

Current Awareness Service

Providing easy access to
current information resources
on HIV/AIDS held at
The AIDS Council of
South Australia library



64 Fullarton Road, Norwood SA 5067
PO Box 907, Kent Town SA 5071

Phone: (08) 8334 1611
Fax: (08) 8363 1046

Toll Free: 1800 888 559
TTY: (08) 8362 0306

Email: information@acsa.org.au
Web: www.acsa.org.au

**September/October
2007**

**Journal Articles
CAS No. 53**

R/N 6357 - 6376



Table of Contents

HEALTH & FINANCIAL ISSUES.....	4
HEPATITIS	5
HETEROSEXUALS	6
HIV RELATED CONDITIONS.....	7
PREVENTION	8
PRISONS	8
SCHOOLS/EDUCATION	9
SEX WORKERS	10
SEXUALLY TRANSMITTED INFECTIONS.....	11
TESTING.....	11
TRANSMISSION	12
TREATMENTS	13
WOMEN.....	14



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.

1. When you locate an article you wish to read, write the **article number** and **title** on the Copyright Declaration Form at the back of this bulletin. The form may be completed in Word and returned by email or printed out and posted or faxed. Before you send the completed form back to us, ensure you have also included your **name and address** and that the form has been **signed** - a typed name is adequate if the form is being returned by email (this information is required in order for us to meet our copyright obligations). Additional copies of the form can be found on our website at <http://www.acsa.org.au/cas.html>
2. Email, post, fax or drop the completed form back to ACSA Information Services.
3. Requested articles will be emailed or copied and posted out to you within a week of your request. Please indicate your preference for electronic or print copies on the Copyright Declaration form.

HEALTH & FINANCIAL ISSUES

6358

"Sexual dysfunction in HIV-positive men is multi-factorial: A study of prevalence and associated factors"

Location:

AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 38

Publication Type:

JOURNAL ARTICLE

by Asboe, D et al

AIDS CARE

Volume: 19 Issue: 8 Day: Month: September Year: 2007 Page numbers: pp 955-965

Subjects:

1. HIV POSITIVE PEOPLE 2. SEXUAL HEALTH 3. TREATMENTS-SIDE EFFECTS

Abstract:

To establish the prevalence of sexual dysfunction amongst HIV-positive men and to determine the factors associated with dysfunction we conducted a cross-sectional study in seven European HIV treatment centres. Data on medical history, antiretroviral treatment and laboratory results were collected by interview and case record review. Sexual function was evaluated by the participant self-completion of a questionnaire based on the International Index of Erectile Function (IIEF) 711/929. Seventy-seven percent of participants returned the questionnaire. Data from 668 (72%) respondents were included. Thirty-three percent (95%CI: 29.4-36.5%) had moderate/severe erectile dysfunction (EDF) and 24% (95%CI: 20.9-27.3%) had moderate to severe impairment of sexual desire. Variables significantly associated with EDF in multivariable analysis were older age (greater than 40 years), heterosexual status, non-alcohol drinking status, depression, antidepressants, psychotropic medications and duration of ARV therapy. Low sexual desire (LSD) was associated with older age (greater than 40 years), depression and black African ethnicity. We establish that EDF and LSD are common in both ARV naïve and ARV experienced, HIV-positive individuals. Erectile dysfunction was associated with long duration of ARV treatment, with a significantly increased risk of dysfunction in the quartile with the longest period of exposure. No significant association was seen with specific classes of anti-retrovirals. Older age, and depression were the variables most consistently associated with both EDF and LSD.

