Graduate Posters

1. Women, HIV, and Stigma  
   Jacqueline Cromeans RN, BSN

2. Factors Affecting Adherence to Antiretroviral Medications in HIV Positive Women  
   Catherine Earl, Postdoctoral Fellow Epidemiology, DPA, RN

3. Barriers to Offering HIV Testing in Emergency Departments  
   Robin Hardwicke RN, MSN, CCRN, FNP-C

4. Responding to the Change: The Clinical Continuum of Care  
   Joan Lesmond, RN, BScN, MSN; Deborah Randall-Wood, RN, ACRN; Jane Sanders, RN; Ron Lirette, BCom

5. Cultural Competence of HIV/AIDS Providers: Personal Perspectives  
   Juna Mackey-Padilla, RN, MSN, ACRN

6. Teachable Moments: A Model of Anticipatory Guidance to Decrease Sexual Risk Behaviors in Adolescents  
   Norma Rolfes, ACRN

7. Sleep Hygiene Practices in HIV+ Individuals  
   Chantelle Wyglendowski, RN, BSN, Graduate Student; Donna Taliaferro, RN, PhD, Associate Professor

Posters

8. A Region Wide Perinatal Review Panel - A Road to Decreasing Perinatal Transmission of HIV Disease  
   R. Hassan Abdul-Khaber, MHS, RN; S Willard, CRNP

9. Experiences Caring for Perinatally Infected Adolescents Using the Community Medical Alliance Nurse Practitioner Model  
   Julie Banks, RN, CS

10. Identifying a Process to Improve PPD Follow-Up  
    Tonia Banks, RN BSN; Mary M. Caprio RN MSN ACRN

11. Factors Associated with Depression among People with HIV  
    Barbara E. Berger, PhD, RN, ACRN; Carol Estwing Ferrans, PhD, RN, FAAN; Felissa R. Lashley, PhD, RN, FAAN

12. Reliability and Validity of HIV Medication History Questionnaire  
    Jill E. Bormann, PhD, RN; Allen L. Gifford, MD

13. Transition of the HIV+ Diabetic Patient from Current Insulin Regimen to U-500 Insulin  
    Sharon M Channipol BSN, ACRN; Janine Jordan, MD; Christopher James, PharmD; Arlene Bincsik RN, MS, CCRC, ACRN

14. Experience and Challenges of the ANAC Nurse Managing the HIV+ Diabetic Patient  
    Sharon M Channipol BSN, ACRN

15. The Quebec Province Mentorship Programme in HIV: A Way to Share Expertise and Knowledge between Nurses in HIV Care  
    Jean Clermont-Drolet, R.N.

16. Pain Assessment and Management in Children with HIV/AIDS  
    Joseph De Santis, MSN, ARNP

17. The Association Between Stigma and Selected Psychological, Self-Management and Health Care Variables among Adults with HIV  
    Colleen Dilorio PhD RN; Marcia McDonnell, DSN, RN-NC, FNP; Frances McCarty, MEd, PhD; Sanjay Sharma, MD; Katherine Yeager MS RN; Hallie Iversen, BSN, RN; Terry Wang, MSPH; Barbara Donahue, MA

18. Factors Influencing the HIV/Hepatitis C Ris Behaviors of Injection Drug Users in New Brunswick  
    Getty, RN, MsN; and Dykeman, M., RN, Ph.Ds

19. Outcomes Utilizing a Collaborative Process to Address the Increase in Syphilis and HIV amongst Men who have Sex with Men in a Rural Tourist Community  
    James A. Farley, RN, BSN, MS, ANP

20. Promoting Adaptive Coping by Persons with HIV Disease: Evaluation of a Patient/Partner Model  
    Betsy L. Fife, RN, PhD

21. Improving HIV Care with Disease Management  
    Richard Gettings, RN, ACRN; Donna Sabatino, BS, RN, ACRN; Gene Bundrock, MS, RN, CCM

22. Is Social Support Predictive of Adherence to Hepatitis C (HCV) Treatment in HIV/HCV CoInfected Individuals?  
    Gilbert, Tari L., MSN, C-FNP

23. The Struggle of Clearing - Psychosocial Aspects of Treating Hepatitis C and HIV  
    Jody Gilmore, MSN, CRNP; Suzanne Willard, PhD, CRNP

24. Understanding and Removing Barriers to Care in Corrections for HIV+ Inmates  
    Patricia Gootee, ACRN MSN C FNP

25. Provider Perspectives on HIV Testing for Women  
    Jennifer Gray, RN, PhD and Sandra Rhodes, RNC, MSN,NNP

26. The Effect of a Multidisciplinary Educational Orientation Program on Viral Load  
    K. Kozub, M. Valentin, N. Scangarello, M. Graham-Anderson, Acknowledgements to: Dr. S. Smith, M. Markham, O. Perez, L. Gilmore

    Joan Lesmond, RN, BScN, MSN; Jane Sanders, RN; Ron Lirette, BCom; Deborah Randall-Wood, RN, ACRN.

    R. Kevin Mallinson, PhD, RN, ACRN
29. Relationship between Lipodystrophy Associated Morphologic and Metabolic Changes and Health Related Quality of Life in Persons with HIV/AIDS  
   Patrice Kenneally Nicholas, RN, DNSc; Kenn M. Kirksey, RN, PhD; Jeanne K. Kemppainen, RN, PhD; Inge B. Corless, RN, PhD, FAAN

30. Is Randomization Realistic in Intervention Studies Targeting Marginalized Populations?  
   Kathleen M. Nokes, PhD, RN; Peter Nwokeze, PhD.

31. Clarifying Nursing’s Contribution to Promoting the Health of Community Living Persons with HIV/AIDS  
   Kathleen M. Nokes, PhD, RN, FAAN

32. Rapid HIV Testing: An Overview  
   Catherine A. O’Connor, RN, MSN, ACRN; George E. Barton, BA; Laureen Malatesta, MPH, PA-C; Carol A. Patsdaughter, RN, PhD, ACRN

33. Health Care Access Among Indigent HIV+ Patients Participating in Research  
   J. Craig Phillips, MSN, ARNP, BC, ACRN; Vicente Daniel, MD; Adriana Campa, PhD; Kevin King, MD; Marianna K. Baum, PhD

34. Lessons Learned: HIV/AIDS - A Mental Health Perspective  
   Deborah Randall-Wood, RN, ACRN; Jane Sanders, RN; Joan Lesmond, RN, BScN, MSN; Ron Lirette, BCom

35. Now the Bus Stops Here!  
   Lisa Shishis, RN; Karina Wulf, RN, ACRN; Deborah Randall-Wood, RN, ACRN; Joan Lesmond, RN, BScN, MSN; Ron Lirette, BCom

36. Keeping on Going: Living with HIV-Related Fatigue  
   Mark David Soucy, PhD, APRN, BC; Christopher Lee Navarrette, BSN, RN

37. Post Traumatic Stress Disorder: A Skill-Building Training for Nurses and Other Health Professionals in the Field of Substance Use  
   Luis R. Torres, M.A.; Melanie Steilen, RN, BSN, ACRN

38. HIV Primary Care in Minnesota  
   Judith L. Valerius, RNC, ACRN

39. Supervised Injection: Exploring the Implications for Harm Reduction Nursing Practice in Canada  
   Alan Wood, BScN, RN, Patti Zettel, BScN, RN, Wil Stewart, BScN, RN

40. Religious Coping in Adults with HIV  
   Katherine Yeager, MS, RN, Colleen Dilorio PhD RN, Marcia McDonnell, DSN, RN-C, FNP; Frances McCarty, Med, PhD, Sanjay Sharma, MD, Hallie Iversen, BSN, RN, Terry Wang, MSPH, Barbara Donahue, MA

41. Last Acts: Precepts of Palliative Care  
   Kathy Foley, MS, RN, ACRN; R. Kevin Mallinson, PhD, RN, ACRN

1. ACRN Preparatory Course  
   Mary M. Caprio, RN MSN ACRN

2. Relationship between Lipodystrophy Associated Symptoms and Medication Adherence in Persons Infected with HIV/AIDS  
   Inge B. Corless, RN, PhD, FAAN; Kenn M. Kirksey, RN, PhD; Patrice Kenneally Nicholas, RN, DNSc - MGH; Jeanne K. Kemppainen, RN, PhD

3. Drug Interactions with Antiretroviral Agents  
   Kathleen Frezza, Pharm.D.

4. Spotlight on Metabolic and Cardiovascular Complications of HIV Disease and Antiretroviral Therapy  
   Julie Gumowski, RN, BSN and Peter Sklar, MD, MPH

5. Measuring the Knowledge, Perception of Seriousness and Susceptibility and Risky Behavior of Older African Americans towards HIV/AIDS  
   Frances Jackson, Ph.D., RN.

6. Depression  
   Jeanne K. Kemppainen, RN, PhD; Kenn M. Kirksey, RN, PhD; Patrice Kenneally Nicholas, RN, DNSc; Inge B. Corless, RN, PhD, FAAN

7. Identification of Barriers to Accessing HIV/AIDS Services for Underserved Populations: A Community-Based Research Project (The ACCESS Project)  
   Joan Lesmond, RN, BScN, MSN; Ron Lirette, BCom; Jane Sanders, RN; Deborah Randall-Wood, RN, ACRN

8. Nurse Coordinated Multidisciplinary Approach to Hepatitis C Treatment in an Urban HIV Clinic  
   Mary C. Matsumoto, RN, ACRN, CCRC, Susan Szabo, MD, Kelly McNelis, BS, PharmD, Arlene Bincsik, RN, MS, CCRC, ACRN

9. Biopsychosocial Predictors of HIV Symptoms  
   Constance R. Uphold, PhD, ARNP, BC; Patrick Bradshaw, MS; Bradley S. Bender, MD

10. Motivation and Maintenance: Challenges in Recruitment and Retention  
    Katherine Yeager MS RN, Hallie Iversen, BSN, RN, Colleen. Dilorio PhD, RN, Marcia McDonnell, DSN, RN-C, FNP, Frances McCarty, PhD, Terry Wang MSPH, Sanjay Sharma, MD, Barbara Donahue, MA

11. Last Acts: Precepts of Palliative Care  
    Kathy Foley, MS, RN, ACRN; R. Kevin Mallinson, PhD, RN, ACRN
Objective: Stigma is a pervasive aspect of the psychosocial experience of those living with HIV/AIDS. To date, the vast majority of research examining the relationship between HIV/AIDS and stigma has focused on men living with the disease. Through an analysis of the existing literature, this paper defined stigma, differentiated AIDS stigma, and explored the impact that AIDS stigma has on HIV-positive women, to determine if there are elements of the stigma experience that are more salient for women than men living with the infection. Methods: A keyword search using the phrase “women and HIV and stigma” was initiated in the CINAHL, Medline, and PsychInfo databases. The resulting 74 articles were evaluated, and 14 research articles identified for review and content analysis. Findings: Seven themes concerning elements of the stigma experience more salient to women were identified - 1) interactions with providers and access to resources; 2) sexuality and future romantic relationships; 3) loss of reproductive choices and pregnancy; 4) disclosure issues related to children and others; 5) fear of the effects of courtesy stigma on children and family; 6) custody issues; and 7) the caretaker role: e.g., needs of others before self. Additionally, it was found that Hispanics were significantly underrepresented in the research. Based on a calculation of actual versus expected representation by racial group, Hispanics accounted for only 29% of expected research participants while African American and Caucasians accounted for 106% and 140% respectively. Conclusions: Further research into the psychosocial implications of stigma in the lives of HIV+ women is needed and should include the development of a woman-specific stigma measure. Recommendations for future research include paying particular attention to ensuring that Hispanic women are proportionally represented and that accommodations are made for language barriers.

