruited from an HIV/AIDS clinic in Atlanta, Georgia, US. Of those referred to the study, 247 completed a baseline assessment and were enrolled with 125 randomized to the intervention group and 122 to the control group. Participants were patients beginning antiretroviral therapy or changing to a new drug regimen. The intervention consisted of five MI sessions delivered by registered nurses in individual counselling sessions. Participants were paid for each session attended. The intervention sought to build confidence, reduce ambivalence and increase motivation for ART medication-taking. Medication adherence was measured by the Medication Event Monitoring System (MEMS®) from the time of screening until the final follow-up conducted approximately 12 months following the baseline assessment. Participants in the intervention condition showed a trend towards having a higher mean percent of prescribed doses taken and a greater percent of doses taken on schedule when compared to the control group during the months following the intervention period. This effect was noted beginning at about the eighth month of the study period and was maintained until the final study month. Although the finding was weaker for overall percent of prescribed doses taken, the results for the percent of doses taken on schedule suggests that the MI intervention may be a useful approach for addressing specific aspects of medication adherence, such as adherence to a specified dosing schedule.*

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6453

**"Abacavir, Didanosine Linked to Increased Heart Attack Risk"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 129**

Publication Type:

ARTICLE (ONLINE)

by Horn, Tim

POZ AND AIDS MEDS

Volume: Issue: Day: 4th Month: February Year: 2008 Page numbers:

**Subjects:**

1. HAART 2. TREATMENTS-SIDE EFFECTS 3. CARDIOVASCULAR DISORDERS

**Abstract:**

*Abacavir—the active drug in Ziagen and a component of Epzicom and Trizivir—may double the risk of a heart attack in HIV-positive people currently using the drug, a potential concern for individuals with other major heart disease risk factors. The latest results from the international Data Collection on Adverse events of Anti-HIV Drugs (D:A:D) study, reported today at the 15th Conference on Retroviruses and Opportunistic Infections (CROI) in Boston, also found an increased heart attack risk associated with current use of didanosine (Videx EC) but not other drugs in the nucleoside reverse transcriptase inhibitor (NRTI) class, including zidovudine (Retrovir) and stavudine (Zerit).*

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**6454****"What's new in treatment research?"****Location:****AA VERTICAL FILE - TREATMENTS - TRE 130**

Publication Type:

NEWSLETTER

TALKABOUT

Volume: Issue: Day: Month: April - May Year: 2008 Page numbers: pp 12-13**Subjects:**

1. TREATMENTS 2. RESEARCH 3. CONFERENCES

**Abstract:**

*Provides an overview of studies reported on at the 15th Conference on Retroviruses and Opportunistic Infections (CROI) held in February 2008.*

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**6436****"Next generation NNRTIs : Etravirine and Rilpivirine"****Location:****AA VERTICAL FILE - TREATMENTS - TRE 131**

Publication Type:

JOURNAL ARTICLE

by O'Neal, Reilly

BETA

Volume: Winter Issue: Day: Month: Year: 2008 Page numbers: pp 11-14**Subjects:**

1. HIV-RELATED CONDITIONS 2. HIV POSITIVE PEOPLE-HEALTH CARE NEEDS

**Abstract:**

*Provides an overview of two new non-nucleoside reverse transcriptase inhibitors (NNRTIs) - etravirine (Intelence) and rilpivirine (TMC278).*

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<b>VACCINES</b>
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**6455****"AIDS vaccine update : disappointment and questions after candidate fails in the STEP study"****Location:****AA VERTICAL FILE - VACCINES - VAC 21**

Publication Type:

JOURNAL ARTICLE

by Feuer, Cindra ; Bass, Emily

GMHC TREATMENT ISSUES

Volume: 21 Issue: 3 & 4 Day: Month: July - December Year: 2007 Page numbers: pp 6-9

**Subjects:**

1. VACCINES 2. CLINICAL TRIALS

**Abstract:**

*Examines the failure of Merck's MRK-Ad5 vaccine in clinical trials. The vaccine was not only ineffective but may have increased susceptibility to acquiring HIV.*

**WOMEN**

6434

**"A conversation with Dr. Nancy Padian"**

**Location:**

**AA VERTICAL FILE - WOMEN - WOM 71**

Publication Type:

JOURNAL ARTICLE

by O'Neal, Reilly

BETA

Volume: Winter Issue: Day: Month: Year: 2008 Page numbers: pp 32-34

**Subjects:**

1. WOMEN 2. HIV TRANSMISSION 3. CONDOMS 4. MICROBICIDES 5. GENDER ROLES

**Abstract:**

*Around the globe, countless women are unable to protect themselves from HIV - largely because they lack access to condoms or can't count on their male sex partners to use condoms consistently. Potentially life-saving HIV prevention interventions are being developed with these women in mind, including microbicides and other protective products that can be used without a partner's knowledge, as well as strategies for boosting women's control over how and with whom they have sex.*

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6447

**"Boosting vaginal health could cut HIV risk"**

**Location:**

**AA VERTICAL FILE - WOMEN - WOM 72**

Publication Type:

ARTICLE (ONLINE)

by Morris, Kelly

AIDSMAP

Volume: Issue: Day: 1st Month: May Year: 2008 Page numbers:

**Subjects:**

1. WOMEN 2. HIV TRANSMISSION 3. VAGINA

**Abstract:**

*Oral treatment to improve vaginal health could have the potential to reduce the risk of infection with HIV for women, according to a study published in the May 15th edition of Clinical Infectious Diseases. Most new HIV infections in sub-Saharan Africa are among women, for whom new HIV-prevention strategies are needed. Disturbances of vaginal flora may substantially contribute to HIV acquisition, so researchers have been studying simple, safe, and inexpensive interventions to reduce the rate of vaginal infections and promote normal vaginal*

flora such as lactobacilli. A previous study found that twice weekly administration of the antibiotic metronidazole into the vagina was effective against the abnormal flora known as bacterial vaginosis (BV). Now, a team from the US and Kenya report a similarly effective regime using directly observed oral therapy.

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6452

**"Participation among women living with HIV: A rehabilitation perspective"**

**Location:**

**AA VERTICAL FILE - WOMEN - WOM 73**

Publication Type:

JOURNAL ARTICLE

by Solomon, P ; Wilkins, S

AIDS CARE

Volume: 20 Issue: 3 Day: Month: March Year: 2008 Page numbers: pp 292-296

**Subjects:**

1. WOMEN WITH HIV 2. SOCIAL ASPECTS

**Abstract:**

*The purpose of this phenomenological study was to understand the lived experience of women living with HIV using a rehabilitation lens. Twenty-three women with a mean age of 40.8 years participated in personal interviews regarding barriers and facilitators to participation in society. An open coding analysis revealed the following themes associated with decreased participation: living in poverty, enduring depression and isolation, fearing disclosure and stigma, tolerating the signs and symptoms, experiencing barriers to work and lacking supportive networks. Themes related to women who were participating in their communities included meaning of children, balancing life with HIV, accessing support networks and possessing a strong self-identity. The findings highlight the complexity of the interaction between personal, environmental and health-related factors and the need for supports that incorporate the broader concept of rehabilitation.*