6359

"Case management community care for people living with HIV/AIDS (PLHAs)"

Location:

AA VERTICAL FILE - HEALTH & FINANCIAL ISSUES - HF 39

Publication Type:

JOURNAL ARTICLE

by Husbands, W et al

AIDS CARE

Volume: 19 Issue: 8 Day: Month: September Year: 2007 Page numbers: pp 1065-1072

Subjects:

1. HIV POSITIVE PEOPLE-HEALTH CARE NEEDS 2. HIV POSITIVE PEOPLE-SELF CARE 3. HIV POSITIVE PEOPLE-RISK BEHAVIOUR 4. COMMUNITY HEALTH

Abstract:

A case management approach to support services was developed in a Toronto-based AIDS

service organization (ASO) in Canada to support people living with HIV/AIDS (PLHAs) whose needs could not be addressed through usual self-directed access to services. It was therefore important to determine which PLHAs would benefit most from case management.

New clients and those who had been receiving support services from an ASO were randomized to receive either self-directed use of support services or self-directed care plus strengths-based case management for a six-month period.

Results indicated that those who benefited most from case management were very depressed at baseline. Strengths-based case management compared to usual self-directed care markedly improved the physical, social and mental health function of very depressed PLHAs, and reduced their risk behaviours. In addition, the case management participants' use of community services was associated with an economically important, though not statistically significant, \$3,300 per person per annum lower expenditure for the use of all direct health and social services. Although more research is warranted, this research demonstrates that ASOs and funders ought to seriously consider implementing a case management approach to practical assistance for PLHAs with depression.

HEPATITIS

6360

"HCV–HIV Coinfection: Simple Messages from a Complex Disease"

Location:

AA VERTICAL FILE - HEPATITIS - HEP 26

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Klenerman, Paul ; Kim, Arthur

PLOS MEDICINE

Volume: 4 Issue: 10 Day: Month: October Year: 2007 Page numbers: e240

Subjects:

1. HEPATITIS C 2. HIV 3. LIVER

Abstract:

Hepatitis C virus (HCV) and HIV infection are both major global health problems, each with their own specific unsolved and difficult issues of prevention, pathogenesis, and therapy. For HIV, many of the clinical problems experienced are related to loss of immunological control over relatively commonly encountered pathogens. In most of these cases (e.g., cytomegalovirus [CMV], Pneumocystis jiroveci, human herpesvirus-8), normal immunological control is quite efficient, and these organisms behave as "opportunists." HCV is slightly different, in that immunological control in normal HIV-uninfected individuals is often poor, and HCV infection alone can lead to the gradual evolution of end-stage liver disease in normal hosts. However, although a consensus is forming about the basic details of the immune responses associated with acute control of HCV mono-infection, the long-term relationships between immune responses, viral load, and most importantly, disease progression in those who are persistently infected are still poorly understood.

HIV–HCV coinfection is a problem of substantial size. Overall the figures for coinfection rates are very striking—around one in 10 of those infected with HIV globally are also HCV infected (around 4–5 million) [1]. In the West, however, the infection rate is one in four, and in specific risk groups, such as intravenous drug users, the figure rises to up to 50%–95%, regardless of global location. This reflects the fact that HCV is relatively easy to spread through percutaneous infection, while relatively harder to spread through sexual contact.

The coinfection rate would matter little on its own if the consequences were not so grave. HIV infection has a major effect on HCV viral load [2] and a clinically significant effect on HCV

disease progression [3]. Furthermore, although effective antiretroviral therapy (ART) has transformed the course of HIV disease progression, HCV-related liver disease is still a significant cause of morbidity and mortality in this group [4].

In this Research in Translation article, we discuss our current understanding of the immunopathogenesis of HCV–HIV coinfection. We firstly discuss what is known of the host immune response in HCV mono-infection, and subsequently the impact of HIV on this response. We focus on two issues—immune deficiency and immune dysregulation, which we propose combine to produce the clinical picture associated with coinfection.