BACKGROUND: The number of HIV/AIDS cases is currently at its highest nationwide since it was first recognized in the early 1980’s. Most striking is the increase in the number of women with HIV/AIDS. Low compliance with meds is prevalent among these women, and negatively affects health status. PURPOSE: The purpose of this proposed study is to determine the factors that affect patient adherence to antiretroviral therapy in an HIV infected population of women who attend the HIV clinic and are known to be at risk for nonadherence. After explaining the research study and obtaining informed consent, subjects will be asked to complete 4 questionnaires. A routine blood draw per clinic protocol is taken at baseline and at each monthly visit to assess viral load status. The researcher will obtain results of the lab reports from patient records. DESIGN: a descriptive correlational design will be used for this study. The participant will respond to four questionnaires related to stress, adherence, interpersonal relationships, and spirituality. YEAR CONDUCTED: Fall, 2003. METHODS: The study will be conducted with female subjects over the age of 18 who routinely have monthly appointments at the HIV/AIDS clinic. The subjects will be interviewed one time only. IMPLICATIONS FOR NURSING PRACTICE: Findings from this study will assist nurses to develop interventions which will assist to support women who take HAART medications.
BARRIERS TO OFFERING HIV TESTING IN EMERGENCY DEPARTMENTS

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Harris County Hospital District, Houston, TX

Currently an estimated one million people in the United States are infected with HIV with an estimated 40,000 persons infected each year. About half of the new infections are among adolescents with those between 13-24 years of age contracting HIV at a rate of two per hour. A large proportion of newly infected individuals are unaware of their status. In the year 2000, there were 108 million patient visits to Emergency Departments (ED’s) in the US. In many inner-city ED’s there are high rates of undiagnosed HIV infection among their patient population with many of those at risk for developing HIV having poor access to healthcare and use ED’s as a predominant source of healthcare. Taking this into account, the CDC (1993) published revised recommendations regarding counseling and testing for HIV infection in outpatient and inpatient acute care settings. Despite the 1993 CDC recommendations there is little evidence of routine testing in ED’s. This research uses a descriptive cross-sectional design that will provide valuable information regarding the state of current practice for offering HIV testing in ED’s as well as identifying barriers that prevent such offering. In turn this information will assist in the development of interventions to alleviate those barriers and direct toward changes in practice as well as assist in primary HIV prevention.

Conclusion: This pilot study will take place in Summer 2003 and analysis will be available by October, 2003.

RESPONDING TO THE CHANGE: THE CLINICAL CONTINUUM OF CARE

Joan Lesmond, RN, BScN, MSN; Deborah Randall-Wood, RN, ACRN; Jane Sanders, RN; Ron Lirette, BCom;
Casey House Hospice, Toronto, Ontario, Canada.

BACKGROUND: Casey House Hospice is a freestanding hospice with a mission to provide exceptional end of life (palliative) and supportive care in a comforting environment for people living with HIV/AIDS. Casey House continues to evolve by capitalizing on the past and incorporating the present into the future. The Casey House Strategic Plan provided the framework for this evolution. Three priorities and initiatives were identified. The first, the “Clinical Continuum of Care” Project was the subject of this study. PURPOSE: To adapt or refine our Primary Care Model to embrace current and future end of life (palliative) and supportive care needs in order to deliver “seamless” care across programs at Casey House.

METHOD: The project was conducted as a participatory, action researched study. A qualitative, phenomenological methodology was utilized. Focus groups were used to collect data from front line staff in both programs at Casey House. Staff was asked about the lived experience of care, giving both an end of life (palliative) and supportive perspective.

RESULTS: Project results identified that many systems needed to be redefined- in particular, definitions for “end of life” (palliative) and “supportive” care. A dichotomy between what was excellent “past” care and what is excellent “current” care need to be developed.

CONCLUSION: Staff at all levels of the organization found agreement that Casey House should remain specialized for HIV/AIDS care and Casey House embodies a high standard of quality client care.

IMPLICATIONS: Shared understanding and participation of all staff in the organization’s future development ensures that Casey House can successfully accomplish the goals of its Organizational Development Plan.
Graduate Posters

CULTURAL COMPETENCE OF HIV/AIDS PROVIDERS: PERSONAL PERSPECTIVES

Juna Mackey-Padilla, RN, MSN, ACRN
Northern Virginia Local Performance Site of Pennsylvania/MidAtlantic AETC
Inova Juniper Program

BACKGROUND: The United States has grown to be a very diverse society. There is an increase in the number of minorities fueled primarily by immigrants from various countries. HIV disease, as a pandemic in the world disproportionately affects the minority community and has gravely impacted families including minority women and children. PURPOSE: The purpose of this study is to examine the provider’s perception of his/her cultural competence in providing HIV/AIDS care. METHODOLOGY: The research study used a 30-item questionnaire, Multicultural Competency Self-Assessment for Service Providers, to measure perceptions of providers serving HIV clients concerning their awareness, knowledge, skill, encounters, and desire to provide culturally competent care to patients. Through a convenience sample of 127 HIV providers analysis of the providers’ perceptions of cultural competence was completed. CONCLUSIONS: The quantitative analysis revealed that as awareness, knowledge and skill increased, the providers’ cultural competence increases. The study also revealed that age, ethnicity, education, profession did not predict cultural competence. It also yielded that this instrument was highly reliable and valid. Qualitative analysis was used to explore providers’ strengths, challenges, areas of discomfort, and helpful strategies. Through qualitative analysis several themes emerged. Themes included: acceptance, education, client-centered, rapport/comfortable environment, cultural conflict, knowledge, client’s behavior/concerns, resources and language needs. Education and resources available in culturally and linguistically appropriate ways could decrease challenges and uncomfortable areas while potentially increasing the provider’s comfort level. IMPLICATIONS: This study suggests that standards and regulations should be instituted in organizations, education is needed for staff and cultural competence should be included in curriculums/training efforts.

TEACHABLE MOMENTS: A MODEL OF ANTICIPATORY GUIDANCE TO DECREASE SEXUAL RISK BEHAVIORS IN ADOLESCENTS

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Background: HIV is the tenth leading cause of death in those aged 15-24. Many of those infected become HIV+ during adolescence. Anticipatory guidance (AG) is a term widely used in medical and nursing literature to describe patient teaching that is aimed at developmental or situational preparation and can be a useful approach for sexual risk reduction counseling for adolescents at risk for HIV. However, AG has not been well described as a concept or model. There is a paucity of data that describe which methods or interventions are most effective in decreasing risk behaviors in individual adolescents at risk. Purpose: To develop a model of AG that uses the evidence on effective strategies from group-based programs (the CDC’s Programs That Work (PTW)) and effective teen pregnancy programs) and adapts them for use in other settings, such as the individual primary care visit. Methods/practice: Literature review and experience using PTW curriculum in teaching HIV prevention to adolescents. Conclusions: This anticipatory guidance model includes adolescent characteristics, provider characteristics, knowledge acquisition and skills building. It provides a framework for sexual risk reduction screening and counseling with the goal of decreasing sexual risk behaviors in adolescents. Implications: Using a model of anticipatory guidance will assist primary care providers, nurses and health educators to address sexual health and risk reduction with adolescents. It may also provide a framework for parents to develop and practice risk management and avoidance skills with their teenagers.
SLEEP HYGIENE PRACTICES IN HIV+ INDIVIDUALS

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Donna Taliaferro, RN, PhD, Associate Professor
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BACKGROUND: More than 70% of HIV infected individuals suffer from sleep disturbances. These range from inability to fall asleep, waking during sleep, and not sleeping long enough to feel rested. There are many behaviors that negatively affect sleep quality and quantity, including exposure to light, caffeine consumption, and exercise. Sleep hygiene is defined as a practical approach to improving your sleep by altering your activities and environment. PURPOSE: The purpose of the study is to determine current sleep behaviors and evaluate sleep hygiene practices in HIV+ individuals who self-identify sleep disturbances. METHODS: The American Sleep Society Sleep Hygiene Tool was given during the last week of a five-week study (The Effects of Melatonin on Sleep in HIV-A Pilot Study). At that time a personal interview with each subject was conducted. A total of six subjects were interviewed to determine commonalities among sleep hygiene practices. RESULTS: Preliminary findings have indicated poor sleep hygiene practices and knowledge deficits about effective sleep interventions. Final analysis will be completed by 9/1/03. CONCLUSIONS: Clinical assessments of sleep hygiene practices should be identified during initial sleep complaints. Non-pharmacological interventions have been documented as the most appropriate first line of treatment because they are safe, inexpensive, feasible, and may be self-administered. IMPLICATIONS: Sleep promotion interventions in nursing are limited due to sparse research in the area. These effective practices may be directed by nursing as first line treatments.
A REGION WIDE PERINATAL REVIEW
PANEL - A ROAD TO DECREASING PERINATAL TRANSMISSION OF HIV DISEASE

R. Hassan Abdul-Khabeer, MHS, RN, Family Planning Council, Philadelphia, PA; S Willard, CRNP, Drexel University, Philadelphia, PA

BACKGROUND: Perinatal transmission of HIV disease still occurs in urban centers that have access to counseling, testing and treatment. Clinicians were alarmed that the rate of transmission was increasing in an environment that was resource rich. Creative measures needed to be explored to gain a full understanding of this phenomenon. In Philadelphia, PA, USA, an expert panel of clinicians, public health officials and funders was brought together to review epidemiological data and real time experiences to bring understanding to the issues.

PURPOSE: The Perinatal Review panel reviewed all of the cases of transmission that had occurred in the Philadelphia region.

CONCLUSIONS: Even in resource rich environments, counseling, testing and treatment was inconsistent. There were gaps in the knowledge of providers, program developers and funders as well as the community living with the virus about the care needs of HIV positive pregnant women.