HETEROSEXUALS

6374

"Communication, silence and serodiscordance"

Location:

AA VERTICAL FILE - HETEROSEXUALS - HET 6

Publication Type:

NEWSLETTER

by Persson, Asha

TALKABOUT

Volume: Issue: 151 Day: Month: June-July Year: 2007 Page numbers: pp 19-21

Subjects:

1. HETEROSEXUALS
2. HIV POSITIVE PEOPLE
3. HIV POSITIVE PEOPLE-RELATIONSHIPS
4. HIV POSITIVE PEOPLE-SURVEYS

Abstract:

In the HIV literature, only a handful of studies explore how sero-discordant couples experience and manage HIV. In most studies communication tends to be positioned as functional and 'healthy', as an imperative that should be encouraged. Silence by implication becomes positioned as inherently negative, even dysfunctional. In this article, the author presents findings from the Straightpoz Study and considers the ways in which silence can work towards both denial and support.

6375

"HIV infection attributed to heterosexual contact in Australia, 1996-2005"

Location:

AA VERTICAL FILE - HETEROSEXUALS - HET 7

Publication Type:

JOURNAL ARTICLE

by McDonald, Ann

HIV AUSTRALIA

Volume: 5 Issue: 4 Day: Month: Year: 2007 Page numbers: pp 4-7

Subjects:

1. HETEROSEXUALS
2. HETEROSEXUAL TRANSMISSION
3. AUSTRALIA

Abstract:

The results of national surveillance for cases of newly diagnosed HIV infection indicate that HIV transmission in Australia occurs primarily through male homosexual contact, with limited HIV transmission through injecting drug use, heterosexual contact only and from mother to child (NCHECR 2005). However, exposure to HIV was attributed to heterosexual contact only for around 20 percent of the annual number of new HIV diagnoses in 1996 – 2004. [i] The

pattern of HIV infection attributed to a history of heterosexual contact only, newly diagnosed in Australia in 1996 – 2005, is described.

HIV RELATED CONDITIONS

6371

"European researchers develop method of calculating short-term risk of HIV disease progression"

Location:

AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 45

Publication Type:

ARTICLE (ONLINE)

by Legge, Adam

Volume: Issue: Day: 14th Month: September Year: 2007 Page numbers: Also available online at <http://www.aidsmap.com/en/news/D2081F81-D061-4FDB-9425-40504D7DFC6B.asp>

Subjects:

1. HIV PROGRESSION 2. MATHEMATICAL MODELS

Abstract:

A new HIV risk score can accurately calculate the short term risk of HIV disease progression, according to researchers who have tested it in a cohort of 5150 HIV-infected people. The research is published in the September edition of AIDS.

The researchers hope the scoring system – which will soon be available on the web – will make treatment decisions easier for both patients and clinicians.

Other prognostic HIV scores have been developed but have tended to be designed to predict long-term clinical progression in patients before they have started antiretroviral therapy. They have also not used routinely measured lab values.

The new tool, called the EuroSIDA risk score, has been designed to be used in people already on anti-HIV treatment and calculates the risk of disease progression in the short-term, for example three, six or twelve months.

6372

"ICAAC: Serious but non-AIDS-defining illnesses more frequent at lower CD4 counts and higher viral loads"

Location:

AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 46

Publication Type:

ARTICLE (ONLINE)

by Thaczuk, Derek ; Carter, Michael

AIDSMAP

Volume: Issue: Day: 21st Month: September Year: 2007 Page numbers:

Subjects:

1. HIV-RELATED CONDITIONS 2. HEPATITIS C

Abstract:

French researchers have found consistently higher rates of serious illness and death that were neither AIDS-defining nor attributable to side effects of HAART, in patients on antiretroviral therapy with CD4 cell counts below 100 cells/mm³, viral loads above 10,000 copies/ml, and with hepatitis C (HCV) co-infection. These results, drawn from the Aproco-

Copilote cohort, were presented at the 47th Interscience Conference on Antimicrobial Agents and Chemotherapy in Chicago this week.

Since effective anti-HIV therapy became available, illnesses that are neither AIDS-defining, nor the side-effects of antiretroviral drugs have become a major source of serious ill health and death in HIV-positive individuals. However, little published data have explored the risk factors for non-AIDS non-HAART-related clinical illness.

PREVENTION

6363

"Acceptability of tenofovir gel as a vaginal microbicide by US male participants in a Phase I clinical trial (HPTN 050)"

Location:

AA VERTICAL FILE - PREVENTION - PV 43

Publication Type:

JOURNAL ARTICLE

by Carballo- Dieguez et al

AIDS CARE

Volume: 19 Issue: 8 Day: Month: September Year: 2007 Page numbers: pp 1026-1031

Subjects:

1. PREVENTION AND CONTROL 2. MICROBICIDES 3. HETEROSEXUALS 4. HETEROSEXUALS

Abstract:

We studied the acceptability of tenofovir gel among HIV-infected and uninfected men who were exposed to it during vaginal intercourse. The gel was found to be highly acceptable to most men, the large majority indicating they would probably use it in the future if they were concerned about HIV and the product were available. Men liked the gel's transparency and odorless qualities, although reactions to its viscosity were more varied. Men acknowledged women's rights to self-determination concerning HIV-prevention, yet considered that women's covert use of the product was more acceptable in the context of 'one-night-stands' than in stable relationships, for which dialogue on protection measures was preferred. Restrictions to couples' habitual sexual repertoire and the protocol requirement to use condoms resulted in complaints. Microbicide trials that do not require condom use from men who don't typically use them may provide a more accurate assessment of acceptability. Consistent microbicide use may be contingent on its ease of incorporation into typical sexual practices, type of sexual partnership and contextual issues.

PRISONS

6376

"Inside out"

Location:

AA VERTICAL FILE - PRISONS - PRI 20

Publication Type:

JOURNAL ARTICLE

by Smith, Paul

AUSTRALIAN DOCTOR

Volume: Issue: Day: Month: July Year: 2007 Page numbers: pp 37-43

Subjects:

1. PRISONS(AUST) 2. DRUG USE 3. DRUG USERS 4. MENTAL HEALTH 5. HEALTH CARE WORKERS

Abstract:

Prisons work like a processing plant gone bad, with thousands of men and women returning within a year of their release. Many of the reasons seem bound up with the system's inability to deal with drug addiction and mental illness. In this special report, Australian Doctor 's PAUL SMITH looks at the human cost of that failure.

SCHOOLS/EDUCATION

6357

"Systematic Review of Abstinence-Plus HIV Prevention Programs in High-Income Countries"

Location:

AA VERTICAL FILE - SCHOOLS/EDUCATION - SE 11

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Underhill, K ; Operario, Don ; Montgomery, Paul

PLOS MEDICINE

Volume: 4 Issue: 9 Day: Month: September Year: 2007 Page numbers: e275

Subjects:

1. PREVENTION AND CONTROL 2. YOUTH-SEX EDUCATION 3. YOUTH-EDUCATION

Abstract:

Background

Abstinence-plus (comprehensive) interventions promote sexual abstinence as the best means of preventing HIV, but also encourage condom use and other safer-sex practices. Some critics of abstinence-plus programs have suggested that promoting safer sex along with abstinence may undermine abstinence messages or confuse program participants; conversely, others have suggested that promoting abstinence might undermine safer-sex messages. We conducted a systematic review to investigate the effectiveness of abstinence-plus interventions for HIV prevention among any participants in high-income countries as defined by the World Bank.