IMPLICATIONS: The panel made recommendations to target efforts to increase HIV prevention awareness in the community of consumers as well as service providers. Efforts include educational measures directly to all providers of care to women including family planning clinics and recommendations to third party payers to incorporate HIV testing measures as part of their quality assurance programs. Improving outcomes of pregnant women with HIV - initiating an expert Perinatal review panel.

EXPERIENCES CARING FOR PERINATALLY INFECTED ADOLESCENTS USING THE COMMUNITY MEDICAL ALLIANCE NURSE PRACTITIONER MODEL

Julie Banks, RN,CS

Background: The Community Medical Alliance model, a fully capitated managed care program funded by the Division of Medical Assistance of Massachusetts Medicaid utilizes nurse practitioners (NP) as care managers. The model as been described twice at ANAC in the past. This abstract will describe the experience of caring for a small group of disenfranchised perinatally infected adolescents in a community setting. These young patients who have been infected and affected by this fatal virus without their consent or poor decision making, have never known life without HIV. These adolescents are forced to deal with their disease, growth and development and other psychosocial issues. Since the NP is involved in every aspect of care, the opportunity is there to identify issues and problems which hinder the adolescent’s transition to young adulthood and to collaborate with various providers to develop plans of care that allows these young adults to participate and make decisions. The NPs deal with their patients’ lifelong pediatric providers, the difficult issues of resistance and adherence and other obstacles to providing care related to adolescent lives. In some cases, the NP must prepare the adolescent patient, their families who have known AIDS for a lifetime and themselves for the adolescent’s death. Death in this setting is extremely difficult.

Conclusion: This small perinatally infected group of adolescents was born in the beginning stages of the epidemic. Hopefully, perinatal transmission will continue to decrease in this country as women have greater access to care and prevention.
IDENTIFYING A PROCESS TO IMPROVE PPD FOLLOW-UP

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BACKGROUND: Co-infection with Tuberculosis continues to impact clients’ morbidity and mortality. Therefore, screening for this infection is a critical means of prevention, diagnosis and treatment. Barriers to successful utilization of this screening tool include the 48-72 hour follow-up. Only about 20% of clients receiving a PPD skin test return for their follow-up skin test check. The process for following up on skin tests relies on the patient returning for a reading of their skin test. If a patient does not come in for their follow-up skin test check, there is no system in place to check up on the patient. Self-report indicates that the main reason clients do not return is that they forget. PURPOSE: To improve adherence to skin test checks to at least 60%. METHODS: At the time of PPD placement, the documentation form for the medication administration is placed in a tickler file by date. The current telephone number of the client is put on the documentation form and a unit clerk telephones the client 24 hours prior to their appointment. The patient’s skin test is read and the form is filed back in the patient’s chart. If a patient does not return in 48 hours for their reading, they are telephoned again to have them return within the 72 hour window period. CONCLUSIONS: Descriptive statistics will report the results of this 6 month pilot project. The preliminary results are positive. IMPLICATIONS: To reduce undiagnosed TB or exposed patients to a minimum level.

FACTORS ASSOCIATED WITH DEPRESSION AMONG PEOPLE WITH HIV

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University of Illinois at Chicago, Chicago, IL [1&2] & Rutgers University, Newark, NJ [3], USA

OBJECTIVE: Depression has been implicated in decreased adherence to antiretroviral therapies and increased risk behaviors. The purpose of this study was to explore factors associated with depression among people with HIV. DESIGN: Cross-sectional, descriptive. SAMPLE & SETTING: Questionnaires were distributed through HIV organizations in 8 states in 1994-95. The convenience sample included 318 adults with HIV (19% women, 22% African-American, 8% Hispanic), 54% with an AIDS diagnosis. VARIABLES: Major variables included depression [measured by the CES-Depression Scale], self-esteem [Rosenberg Self-Esteem Scale], stigma and its dimensions [HIV Stigma Scale], and social support/social conflict [Multicenter AIDS Cohort Study Social Support Scale]. METHODS: Questionnaires were distributed from more than 50 sites and could be returned anonymously. Data were analyzed primarily using descriptive quantitative statistics. FINDINGS: Using the standard CES-D cutoff of 16, 47% of participants met criteria for significant depression. Preliminary results indicate that social support is not related to the occurrence of depression. However, low levels of self esteem and high levels of stigma and social conflict are associated with higher levels of depression. Further analyses exploring differences in depression based on experiences with discrimination, gender, race, sexual orientation, and disease stage are planned. CONCLUSIONS: Preliminary findings suggest that depression is a significant problem among people with HIV. IMPLICATIONS FOR NURSING PRACTICE: Understanding the factors associated with major depression in people with HIV can improve providers’ ability to identify and counsel people with HIV who are depressed or at risk for depression.
RELIABILITY AND VALIDITY OF HIV MEDICATION HISTORY QUESTIONNAIRE

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1 VA San Diego Healthcare System, 2 San Diego State University, 3University of California, San Diego

Objective: To evaluate the psychometrics of an HIV medication history questionnaire.
Research Design: A cross-sectional survey design compared a newly developed HIV medication questionnaire to abstracted computer records of medication usage. Test-retest reliability was examined on a subset of participants one to two weeks later.
Methodology: HIV-infected outpatients were recruited by VA pharmacists to participate. Validity using kappa and weighted kappa correlation coefficients was determined by comparing patients’ self-report with “gold standard” pharmacy and medical records. A subset of participants filled out the questionnaire again two weeks later for test-retest reliability using exact McNemar test of matched-pair case control data.
Findings: The sample (N=63) consisted of HIV outpatients at a VA medical center. For validity, discrepancies between self-report and chart data revealed that 15 (28%) people reported a one drug discrepancy, 2 (3.7%) people reported two-drugs discrepancy, and 1 (0.02) for 3 drugs discrepancy. Sensitivity and specificity calculations (confidence interval of .05) indicated that sensitivity ranged from 67% to 100% and specificity ranged from 92.3% to 100%. For current regimens, kappa coefficients indicated substantial agreement (.81-1.00); for medications ever taken, there was moderate agreement (.66-1.00); for medications taken alone there was fair agreement (.21-1.00). There was greater validity for current drug regimens compared to past regimens, particularly for mono-therapy medications. There were no statistical differences on items over time, suggesting sufficient test-retest reliability. The HIV Medication History Questionnaire was found to be a practical, acceptable, moderately valid and reliable measure of patient’s self-report of their HIV medications.

TRANSITION OF THE HIV+ DIABETIC PATIENT FROM CURRENT INSULIN REGIMEN TO U-500 INSULIN

Sharon M Chanpimol BSN, ACRN; Janine Jordan, MD; Christopher James, Pharm.D; Arlene Bincsik RN, MS, CCRC, ACRN
HIV Community Program, Christiana Care Health Services, Wilmington, DE, USA

BACKGROUND: The incidence of insulin resistance with protease inhibitors can be as high as 40% and it is unclear how many patients will develop Type II diabetes (JAIDS 2002; 31:257-75). Christiana Care Health Services HIV Program in Wilmington, DE cares for over 700 HIV+ patient; 8% (58) have Type II diabetes. The diabetic requires higher insulin doses over time. These patients may experience the same challenges of HAART with increased dose requirements, potentially leading to non-adherence and poor therapeutic control. PURPOSE: To develop a process to transition identified patients from current insulin regimen to U-500 insulin. Goals: decrease number and volume of injections, optimize glycemic control, and increase ease of administration. METHOD: 1) Patients with insulin requirements greater than 100units/day, and/or requiring 4 or more injections/day were identified; 2) Switch to U-500 insulin using the formula, total current insulin dose/5, in divided doses; 3) QID blood sugar testing; 4) 2 week follow up with log; 5) HgbA1C (baseline and every three month). All patients are instructed on hypoglycemic symptoms and management, and prescribed 1/2cc diabetic syringes for better visualization. CONCLUSIONS: Currently two patients have experienced a smooth transition to U-500 insulin. Each patient now requires fewer insulin injections of less volume. Improved glycemic control has yet to be confirmed. IMPLICATIONS FOR PRACTICE: HIV+ diabetic patients with high insulin requirements can face the same challenges as they do with HAART. Diabetics on difficult HAART regimens could benefit from a simplification of their insulin regimen with U-500 insulin.
EXPERIENCE AND CHALLENGES OF THE ANAC NURSE MANAGING THE HIV+ DIABETIC PATIENT

Sharon M Chanpimol BSN, ACRN
HIV Community Program, Christiana Care Health Services, Wilmington, DE, USA

BACKGROUND: As HIV infection moves toward chronic care management, HIV+ patients frequently present with medical conditions more emergent than HIV infection. Managing hypertension, asthma and particularly diabetes is now more common. Diabetes management has changed as rapidly as HIV management. Christiana Care Health Services HIV Program in Wilmington, DE currently provides care to over 700 HIV+ patients, many of whom do not or cannot negotiate general medical care in private practice; 8% (58) of this patient population has been diagnosed with Type II diabetes. In October 2001 the program instituted an integrated medical clinic with an internist and coordinated by an ANAC nurse. PURPOSE: Share the experience and challenges of the RN’s role in coordinating and managing the HIV+ diabetic patient. METHOD: After presentation of this ANAC nurse’s experience, open discussion/sharing/problem solving to focus on the RN’s role in managing the diabetic patient within a HIV specialty program. Handouts of standards of care for diabetes will be available. CONCLUSIONS: Outcome data of the benefits of an integrated medical clinic will be published at a later date. IMPLICATIONS FOR PRACTICE: Nurses who have specialized in HIV care for the last decade are now confronted with managing chronic medical problems that may outweigh HIV infection in a many times hard to reach, challenging population. This new scenario inspires the RN to become knowledgeable of not only the details of HIV care, but appropriate diabetic care as well.

THE QUEBEC PROVINCE MENTORSHIP PROGRAMME IN HIV: A WAY TO SHARE EXPERTISE AND KNOWLEDGE BETWEEN NURSES IN HIV CARE

Jean Clermont-Drolet, R.N.
Street nurse for MIELS-Québec, Québec City
Representant of Nurses in the Quebec Province Mentorship Programme in HIV

Quebec Province is a very large territory for only 7 millions. The majority of the population is located south in the Province, especially in the Montreal area, where we found the biggest number of HIV positive persons. There, since the beginning of the epidemic, a lot of nurses have developped expertise and skills in HIV care that newcomers or nurses in distant areas have not developped. With the spread of the epidemic, there was a great need of formation, communication and support in smaller cities and distant areas.