Methods and Findings

Cochrane Collaboration systematic review methods were used. We included randomized and quasi-randomized controlled trials of abstinence-plus programs for HIV prevention among any participants in any high-income country; trials were included if they reported behavioural or biological outcomes. We searched 30 electronic databases without linguistic or geographical restrictions to February 2007, in addition to contacting experts, hand-searching conference abstracts, and cross-referencing papers. After screening 20,070 abstracts and 325 full published and unpublished papers, we included 39 trials that included approximately 37,724 North American youth. Programs were based in schools (10), community facilities (24), both schools and community facilities (2), health care facilities (2), and family homes (1). Control groups varied. All outcomes were self-reported. Quantitative synthesis was not possible because of heterogeneity across trials in programs and evaluation designs. Results suggested that many abstinence-plus programs can reduce HIV risk as indicated by self-reported sexual behaviours. Of 39 trials, 23 found a protective program effect on at least one sexual behaviour, including abstinence, condom use, and unprotected sex (baseline n = 19,819). No trial found adverse program effects on any behavioural outcome, including incidence of sex, frequency of sex, sexual initiation, or condom use. This suggests that abstinence-plus approaches do not undermine program messages encouraging abstinence, nor do they undermine program messages encouraging safer sex. Findings consistently favoured abstinence-plus programs over controls for HIV knowledge outcomes, suggesting that abstinence-plus programs do not confuse participants. Results for biological outcomes were limited by floor effects. Three trials assessed self-reported diagnosis or treatment of sexually transmitted infection; none found significant effects. Limited evidence from seven evaluations suggested that some abstinence-plus programs can reduce pregnancy incidence. No trial

observed an adverse biological program effect.

Conclusions

Many abstinence-plus programs appear to reduce short-term and long-term HIV risk behaviour among youth in high-income countries. Programs did not cause harm. Although generalisability may be somewhat limited to North American adolescents, these findings have critical implications for abstinence-based HIV prevention policies. Suggestions are provided for improving the conduct and reporting of trials of abstinence-plus and other behavioural interventions to prevent HIV.

6361

"Do Abstinence-Plus Interventions Reduce Sexual Risk Behavior among Youth?"

Location:

AA VERTICAL FILE - SCHOOLS/EDUCATION - SE 12

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Dworkin, Shari L ; Santelli, John

PLOS MEDICINE

Volume: 4 Issue: 9 Day: Month: September Year: 2007 Page numbers: e276

Subjects:

1. PREVENTION AND CONTROL 2. YOUTH-SEX EDUCATION 3. YOUTH-EDUCATION

Abstract:

This Perspective discusses the following new study published in PLoS Medicine:

Underhill K, Operario D, Montgomery P (2007) Systematic review of abstinence-plus HIV prevention programs in high-income countries. PLoS Med 4(9): e275.

doi:10.1371/journal.pmed.0040275

In their systematic review, Underhill and colleagues found that abstinence-plus programs appear to reduce short-term and long-term HIV risk behavior among youth in high-income countries.

SEX WORKERS

6364

"Predictors of workplace sexual health policy at sex work establishments in the Philippines"

Location:

AA VERTICAL FILE - SEX WORKERS - SW 32

Publication Type:

JOURNAL ARTICLE

by Withers M; Dornig K ; Morisky D E

AIDS CARE

Volume: 19 Issue: 8 Day: Month: September Year: 2007 Page numbers: pp 1020-1025

Subjects:

1. SEX WORKERS 2. CONDOMS 3. PHILIPPINES

Abstract:

Based on the literature, we identified manager and establishment characteristics that we hypothesized are related to workplace policies that support HIV protective behavior. We developed a sexual health policy index consisting of 11 items as our outcome variable. We

utilized both bivariate and multivariate analysis of variance. The significant variables in our bivariate analyses (establishment type, number of employees, manager age, and membership in manager association) were entered into a multivariate regression model. The model was significant ($p < .01$), and predicted 42% of the variability in the development and management of a workplace sexual health policy supportive of condom use. The significant predictors were number of employees and establishment type. In addition to individually-focused CSW interventions, HIV prevention programs should target managers and establishment policies. Future HIV prevention programs may need to focus on helping smaller establishments, in particular those with less employees, to build capacity and develop sexual health policy guidelines.