Created in 1999, the Quebec Province Mentorship Programme in HIV (in French Programme National de Mentorat VIH-SIDA) has the goals to offer high standard activities of formations about HIV care, and to support nurses and doctors novices in HIV care by creating a contact with a mentor related to their domain of practice (research, clinical practice, toxico, mental health, palliative care, etc.). Supported by a team in Montreal University Hospital, the Programme offers formations with specialists, symposiums, conferences, documents (in French), possibility to visit the mentor at work, but especially a website (for members only) where we can see and hear online conferences from major HIV conferences in the world.
PAIN ASSESSMENT AND MANAGEMENT IN CHILDREN WITH HIV/AIDS

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Abstract: Children in pain present special challenges for the nurse/nurse practitioner. Children with HIV infection who are experiencing pain also present challenges in pain assessment and management. Challenges include difficulty in obtaining an accurate pain assessment based on developmental level and misconceptions about children and pain. Information on types of pain, pain assessment tools, reasons for pain in children with HIV infection, and pharmacological and non-pharmacological pain management will be provided.

THE ASSOCIATION BETWEEN STIGMA AND SELECTED PSYCHOSOCIAL, SELF-MANAGEMENT, AND HEALTH CARE VARIABLES AMONG ADULTS WITH HIV

Colleen DiIorio PhD RN*, Marcia McDonnell, DSN, RN-C, FNP®, Frances McCarty, MED, PhD*, Sanjay Sharma, MD+, Katherine Yeager MS RN*, Hallie Iversen, BSN, RN*, Terry Wang, MSPH*, Barbara Donahue, MA*

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Purpose: The purpose of this study was to examine the association between stigma and selected psychosocial, self-management, and health care variables. Design: Data are from the baseline assessment of a larger study designed to evaluate an intervention to foster adherence to antiretroviral medications. Sample/Time: The sample consists of 173 men and women who are HIV positive and taking antiretroviral medications. The mean age of participants is 41 years. The sample is composed of 65% men, 88% African Americans, 86% high school graduates, 82% single participants, and 50% straight or heterosexual participants. Methods/Variables: After obtaining informed consent, participants complete a baseline assessment prior to randomization. Participants are asked questions about the perception of public and personal stigma, depression, social support, quality of life, self-management of HIV, and satisfaction with health care. Findings: The results of correlation and regression analysis show that participants reporting higher levels of personal stigma report higher levels of depression, regimen specific support, and public stigma; and lower levels of social support and more negative attitudes about antiretroviral medications. Gay participants and those who describe themselves as unsure of sexual orientation are also more likely to report personal stigma. These variables together account for 43% of the variance in personal stigma. Conclusions: Feelings of personal stigma are associated with both psychosocial and health related variables. Implications for Practice: Understanding factors associated with stigma could lead to improved methods for identifying its existence and the development of preventive measures. Funding supported by: NIH/NINR NR04857
FACTORS INFLUENCING THE HIV/HEPATITIS C RISK BEHAVIORS OF INJECTION DRUG USERS IN NEW BRUNSWICK

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BACKGROUND: Syphilis and HIV are increasing amongst MSM across the country. In 2001 and 2002 Provincetown, Massachusetts, a gay tourist destination on Cape Cod, had the second highest rate of syphilis cases per year amongst MSM in the state. Resourceful measures were not in place to adequately address this growing concern. Additionally, many residents and visitors to the area are underinsured or uninsured.

PURPOSE: To improve access to care, a five-month summer pilot STD program was established through the collaborative efforts of the local community health center, local ASO and the Massachusetts DPH.

METHOD: The health center designated specific STD screening hours and documented patient demographics, care, and outcomes. The ASO organized outreach and prevention efforts. The DPH provided funding for patient visits, medications, and serology testing and tracked positive syphilis cases.

CONCLUSION: One hundred twenty-seven patients utilized services. Ninety-seven were MSM. Nine positive syphilis cases were identified, treated, and referred to DPH. Twenty-five syphilis contacts were treated. Six of the nine syphilis cases and ten of the twenty-five contacts were known HIV positive individuals. Three new HIV positive cases were identified through this process.

IMPLICATIONS: This organized and collaborative approach at a state and local level demonstrates the critical need to have systems in place to address threatening public health concerns. A state or federally funded STD clinic is crucial. The no-cost, seamless access to services may increase patient usage and contribute to syphilis elimination objectives as well as HIV prevention outreach. The program is funded for Summer 2003. Data will be available.
Posters

PROMOTING ADAPTIVE COPING BY PERSONS WITH HIV DISEASE: EVALUATION OF A PATIENT/PARTNER MODEL

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Supported by NINR grant # R01 NR04414

An experimental intervention to facilitate adaptive coping by persons with HIV/AIDS and their live-in partners was evaluated using a clinical trial design. A psychosocial educational model was implemented that incorporated both members of the dyad. Twenty three patient/partner dyads in the experimental intervention group and 26 dyads in the control intervention group completed the study. Participants included 30% women, 23% African Americans, 41% gays or lesbians, and 49% heterosexuals. The experimental intervention incorporated four two hour sessions with each dyad that focused on communication skills, assessing your stress, effective coping strategies, and building social support. The control intervention included four non-directive supportive telephone calls to the patient only. Data were collected from both individuals in the dyad in both groups at baseline, immediately following the intervention, and three months post-treatment. Measures of coping effectiveness, emotional response, social support, symptomatology, and self-perception were included. Based on patient data, controlling for the effect of partner data, and using RM ANOVA, interaction terms indicated change across time that was significantly different for the experimental and control groups, with the experimental intervention positively affecting adaptive coping immediately post-treatment and changes that were sustained for a three month period. While the sample size was small, the findings were significant and a potentially effective model of intervention is available for further study. A self guided manual, “A Healing Journey: Partners Coping with the Stress of HIV/AIDS,” was developed as a part of the experimental intervention and will be available for examination.

IMPROVING HIV CARE WITH DISEASE MANAGEMENT

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Gene Bundrock, MS, RN, CCM
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BACKGROUND: The treatment of HIV/AIDS has become very effective but at the same time it has evolved into a costly endeavor. The average cost to treat a Medicaid patient in Florida for FY 2001-2002 was $1819 per month ($2520 in metropolitan areas). Disease Management (DM) was mandated by the Florida Legislature in an attempt to improve care and curb costs associated with chronic illnesses. Positive Healthcare of Florida—a subsidiary of the AIDS Healthcare Foundation has managed the care of HIV+ Medipass patients in Florida for 3 years. PURPOSE: This poster/session illustrates the advantages obtained by patients, providers and the healthcare system when using a disease management process. METHOD: Subjective data—collected in surveys of patients and providers—examines patient knowledge levels before and after DM, patient satisfaction with DM, their provider and the entire healthcare system. We also look at changes in quality of life. Objective data measures cost savings to the healthcare system as well as quality of life as measured by inpatient stay histories. CONCLUSION: Disease Management can improve the quality of life, reduce acute care episodes and provide cost savings which allow more patients to be treated with limited funding. IMPLICATIONS: Nurses need to understand the benefits of disease management and how it can improve the quality of care and quality of life for patients infected with HIV.
Posters

IS SOCIAL SUPPORT PREDICTIVE OF ADHERENCE TO HEPATITIS C (HCV) TREATMENT IN HIV/HCV CO-INFECTED INDIVIDUALS?

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BACKGROUND: More than 300,000 people in the U.S. are currently co-infected with HIV and HCV. Co-infection is associated with increased morbidity & mortality of both illnesses, yet HCV treatment remains controversial for co-infected patients. Concerns regarding therapy for HCV include treatment-limiting side effects, cost of treatment, and high attrition rates. HCV treatment is recommended for 24-48 weeks in mono-infected patients, but at least 30% discontinue prematurely. Co-infected patients must maintain HCV treatment 48 weeks or longer. Adherence to treatment is an important correlate in success rates of HCV virologic clearance.

METHODOLOGY: Social support is a vital coping mechanism, one that is positively correlated with both physical and psychological health. Use of a tool that measures social support may be predictive of adherence to HCV treatment, which may lead to higher success rates.

FINDINGS: The Social Support Questionnaire was administered to 28 co-infected individuals at the start of their HCV therapy. Data will be analyzed 7/03 when participants are due to complete their therapy.

CLINICAL IMPLICATIONS: Optimizing HCV treatment for HIV/HCV+ individuals is critical. Social support is a variable that nurses may affect, both through their attitudes toward patients and through development of support groups or other mechanisms. Assessment of baseline social support may be an important tool for predicting adherence to HCV treatment for co-infected patients. Exploration of factors that enhance adherence to HCV regimens is critical.

THE STRUGGLE OF CLEARING - PSYCHOSOCIAL ASPECTS OF TREATING HEPATITIS C AND HIV

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Suzanne Willard, PhD, CRNP, Drexel University, Philadelphia, PA

BACKGROUND: Co-Infection with Hepatitis C and HIV poses complex issues to nurses in providing care.

PURPOSE: The purpose of this presentation is to provide nurses and advanced practice nurses with information and tools to improve their care of co-infected patients.

PRACTICE: There is a paucity of literature and information that addresses the unique relationship of psychosocial aspects of living with Hepatitis C and HIV infection. This presentation will review easy to use tools to assess routinely for depression and manage the psychosocial aspects that are common in the treatment phase of Hepatitis C.

CONCLUSIONS: Psychosocial aspects of co-infection with Hepatitis C and HIV are poorly understood. This presentation will review common symptom management and assessment tools to improve the quality of life of patients undergoing treatment for Hepatitis C and to improve nursing practice.

IMPLICATIONS: The nurse will be able to improve practice to keep patients in care and improve the quality of life of co-infected patients.
UNDERSTANDING AND REMOVING BARRIERS TO CARE IN CORRECTIONS FOR HIV+ INMATES

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Clinical Education Coordinator for Delta AETC
Primary Care Provider for HOP
Member of CDC Community and Corrections Steering Committee for Louisiana

After 5 years working in HIV in Correctional Care, joint efforts of the CDC, Delta AETC and the La. Department of Corrections and the LA. Sheriffs’ Association, a model for care and cooperation has been established for the protection of the community and the appropriate care of offenders with HIV. Through the efforts of these stakeholders, barriers to care which impact the community, families and offenders upon release have been illuminated. Collaboration in training programs, and consultation between medical and nursing staff of correctional facilities has helped to overcome many but not all of these barriers to care while in corrections and after release.

Case studies of successful and unsuccessful efforts to improve care will be presented. A few of the barriers highlighted are stigmatization, early pill calls, pharmacokinetics of pill-call and meal times, confidentiality, dementia and “refusal”, complicated regimens for co-infections, seamless re-intergration of offender into community care, working within the framework of corrections for appropriate health care models, depression and adherance.

PROVIDER PERSPECTIVES ON HIV TESTING FOR WOMEN

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OBJECTIVE: Part of a larger perinatal transmission project, this study described the HIV testing practices of women’s health providers. DESIGN: Descriptive survey.

POPULATION, SETTING, SAMPLE, YEAR OF STUDY: The population was women’s health providers in 3 public health regions in Texas. The sample of 132 physicians, 37 physician assistants, 42 nurse practitioners, and 23 midwives was primarily comprised of low volume HIV providers. Data were collected in 2002.

VARIABLES: Testing practices and barriers. METHODS: The “Perinatal Provider Survey related to HIV Transmission,” evaluated for content validity by eight clinical experts, was mailed to 2262 health care providers using stratified random sampling. FINDINGS: 28% routinely testing all women; 31% tested only high-risk women; and 15% only tested on request. Barriers to providing testing for all women and for pregnant women were similar: reimbursement, women refusing, concerns about confidentiality, competing clinical priorities, consent and counseling requirements, and language and cultural barriers. Advanced practice nurses were more likely to identify language as a barrier than physicians or PAs. Setting (rural, suburban, or urban) did not affect testing practices and barriers. CONCLUSIONS: While the responses of most providers reflected an adequate knowledge base for HIV testing and counseling, a persistent 25 to 30% identified system and professional factors inhibiting HIV care. Stigma and discrimination affected testing practices and perceived barriers. IMPLICATIONS FOR NURSING PRACTICE: Nurses can decrease barriers to HIV testing in the clinical setting by educating colleagues on testing requirements and advocating for women to be thoroughly informed about testing.
THE EFFECT OF A MULTIDISCIPLINARY EDUCATIONAL ORIENTATION PROGRAM ON VIRAL LOAD

Authors: K. Kozub, M. Valentin, N. Scangarello, M. Graham-Anderson, Acknowledgements to: Dr. S. Smith, M. Markham, O. Perez, L. Gilmore
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Background: Newark, NJ rates of HIV/AIDS continues to rise. The Peter Ho Clinic serves a poor, ethnically diverse inner city population. Problems with poverty, homelessness, substance abuse and language barriers make adherence difficult. The clinic began a 4 hour mandatory orientation program in June 2002.

Purpose: To learn whether a 4-hour mandatory orientation program has an effect on the viral load of the attendees.

Method: A retrospective chart review was done on 30 randomly selected charts. 15 charts (Group A) were from new patients in May 2002, pre-orientation, and 15 charts (Group B) were from new patients in July/August 2002, post-orientation. Viral loads at clinic entry were compared with the most recent viral load in chart. All charts had at least 2 viral loads.

Conclusions: Group A (pre-orientation) showed viral load improvement in 9 of the 15 patients (60%). Average improvement rate was 77%. Group B (post-orientation) showed viral load improvement in 12 of the 15 patients (80%). Average improvement rate was 72%.

Analysis of this data indicates that our orientation was effective with 20% more patients showing improved viral loads. However, the percent of improvement between groups was small.

Implications for Practice: Analysis of this data indicates that 20% more patients who attended the orientation showed improved viral loads. However the difference in the percent of improvement between groups was small. We believe that the orientation process had a direct effect on increasing the number of patients with improved viral loads.

CASEY HOUSE ADMISSION/DISCHARGE CRITERIA AND PROCESS: FROM RESEARCH TO REALITY.

Joan Lesmond, RN, BScN, MSN; Jane Sanders, RN; Ron Lirette, BCom; Deborah Randall-Wood, RN, ACRN
Casey House Hospice, Toronto, Ontario, Canada

BACKGROUND: In 2002, Casey House completed a Continuum of Care and a Cultural Competence research project. The Continuum of Care project examined the range of services that Casey House offered across the spectrum of our residential and community programs. The Cultural Competence project was an independent assessment of our admission process, involving community stakeholders and internal staff.

METHODS: The recommendations from the Cultural Competence project led to the formation of an interdisciplinary working group. Using the recommendations, admission and discharge criteria were developed and a documented admission process was developed and implemented for Casey House programs.

PURPOSE: These criteria have been developed in order to better serve the changing needs of our clients. The formalization of a comprehensive and transparent admissions process assists us in communicating to relevant stakeholders and enhances our accountability to the public. This results in the effective development of our collaborative response to the clients we serve.

CONCLUSION: The development of this new process has resulted in increased transparency and accountability to the community, which will ensure the delivery of quality care.

IMPLICATIONS: This revised admission and discharge process has enhanced transparency internally to Casey House and externally to our partners. This ensures the most appropriate individuals are being receiving our services.
DEAF GAY MEN MANAGING HIV/AIDS

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BACKGROUND: Approximately 2 million deaf Americans have had prelingual hearing loss, communicate with American Sign Language (ASL), and have limited skills in comprehending English. There has been no published research on the barriers deaf persons may encounter when accessing HIV prevention or clinical care services. PURPOSE: This study aims to describe the process by which deaf gay men manage their experiences with HIV/AIDS. The ‘deaf perspectives’ on health, illness, and healthcare providers are also being elicited. METHOD: Using a grounded theory approach, HIV negative and HIV positive deaf gay men are being interviewed—using professional sign language interpreters—about their HIV-related knowledge, beliefs, and coping strategies. CONCLUSIONS: Deaf gay men acknowledge their risks of acquiring, or living with, HIV, but feel resigned to the lack of culturally appropriate prevention or clinical care services. Ongoing data analysis reveals that deaf gay men perceive multiple barriers to accessing health services, in general, and HIV services, in particular. Clinical visits with nurses and physicians are often ineffective and distressing; misunderstandings often result when health providers depend upon written communication, rather than sign language interpreters. Providers are perceived as culturally insensitive and unaware of the unique needs of deaf clients. The study is also uncovering unique methodological and logistical issues related to research with deaf persons. IMPLICATIONS: Nurses can apply strategies to improve communication and meet the unique needs of deaf persons so that HIV prevention and clinical care services can be effectively delivered in a culturally acceptable manner.

RELATIONSHIP BETWEEN LIPODYSTROPHY ASSOCIATED MORPHOLOGIC AND METABOLIC CHANGES AND HEALTH-RELATED QUALITY OF LIFE IN PERSONS WITH HIV/AIDS

Patrice Kenneally Nicholas, RN, DNSc - MGH Institute of Health Professions; Kenn M. Kirksey, RN, PhD - California State University, Fresno; Jeanne K. Kemppainen, RN, PhD - University of North Carolina at Wilmington; Inge B. Corless, RN, PhD, FAAN - MGH Institute of Health Professions, Boston

BACKGROUND: While the primary goal of HIV care is to delay disease progression through the use of antiretroviral therapies, healthcare providers are challenged to assist HIV-infected persons in identifying strategies to improve health status, suppress disease and treatment-related symptomatology, and enhance health-related quality of life. PURPOSE: The purpose of this research was to identify the incidence and prevalence of body fat changes associated with HIV, and their correlation with health-related quality of life. METHOD: Using a cross-sectional, correlational, descriptive design, 165 HIV-infected persons in California, Massachusetts, and Texas were surveyed to identify the relationships between health-related quality of life and lipodystrophic symptomatology in persons living with HIV/AIDS. Health-related quality of life was measured using the Medical Outcomes Study Short Form-36 and the Living with HIV Scale. Symptoms were assessed using investigator-initiated open-ended questions. RESULTS: The mean age of the sample was 42.12 (SD + 8.29) and the mean number of years of formal education was 12.20 (SD + 2.45) years. Eighty percent (n=132) of the participants reported income as “barely enough” or “totally inadequate.” Approximately seventy-five percent (n=123) of the sample did not work for pay. On a scale of 0-100, the average score on quality of life variables was moderate to low, especially physical functioning, social functioning, and mental health. The mean score on the Living with HIV quality of life domains was moderate. CONCLUSIONS: There is a clear correlation between lipodystrophy symptom experiences and health-related quality of life in community-based samples of HIV-infected persons. It is reasonable to assume that work status/income may play an important role in illness representation and health outcomes appraisal. IMPLICATIONS: Further study is needed to define strategies that may be used by clients and their healthcare providers in order to diminish or eliminate HIV disease- and treatment-associated symptoms, and to enhance quality of life.
Posters

IS RANDOMIZATION REALISTIC IN INTERVENTION STUDIES TARGETING MARGINALIZED POPULATIONS?

Kathleen M. Nokes, PhD, RN & Peter Nwakeze, PhD. Hunter College, CUNY, Schools of the Health Professions, New York, NY.

BACKGROUND. Randomization involves placing subjects into groups on a random basis that avoids systematic bias and remains the most trustworthy and acceptable method of equalizing groups. In contrast, convenience sampling entails the use of the most conveniently available people to include in the research. The gold standard for intervention research is randomized clinical trials. PURPOSE. To explore if the standard is realistic when the study question involves marginalized, unstably housed populations such as community-living persons aged 50 and older living with HIV/AIDS served by a food program in New York City. METHOD. Beginning in 2001, a list of all clients aged 50 or older (N=595) was generated by the food program. Over a 24 month period, a variety of attempts were used to contact those clients including: repeated phone calls, personal letters, and meetings at an agency-sponsored program. When the client was located, the research assistant would ask about participation in the study. RESULTS. Forty-two clients completed baseline data collection (7 percent) and were randomly assigned to either experimental or control group. In contrast, over a 4-week period during March 2003, data were collected from 23 subjects using convenience sampling. CONCLUSION. Would a better strategy have been to identify potential study subjects using convenience sampling and then randomly assign them to either the experimental or control group? IMPLICATIONS. This presentation will discuss recruitment and retention strategies to locate and enroll an unstably housed population and explore whether the gold standard for intervention studies needs to be modified for this population. Funded, in part, by NINR, grant number 1 R15 NR05105-01A1.

CLARIFYING NURSING’S CONTRIBUTION TO PROMOTING THE HEALTH OF COMMUNITY LIVING PERSONS WITH HIV/AIDS.