SEXUALLY TRANSMITTED INFECTIONS

6370

"Mantoux test good predictor of HIV-positive women's response to HPV"

Location:

AA VERTICAL FILE - SEXUALLY TRANSMITTED INFECTIONS - STD 28

Publication Type:

ARTICLE (ONLINE)

by Legge, Adam

AIDSMAP

Volume: Issue: Day: 14th Month: September Year: 2007 Page numbers:

Subjects:

1. WOMEN WITH HIV 2. HUMAN PAPILLOMAVIRUS

Abstract:

Skin prick testing may be better than CD4 counts as a way of measuring the ability of a HIV-positive woman's immune system to tackle human papillomavirus (HPV) infection, according to a study published in the September edition of AIDS. HPV infection is common in HIV-positive women, and infection with HIV increases the risk of a woman developing cancerous or pre-cancerous cervical cell changes.

TESTING

6365

"Impact on HIV test providers of giving a positive test result"

Location:

AA VERTICAL FILE - TESTING - TES 23

Publication Type:

JOURNAL ARTICLE

by Myers, Ted et al

AIDS CARE

Volume: 19 Issue: 8 Day: Month: September Year: 2007 Page numbers: pp 1013-1019

Subjects:

1. TESTING 2. HEALTH CARE WORKERS 3. HEALTH CARE WORKERS-STRESS

Abstract:

The provision of a positive HIV antibody test result and the direction and support given to the test recipient are critical components of care and prevention. There has been little research that describes what happens in such interactions between recipient and provider. The impact on the test provider of delivering the HIV test result is an important issue to consider. The discomfort experienced by some health providers in giving a positive test result may have adverse effects on the client interaction or may carry over into subsequent client interactions.

Utilizing a thematic analysis on interview data from 24 HIV test providers, we describe the impact of delivering a positive test result on HIV test providers, identify the factors that influence this impact, and describe strategies used to manage the impact. As with other health care professionals communicating "bad news," HIV test providers experience a variety of impacts. While a small number of providers indicated little or no impact of delivering the HIV positive test result because the diagnosis is "not the end of the world," most indicated it was difficult as it was anticipated that the test recipient would (or did) find the news distressing. Several coping strategies were identified.

TRANSMISSION

6368

"Multicentre European study finds that sperm washing has a zero risk of HIV transmission"

Location:

AA VERTICAL FILE - TRANSMISSION - TRM 40

Publication Type:
ARTICLE (ONLINE)
by Crater, Michael
AIDSMAP

Volume: Issue: Day: 10th Month: September Year: 2007 Page numbers:

Subjects:

1. TRANSMISSION 2. PREGNANCY

Abstract:

Sperm washing is a safe option for HIV serodiscordant couples wishing to conceive, according to a retrospective study involving eight European clinics published in the September edition of AIDS.

The study involved 1036 couples where the man was HIV-positive and the women HIV-negative. These couples had over 3000 cycles of assisted reproduction using washed sperm. Not a single case of HIV transmission occurred. On the basis of this finding the investigators write, "it is neither ethically nor legally justifiable to exclude individuals from infertility services on the basis of male HIV-infection."

6369

"Breastfeeding transmission less likely if breast milk high in omega-6 fats"

Location:

AA VERTICAL FILE - TRANSMISSION - TRM 41

Publication Type:
ARTICLE (ONLINE)
by Alcorn, Keith
AIDSMAP

Volume: Issue: Day: 13th Month: September Year: 2007 Page numbers:

Subjects:

1. TRANSMISSION 2. BREASTFEEDING

Abstract:

Women with HIV appear less likely to transmit HIV if their breast milk contains high levels of the omega-6 fatty acids (polyunsaturates), possibly because the fatty acids reduce HIV levels, researchers from the United States and Tanzania report in the August edition of the American Journal of Clinical Nutrition.