Kathleen M. Nokes, PhD, RN, FAAN Hunter College, CUNY Hunter-Bellevue School of Nursing

Background: The Institute of Medicine Committee on Using Performance Monitoring to Improve Community Health developed the Community Health Improvement process. Purpose: To apply the six steps of the analysis and implementation cycle to explore the type of community health nurse delivered services for HIV+ clients of a AIDS food program located in New York City. Method/Practice: Nurse-sensitive client outcome indicators were developed. Conclusion: The table describes the indicators and the frequency of their use over a one year period. Implications for practice: By clearly articulating the unique contributions of nursing in a CBO, the overall health of HIV+ clients will be maintained and/or improved. Nursing/Health Education Performance Indicator Total (%)

- Takes secondary prevention steps at onset of symptoms/SE 714 (28%)
- Understands how to manage health-related aspects of care 707 (28%)
- Improved medication adherence: 281 (11%)
- Hospital admissions are decreased and/or stays shortened 210 (08%)
- Consistently used primary health care 193 (08%)
- Self-advocates more effectively with provider 121 (05%)
- Increased requests for and use of condoms 104 (04%)
- Obtains primary health care provider 92 (04%)
- Obtains dental services 41 (02%)
- Copes more effectively with losses related to independence/function 32 (01%)
- Considered participation in clinical trial or is participant 28 (01%)
- Completed advance directive: 4 (0.1%)
RAPID HIV TESTING: AN OVERVIEW

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BACKGROUND: About 2.1 million HIV tests are conducted each year as part of publicly-funded counseling, testing and referral programs (CTR). According to 2000 CDC data, 30% of people who tested HIV positive and 39% of persons who tested HIV negative did not return for their test results. PURPOSE: The purpose of this presentation is to provide an overview of the many issues for consideration prior to the integration of rapid testing methodologies in HIV prevention, education, counseling, testing and clinical care programs. PRACTICE: Rapid testing applications include providing definitive test results in a clinically relevant time frame occurring in settings such as occupational exposure, emergency rooms, labor and delivery, and in the developing world where resources are suboptimal. Rapid testing can be effectively used in settings where return rates for HIV test results fall below acceptable thresholds and where clients are at increased risk for HIV and/or have high seroprevalence. CONCLUSIONS: Facilitation of an increased number of individuals learning their HIV status at an earlier stage in the spectrum of infection will allow more expedient entry into care and treatment services and impact the cost of clinical care. Broader access to HIV diagnostic testing will allow those who are uninfected but at risk to avoid infection through prevention services. IMPLICATIONS: To ensure that CTR services are cost effective, they must be highly targeted and accessible to those individuals at greatest risk and in greatest need. Rapid HIV tests can facilitate the provision of cost effective and targeted HIV CTR services.

HEALTH CARE ACCESS AMONG INDIGENT HIV+ PATIENTS PARTICIPATING IN RESEARCH

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Background: Miami-Dade County has the highest incidence of new HIV cases in America. Many are poor and homeless, use illegal drugs, and have inadequate health care access. As part of a longitudinal study, we developed a health care network for this cohort whose mean age is 40.4±7.7 years, mostly male (76%) and mostly African American (81%). Mean income was $2542±492/mo., well below poverty level. Participants’ urine-toxicology showed cocaine (92%), marijuana (31%), and heroin (16%) use.

Methods: With informed consent, participants are screened and those eligible, randomized. Participants without a primary health care provider (PCP) are referred for medical care. Adherence and flow of information to enhance care are monitored, while maintaining confidentiality between participants, PCPs, and the research team. Critical laboratory indicators were developed.

Results: A nurse practitioner, recruiter, and case-manager collaborate on protocols to establish a medical referral network. The case manager determines resources available and refers to a PCP. PCPs are notified of study participation and releases of records are completed to maintain communication with the PCP. All laboratory results are communicated to the PCP, and records are requested annually, or when there is a medical adverse event. Critical laboratory results are called to the PCP when received and the participant is referred.

Conclusion: Procedures were developed to enhance medical compliance, and facilitate communication between researchers and medical practitioners. Efficacy in increasing health care access will be measured. In indigent HIV+ patients, research may serve as a vital link in the health care chain.
LESSONS LEARNED: HIV/AIDS - A MENTAL HEALTH PERSPECTIVE

Deborah Randall-Wood, RN, ACRN; Jane Sanders, RN; Joan Lesmond, RN, BScN, MSN; Ron Lirette, BCom.
Casey House Hospice, Toronto, Ontario, Canada

BACKGROUND: As Casey House enters its 15th year of service to the HIV community, the clients we care for increasingly presenting HIV and mental health co-morbidity. PURPOSE: In order to continue to honour our holistic approach to exceptional palliative care, it was apparent we build mental health skills capacity in our staff. METHOD: Casey House care teams partnered with St. Michael’s Hospital HIV psychiatrists and engaged in a reflective learning and development process through case study review. CONCLUSIONS: To demonstrate the effectiveness of this process, we will share the story of a Casey House client who has accessed both our residential and community program services in order to assist him in navigating the tapestry that is our health care system. IMPLICATIONS: Bob, a substance user with a 15-year history of personality disorder, presented challenges to his care teams in both programs. His story will illustrate how changes in our care delivery optimized the therapeutic relationship and improved our ability to support him in his care decisions.

NOW THE BUS STOPS HERE!

Lisa Shishis, RN; Karina Wulf, RN, ACRN; Deborah Randall-Wood, RN, ACRN; Joan Lesmond, RN, BScN, MSN; Ron Lirette, BCom
Casey House Hospice, Toronto, Ontario, Canada

BACKGROUND: Casey House conducted a community-based research project between the years 2000-2001, to identify barriers to accessing HIV/AIDS services for underserved populations in Toronto, Canada. PURPOSE: To create a project in partnership with other organizations in order to decrease barriers to accessing HIV/AIDS services. METHOD: Based on the recommendations of the research project, Casey House in partnership with Toronto People With AIDS Foundation (TPWA) and the Sherbourne Health Centre Health Bus established a weekly stop of the Health Bus in front of the TPWA staffed by nurses with HIV/AIDS expertise. Services are delivered following the principles of harm reduction and cultural competence. The timing of the stop coincides with food bank services provided by the TPWA to ensure optimal impact. During this oral presentation, statistical information on Health Bus services, along with case histories, will exemplify and highlight the needs of the target population as well as the services currently provided through the Bus. RESULTS: This stop started in July of 2002 and is utilized consistently with an average of 21 visits per stop. CONCLUSION: Effective partnerships among a variety of service providers can successfully bridge identified barriers and thus enhance access and quality of care to underserved populations. IMPLICATION: Innovative partnerships are needed to enhance services to underserved populations.
**Posters**

**KEEPING ON GOING: LIVING WITH HIV-RELATED FATIGUE**

Mark David Soucy, PhD, APRN, BC & Christopher Lee Navarrette, BSN, RN
The University of Texas Health Science Center at San Antonio School of Nursing

BACKGROUND: HIV-related fatigue is one of the most prevalent and debilitating symptoms people with HIV disease experience. Efforts at developing a theoretical model based on biomarkers of HIV-related fatigue, mood related contributing factors and other predictive factors have failed to yield a model that is of use to nurses in practice and research. PURPOSE: The purpose of this qualitative study was to develop a theoretical model of the process of living with HIV-related fatigue that would inform practice, research & education. METHOD: Grounded theory was used to discover the process by which people with HIV-related fatigue lived their lives. A purposeful sample of 13 primarily Hispanic persons with HIV-related fatigue yielded rich data from which a substantive model emerged. RESULTS: Keeping on Going, a five stage process of living with HIV-related fatigue, emerged. The process included starting the cycle, managing fatigue, connecting with others, simplifying, and going on. CONCLUSIONS: Participants entered the process as they become aware of different aspects of fatigue, they did so for others, needed to get things done. Management strategies led to connecting with others, & simplifying. These efforts allowed persons with HIV-related fatigue to go on. Going on meant moving on, starting over, or giving up. IMPLICATIONATIONS: The process of keeping on going points out expanded assessment and intervention strategies for practice and provides new evidence for further research in developing evidence-based practice models. Essential educational needs include more attention to fatigue, it’s implications, and effective clinical approaches.

**POST TRAUMATIC STRESS DISORDER: A SKILL-BUILDING TRAINING FOR NURSES AND OTHER HEALTH PROFESSIONALS IN THE FIELD OF SUBSTANCE USE.**

Luis R. Torres, M.A.
Melanie Steilen, RN, BSN, ACRN
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BACKGROUND: New York City and its surrounding area were greatly impacted by the events of September 11, 2001. In response to this traumatic event, staff and clients are still experiencing mild to severe reactions. This event provided a “wake up” call regarding the need to be prepared for the impact of trauma on clients. Clients living with HIV and challenged with substance abuse were in danger of relapsing, or using other non-productive coping techniques to cope with their feelings. PURPOSE: The development of this training series was to address the lack of skills many nurses in substance abuse have regarding PTSD and it’s effects on their clients. METHOD: By utilizing a full day training with emphasis on adult learning techniques, we designed a program covering all elements of PTSD, including but not limited to; diagnostic criteria (DSM IV), levels of traumatic reactions, weapons of mass destruction and the psychological reactions of both clients and responders, interventions, strategies and case scenarios. CONCLUSIONS: This program has received consistently excellent evaluations from the nurses who have attended. Most noted on the evaluations was their interest in longer and additional trainings on this topic, since most of them never received training on this subject. IMPLICATIONATIONS: Clients face many traumatic events, some past, some current and more in the future. This training is not designed specifically to deal with the events of September 11th, but to provide nurses and other staff with the ability to recognize the impact of trauma on their clients and help them deal with these situations and reactions without sabotaging their recovery.
HIV PRIMARY CARE IN MINNESOTA
Judith L. Valerius, RNC, ACRN
Rural AIDS Action Network, Minneapolis, Minnesota, USA

BACKGROUND: One-fourth of Minnesota’s HIV/AIDS population lives outside the Minneapolis-St. Paul metropolitan area. Before this program began, PLWH/As had no alternative but to travel to the metro center. For many, this involved up to a 250 mile drive one-way and an overnight stay. The Rural AIDS Action Network (RAAN) sought and received a Ryan White CARE Act Title III grant to provide primary care, case management, and counseling, testing and referral in rural sites in outstate Minnesota. RAAN has established 3 Rural Centers for Health Care (RCHC) and will expand into three additional regions of the state in 2003. PURPOSE: The purpose of this presentation is to give a brief history of HIV/AIDS care in Minnesota, report the epidemiologic data that supports the need for rural primary care, describe the barriers and stigma encountered, and to explain the development and implementation of this new and innovative model for rural primary care. The presentation will also describe the methods of training for new providers. METHODS: The poster will utilize maps, diagrams, and narrative to show how the new rural centers for HIV care came to be and how they function. CONCLUSIONS: RAAN has met its client enrollment and training goals for its first year of funding.
Posters

RELIGIOUS COPING IN ADULTS WITH HIV

Katherine Yeager, MS, RN, Colleen DiIorio PhD RN, Marcia McDonnell, DSN, RN-C, FNP, Frances McCarty, MEd, PhD, Sanjay Sharma, MD, Hallie Iversen, BSN, RN, Terry Wang, MSPH, Barbara Donahue, MA

Purpose: The purpose of the present study is to examine the relationship between religious coping and psychosocial variables among adults with HIV. Design: Data for this study are taken from the final follow-up assessment of a larger study evaluating an intervention to foster adherence to antiretroviral medications. Data have been collected from 45 men and women and responses from approximately 50 additional participants will be included in the analysis for the presentation. After obtaining informed consent, participants complete a baseline assessment prior to randomization and 3 follow-up assessments after the intervention. The third follow-up assessment includes questions about religious coping, spirituality, depression, self-efficacy, outcome expectancy, desire for control, regimen specific, and personal resources. Results: Participants range in age from 29 to 62 (mean = 44 years). The sample is 57% male and 83% African American. Preliminary analysis suggests that several aspects of religious coping are related to psychosocial variables relevant to individuals with HIV. Of the 17 RCOPE subscales, the subscales measuring benevolent religious reappraisal, collaborative religious coping, spiritual connection, spiritual discontent (negative), seeking support from clergy and members, religious helping, and interpersonal religious discontent (negative) demonstrate consistent moderate relationships in the expected directions with spiritual well-being, depression, outcome expectancy, self-efficacy, personal resources and regimen specific support. Conclusions: Results suggest that certain aspects of religious coping may be related to important psychosocial variables for individuals with HIV. Understanding more about these relationships could lead to the development of supportive measures for individuals who are HIV+. Funding supported by: NIH/NINR NR04857

LAST ACTS: PRECEPTS OF PALLIATIVE CARE

Kathy Foley, MS, RN, ACRN; R. Kevin Mallinson, PhD, RN, ACRN

(Also being presented as a Roundtable on Sunday, November 23 from 10:45 to 12:00 noon)
BACKGROUND: It is essential for nurses involved in specialty care to validate their competencies through certification. This hospital system requires that nurse managers be certified in order to maintain their level within the Organization. Certification is also an opportunity for bonus pay and professional recognition. Although there has been a Core Curriculum available through ANAC, the edition is outdated and the current one has been unavailable. The certification exam assumes that the nurse has a broad working knowledge of all aspects of HIV/AIDS care and this may not be the experience of the individual nurse who may have expertise in one area of care. PURPOSE: The purpose of this project is to provide a preparatory course for nurses in an effort to improve the nurses’ confidence and performance. METHODS: A daylong workshop was held incorporating the major components of the exam content outline. Three additional 2-hour programs are planned prior to the date of the exam. The presenters are ACRN certified nurses or HIV experts. A pre and post-test is provided for all programs. Participants will be contacted following the 2003 fall exam for outcomes. CONCLUSIONS: Based on the preliminary pre/post test results, knowledge was improved following the daylong workshop. Additional information will be available regarding subsequent workshops by the Fall National Conference. IMPlications for Practice: Improvement in the confidence level of nurses taking the exam; An alternative method of preparation for adult learners.

BACKGROUND: Lipodystrophy-associated manifestations such as body fat changes, and increases in glucose and lipid levels remain a challenge for HIV-infected persons and their providers. Given that side effects of medications, as well as symptomatic HIV disease have been implicated in non-adherence, the implications of lipodystrophy for adherence are a concern. PURPOSE: This study was designed to determine the relationship between time of initial diagnosis, presence of lipodystrophic symptomatology, and adherence to antiretroviral medications in persons with HIV/AIDS. METHOD: Using a cross-sectional, descriptive design, this paper examined the relationship between lipodystrophic symptoms seen in HIV/AIDS and adherence to antiretroviral medications in 165 persons from three outpatient HIV clinics in Boston MA, Fresno CA, and Victoria TX. Methods: Participants were asked to complete open-ended questions regarding presence and types of lipodystrophy-associated symptoms, self-reported management of body fat alterations, and how these physical changes made them feel. Adherence was measured using the Morisky Medication Adherence Scale (MMAS). RESULTS: On a Likert-type scale ranging from 0-4, with “0” indicating “very adherent” and “4” indicating “non-adherent,” the mean score on the MMAS was 1.44 (SD + 1.34). This finding demonstrated that the participants consistently took their medications despite self-reports of significant numbers of HIV disease and treatment-related body fat changes. However, there was a negative correlation between medication adherence and years of HIV positive status. CONCLUSIONS: These findings are somewhat in contrast to what is widely reported in the scientific literature. Subjects in this study did report a high level of adherence to medication regimens despite the purported association with lipodystrophy. Length of time since initial diagnosis with HIV, however, had a negative impact on medication adherence. IMPLICATIONS: Further research is required to examine adherence over time. Prospective studies that evaluate symptoms and adherence issues in HIV-infected persons are also warranted.
Roundtables

DRUG INTERACTIONS WITH ANTIRETROVIRAL AGENTS
Kathleen Frezza, Pharm.D.
HUG-Me Program, A Division of the Howard Phillips Center for Children and Families, affiliated with the Arnold Palmer Hospital for Children and Women

Drug interactions among antiretroviral agents used for the treatment of patients with human immunodeficiency virus (HIV) infection are numerous and often severe in their effects. Highly active antiretroviral treatment (HAART) regimens often consist of three or more drugs that can potentially interact. Other drugs for opportunistic infections, drugs for a variety of medical illnesses, herbal preparations, and recreational drugs may also have significant drug interactions with the antiretroviral therapeutic agents. Knowledge of these clinically relevant drug interactions is an important aspect to providing safe and effective drug regimens for the HIV infected patient.

SPOTLIGHT ON METABOLIC AND CARDIOVASCULAR COMPLICATIONS OF HIV DISEASE AND ANTIRETROVIRAL THERAPY
Julie Gumowski, RN, BSN and Peter Sklar, MD, MPH
National Institutes of Health
Bethesda, Maryland, United States of America

BACKGROUND: With the use of highly active antiretroviral therapy (HAART), some HIV patients have presented with metabolic complications. A growing body of data, from retrospective and now prospective studies, suggest that there might be an increased incidence of cardiovascular disease. Is there a correlation between the two? PURPOSE: The purpose of this review is to educate HIV nurses on cardiovascular risk factors associated with HIV infection and HAART. METHODS/PRACTICE: A review of pathophysiology, metabolic abnormalities, and possible treatments will be discussed. An update of the published studies reviewing cardiovascular risks with HAART, as well as recent data including cardiac outcomes, will be shown. CONCLUSIONS: HIV nurses need to be aware of intertwined endocrine and cardiovascular factors when assessing and managing metabolic abnormalities. The chronicity of HIV disease combined with the risks of cardiovascular disease has an impact on HIV nursing. IMPLICATIONS FOR PRACTICE: Cardiovascular disease may be a long term manifestation in some HIV patients. There needs to be a balance between the risk of cardiovascular disease and management of HIV disease. HIV nurses should be aware of the International AIDS Society USA Guidelines for management of metabolic complications and to incorporate them into their nursing practice.
MEASURING THE KNOWLEDGE, PERCEPTION OF SERIOUSNESS AND SUSCEPTIBILITY AND RISKY BEHAVIOR OF OLDER AFRICAN AMERICANS TOWARDS HIV/AIDS.

Frances Jackson, Ph.D., RN.
Oakland University School of Nursing

This study was conducted in 2 phases. Phase one was a mailed survey using the HIV Questionnaire (Rose, 1995), which is based on the Health Belief Model. In phase 2, 9 focus groups were conducted to further expand survey results.

In phase 1, 500 African Americans (AA) were randomly selected from a local HMO to receive the HIV Questionnaire. Of 500 questionnaires mailed, 155 (31%) usable questionnaires were returned. Respondents had a mean knowledge score of 7.78/10. However, 30% believed one could get HIV from kissing someone or from giving blood for others to use. Fifty-four percent responded that the cause of AIDS is unknown. Participants perceived that AIDS is a serious disease, but don’t feel susceptible to acquiring HIV. Significant results were found in reports of risky behavior. Older AA men reported sexual encounters (p=0.002), multiple sexual partners (p=0.007), less condom use (p=0.052) and more frequent AIDS testing (p=0.001) than older AA women.

In phase 2, 9 focus groups were held, six from the general population, two composed of older injection drug users, and one group of older AA, HIV infected men who have sex with men (MSM). Focus groups participants revealed that substantial beliefs that HIV was created as a form of Black genocide, that pension day sex with sex workers is common among older AA men, and that viagra has had wide spread influence on the sexual behavior of older AA men. All groups expressed great concern for young adults, and considerable resistance to condom use.

DEPRESSION

Jeanne K. Kemppainen, RN, PhD - University of North Carolina at Wilmington; Kenn M. Kirksey, RN, PhD - California State University, Fresno; Patrice Kenneally Nicholas, RN, DNPc - MGH Institute of Health Professions; Inge B. Corless, RN, PhD, FAAN - MGH Institute of Health Professions, Boston

BACKGROUND: Symptoms serve as intervention foci for individuals and healthcare providers. Previous research demonstrates that there is an association between the symptom experience and depression in persons with HIV/AIDS.

PURPOSE: This paper reports on the relationship between lipodystrophy-related symptom experiences and depression in persons with HIV disease. METHOD: A cross-sectional, descriptive design was used. Data were obtained from outpatients in three HIV/AIDS clinics in California, Massachusetts, and Texas. The sample was comprised of 64 Caucasians, 51 African-Americans, 44 Hispanics, and 6 others, ranging in age from 21-62 years with a mean age of 42.12 (SD = 8.29).

The variables for this study included depression, body fat and metabolic changes associated with self-reported, HIV-related lipodystrophy symptoms. The Centers for Epidemiological Studies Depression Scale (CES-D) was used to measure depression and four researcher-generated open-ended questions were utilized to obtain data on presence and frequencies of symptoms, management strategies and client ‘feelings’ related to the physical changes. RESULTS: The mean CES-D (depression) score was 28.96 (SD = 11.62). Scores > 16 on this Likert-type scale are diagnostic for clinical depression. In contrast, the mean score on a single item on the sociodemographic data sheet that asked participants to rank their psychological support on a scale of 1-10 with “1” being “very poor” and “10” being “excellent,” was 6.96 (SD = 2.60). The majority of the sample reported having a number of lipodystrophy-associated symptoms. Approximately 67% of the sample also indicated having one or more comorbidities. CONCLUSIONS: Subjects’ responses indicated clinical depression, possibly associated with significant numbers of HIV-associated lipodystrophy symptoms, but they reported moderately high levels of psychological support from significant others.