TREATMENTS

6366

"Patient preferences among third agent HIV medications: a US and German perspective"

Location:

AA VERTICAL FILE - TREATMENTS - TRE 117

Publication Type:

JOURNAL ARTICLE

by Beusterien, K M et al

AIDS CARE

Volume: 19 Issue: 8 Day: Month: September Year: 2007 Page numbers: pp 982-988

Subjects:

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

Abstract:

The objective is to assess patient preferences for attributes associated with third agent HIV medications, including fosamprenavir/ritonavir (FPVr), fosamprenavir (FPV), lopinavir/ritonavir (LPVr), atazanavir (ATZ), and efavirenz (EFV). Subjects with HIV were recruited in the US and Germany to complete a computerized adaptive conjoint survey that assessed 13 attributes, including moderate to severe side effects, regimen convenience, drug resistance and efficacy. Literature on the target third-agent HIV drugs was used to identify percentage risk and severity level descriptions for each attribute. The derived preference (utility) weights for each attribute level informed the calculation of relative importance estimates for each attribute and the desirability of combinations of attributes matching the respective target third agents. The analysis included 288 HIV-positive participants (US: 132; Germany: 156), 205 of whom were treatment-experienced and 83 of whom were treatment-naïve. Of the 13 medication attributes evaluated, developing drug resistance, the risk of lipodystrophy, the risk of gastrointestinal side effects (diarrhoea, nausea and vomiting) and regimen convenience had the greatest impact on preferences. The profile based on FPVr was most preferred. Differences in the risk of developing drug resistance, risk of lipodystrophy, risk of gastrointestinal side effects and regimen convenience would likely be most influential in the perceived relative value of a third-agent medication. Physicians may wish to consider these features, especially when discussing HIV treatment options with their patients.

6367

"Pillboxes should be standard issue for HIV patients, study concludes"

Location:

AA VERTICAL FILE - TREATMENTS - TRE 118

Publication Type:

ARTICLE (ONLINE)

by Alcorn, Keith

AIDSMAP

Volume: Issue: Day: 10th Month: September Year: 2007 Page numbers:

Subjects:

1. TREATMENTS 2. COMPLIANCE

Abstract:

Using a pill box to organise daily doses of antiretrovirals significantly improves adherence and is associated with a greater reduction in viral load and a higher probability of having an undetectable viral load, researchers from the University of California San Francisco report in the October 1st edition of Clinical Infectious Diseases.

In an accompanying editorial Canadian adherence experts say that pillboxes should be widely used, but warn that in patients with very poor adherence, they may not provide enough reinforcement of adherence to show any benefit.

WOMEN

6362

"Determinants and evolution of squamous intraepithelial lesions in HIV-infected women, 1991-2004"

Location:

AA VERTICAL FILE - WOMEN 66

Publication Type:

JOURNAL ARTICLE

by Drogoul-Vey, M-P et al

AIDS CARE

Volume: 19 Issue: 8 Day: Month: September Year: 2007 Page numbers: pp 1052-1057

Subjects:

1. WOMEN WITH HIV 2. GYNAECOLOGICAL CARE

Abstract:

This study presents a case-control nested analysis of cervical squamous intraepithelial lesions (SIL) in a cohort of 423 HIV-infected women with registered Pap smears between 1991 and 2004. Data on Pap smear results, CDC HIV classification, CD4 cell count and antiretroviral therapy were prospectively collected. Pap smears were classified using the Bethesda classification. Women had a median of three Pap smears registered in the database. The first Pap smear was registered 1996 for 57.7%. Two hundred and twenty women were diagnosed with SIL at least once, mainly at their first screening. Compared to women free of SIL and cancer at all Pap smear, they were younger, had lower CD4 cell count and were more likely included 1996 and less likely treated with HAART. These differences persisted in multivariate analysis. Among the 142 women with secondary Pap smears after SIL diagnosis, 43 (30.3%) worsen their Pap smear results. No specific characteristics could be identified for these patients compared to those who did not. Finally 21 women were diagnosed with cervix cancer, three at first Pap smear and the others after a previous SIL diagnosis in a median delay of three years. These results reflect the change in gynaecologic management of HIV-infected women after HAART introduction but also underline the necessity to maintain a regular gynaecologic screening for HIV-infected women.