IMPLICATIONS: Randomized clinical trials are indicated to explore better ways of intervening in persons with depression and the presence or absence of other comorbidities (e.g., lipodystrophy, depression).
IDENTIFICATION OF BARRIERS TO ACCESSING HIV/AIDS SERVICES FOR UNDERSERVED POPULATIONS: A COMMUNITY-BASED RESEARCH PROJECT (THE ACCESS PROJECT)

Joan Lesmond, RN, BScN, MSN; Ron Lirette, BCom; Jane Sanders, RN; Deborah Randall-Wood, RN, ACRN
Casey House Hospice, Toronto, Ontario, Canada

BACKGROUND: In 2001 Casey House conducted a community-based action research project known as the Access Project. The Project sought to identify barriers that women, persons from HIV endemic countries (e.g. Caribbean and Sub-Saharan Africa), street-involved and homeless people experience when accessing HIV/AIDS services. An advisory committee comprised of key community stakeholders directed the Project. PURPOSE: The project assessed service gaps and served as a catalyst to effect change within Casey House: organizational, programmatic and informational. METHODS: In the initial phase of the Project, a qualitative approach to understanding barriers was adopted. Barriers were identified through in-depth interviews with twenty-two (22) service providers representing fourteen (14) different organizations and twenty-seven (27) people living with HIV/AIDS (PHAs). Both service providers and PHAs selected were representative of emerging HIV-infected populations. RESULTS: A range of barriers, including systemic barriers through to programmatic and organizational barriers were identified. Barriers were relevant across populations yet some were particularly unique to some communities. Collaborating with relevant community-based organizations to access underserved PHAs was critical to the success of this project. The need for accountability, in terms of both process and outcomes, to the community being investigated, was particularly relevant amongst over-researched service providers and PHAs. CONCLUSION: Based on identified barriers, the Project developed short and long term recommendations for increasing access to Casey House services, programs and treatment. The information collected and the recommendations adopted by Casey House all point to further areas for improvements in program, service and treatment delivery.

NURSE COORDINATED MULTIDISCIPLINARY APPROACH TO HEPATITIS C TREATMENT IN AN URBAN HIV CLINIC

Mary C. Matsumoto, RN, ACRN, CCRC, Susan Szabo, MD, Kelly McNelis, BS, PharmD, Arlene Bincsik, RN, MS, CCRC, ACRN

BACKGROUND: Christiana Care HIV Community Program is a multi-site; multidisciplinary clinic system providing care to 65% of the HIV infected patient population in Delaware. The Wilmington Hospital Annex is the largest site within this system, providing care to approximately 700 patients. 50% of the patients are co-infected with Hepatitis C (HCV). Treatment visits for HCV can be combined with HIV care visits. PURPOSE: To demonstrate the efficacy of a nurse coordinated nested HCV treatment program within an urban HIV clinic. METHODS: Patients are screened for Hepatitis C and educated about prognosis, disease progression, transmission and treatment. Patients who desire treatment and are deemed medically appropriate are enrolled in the treatment protocol. A standard clinic based protocol includes screening for depression, alcohol use and outlines necessary laboratory and diagnostic studies to be done at pre-scheduled visits. Administration of medication and management of side effects are individualized. RESULTS: Since this program began in November 2001, 15 patients have received treatment. There have been no missed visits and no one has stopped treatment due to subjective symptoms. CONCLUSIONS: A nurse coordinated HCV program provides significant impact on co-infected patients’ adherence with treatment. IMPLICATIONS: Nurses with knowledge of HIV also need to have knowledge of Hepatitis C to successfully coordinate the treatment of co-infected patients.
BIOPSYCHOSOCIAL PREDICTORS OF HIV SYMPTOMS

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Veterans Affairs Medical Center, Gainesville, Florida, USA
Patrick Bradshaw, MS
Health Policy & Epidemiology, University of Texas Health Science Center San Antonio, San Antonio, Texas
Bradley S. Bender, MD
Veterans Affairs Medical Center, Gainesville, Florida, USA

BACKGROUND: Symptom management is a critical component of HIV healthcare. Symptoms are the primary reason patients seek care and are crucial determinants of patients’ health-related quality of life. OBJECTIVE: The objective was to determine biopsychosocial predictors (race/ethnicity, income, duration of HIV, depression, stress, social support, comorbidity, CD4+ T-cell count, viral load, testosterone, and body cell mass) of HIV symptoms. DESIGN: The design was a descriptive, cross-sectional survey using baseline data from a prospective cohort study. SAMPLE: The sample consisted of 226 HIV-infected men attending three HIV clinics during 2001-2002. METHOD: Interviews, bioimpedance analysis measurements, and blood specimen analyses were completed. Subjects answered the following questionnaires: Symptom Frequency Scale, PERI Stress Interview, CES-Depression Scale, Social Support Appraisal, Charlson Comorbidity Questionnaire. FINDINGS: The mean of the Symptom Frequency Scale was 12.7 with a range of 0-53. Fatigue and difficulty falling asleep were the most frequently experienced symptoms. Nonwhite subjects reported lower frequency of symptoms than white subjects (p=.036). Depression, stress, and comorbidity was positively associated with symptom frequency (p<.001, p<.001, p=.002). Men with higher incomes reported lower frequency of symptoms (p=.003). IMPLICATIONS: Surprisingly, physiological variables (CD4+ T-cells, viral loads, testosterone, body cell mass) were unrelated to symptoms whereas demographic (race, income), comorbidity, and psychosocial factors were significant predictors. In the era of HAART, symptom management is an important nursing role. These findings highlight the profile of patients most likely to experience high frequency of symptoms. Strategies to reduce depression and stress hold promise for improving symptom management.

MOTIVATION AND MAINTENANCE: CHALLENGES IN RECRUITMENT AND RETENTION

Katherine Yeager MS RN*, Hallie Iversen, BSN, RN*, Colleen DiLorio PhD, RN*, Marcia McDonnell, DSN, RN-C, FNP*, Frances McCarty, PhD*, Terry Wang MSPH*, Sanjay Sharma, MD+, Barbara Donahue, MA*

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BACKGROUND: Recruitment and retention are essential to a research study’s success. Potential participants in a public funded HIV clinic present common barriers. PURPOSE: Described are methods for recruitment in a behavioral research project, and strategies to enhance recruitment and ongoing participation. METHOD: Findings from a pilot study and focus groups with patients and providers developed recruitment methods and retention strategies, which with eligibility requirements, were applied toward an antiretroviral medication adherence project in a public, outpatient HIV clinic. RESULTS: Participants have between 5-10 scheduled appointments plus monthly visits to check their Medication Event Monitoring (MEM) cap (records date/time medication bottle is opened). Common recruitment/retention barriers for behavioral research and those unique to this population will be described as will incentives developed and modified based on the needs of the participants. 295 patients were referred, 215 screened, and 177 returned for their baseline assessment. Final numbers of participants completing all assessments will be presented. Ways “hard to contact” participants were tracked, success in their retention, and reasons for missed visits/withdrawal from study will be presented. CONCLUSION: Successful recruitment and retention is possible with flexibility and resourcefulness. IMPLICATIONS: Described are recruitment/retention strategies effective in disadvantaged populations, which may be useful for others conducting research in a similar setting. Funding supported by: NIH/NINR NR04857
THE LESBIAN PARADOX IN HIV RISK

Carol A. Patsdaughter, PhD, RN, ACRN, Barry University, Miami Shores, Florida, USA; Catherine A. O’Connor, MSN, RN, ACRN, HIV Innovations, Boston, Massachusetts, USA; Cecelia Gatson Grindel, PhD, RN, Georgia State University, Atlanta, Georgia, USA; Susan Jo Roberts, DNSc, RN, ANP, Northeastern University, Boston, Massachusetts, USA; M. Suzanne Tarmina, PhD, RN, FNP, Northeastern University, Boston, Massachusetts, USA

OBJECTIVE: The purpose of this presentation is to add to the limited available information regarding HIV risks of lesbians. DESIGN: The Boston Lesbian Health Project (BLHP) II replicated the BLHP I, a national survey conducted through the Fenway Community Health Center a decade earlier. POPULATION: The target population consisted of self-identified lesbians. SETTING: Data were collected from both urban and rural areas. SAMPLE: The sample consisted of 1,139 lesbians from 44 states. YEARS STUDY CONDUCTED: Six thousand questionnaires were distributed in 1997 and returned through 2000. CONCEPTS OR VARIABLES STUDIED: In addition to items on physical and mental health, health habits, and sexual practices included in the BLHP I survey, items on HIV risk were added to the BLHP II questionnaire. METHODS: Questionnaires were distributed through lesbian and gay organizations, health centers, establishments, and events. Respondents returned questionnaires via mail. FINDINGS: Although 83.5% of the sample believed that women who have sex with women (WSW) are at risk for HIV/AIDS, only 15.5% believed that they were personally at risk. However, 64.3% of the sample have tested for HIV, 11.8% within the past year with a seroprevalence rate of .6%. HIV risks included history of sex with men (74.6%), body piercing (64.7%)/tattooing (24.3%), history of sexual abuse (50.7%)/rape (27.3%), sex under the influence of drugs or alcohol (36%), contact with menstrual blood during sex (33.3%), and multiple sexual partners during past six months (11.3%). CONCLUSIONS: Discrepancies exist between lesbians’ perceived personal HIV risk and their perceptions of risk for WSW in general, testing history, and risk factors/behaviors. IMPLICATIONS FOR NURSING PRACTICE: Tailored HIV education and risk reduction strategies are warranted for lesbian women.

THE CURRENT SEXUAL BEHAVIORS OF HIV-POSITIVE WOMEN

Nina K. Sublette, ACRN, MSN, MEd, FNP
The University of Tennessee, The Regional Medical Center at Memphis, St. Jude Children’s Research Hospital

Study Questions: Two questions guided this pilot study: (1) What are the current sexual behaviors of HIV+ women and (2) Have these behaviors changed since their HIV diagnosis?
Design/Sample/Year(s) Conducted: Descriptive design using a convenience sample of women who attended a weekly support group for HIV+ women in a mid-south metropolitan area in 1999.
Methods: Self-administered researcher-developed questionnaire, compiled from literature review and professional experience and reviewed by a panel of experts. Responses were summarized with descriptive statistics and thematic analysis.
Findings: The 13 African American women (average age 32 years) participants reflected typical demographics of the area’s HIV+ female population. Participants had a total of 49 pregnancies, with 45 living children. They reported histories of vaginal sex (92%), receiving oral sex (84%), performing oral sex (46%), and anal sex (30%); mostly without barrier protection. Comparing current (last 3 months) to historical accounts revealed decreases in all sexual behaviors: vaginal sex (42% fewer), receiving oral sex (55% fewer), performing oral sex (33% fewer), and anal sex (75% fewer). Decreased sexual behaviors since becoming infected with HIV were attributed to (1) lack of interest, (2) fear, and (3) lack of sexual partners.
Conclusions: Although the frequency of sexual behaviors had decreased since their HIV diagnosis, participants continued to engage in sexual activity without the use of barrier protection.
Implications for Nursing Practice: Implementing educational interventions related to safe sex practices and, specifically, educating women about the importance of barrier methods are crucial to help decrease the spread of HIV and STDs.
RISKY BEHAVIORS OF HIV+ WOMEN

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Schools of Nursing and Public Health, Emory University, Atlanta, GA.

Women continue to be sexually active after testing positive for HIV and it is important to understand the extent of risky behaviors. DESIGN/OBJECTIVE: A descriptive study to examine risky behaviors among HIV+ women. SETTING/SAMPLE/TIME: 34 HIV+ women who received care from two AIDS service agencies in the southeast during October–November, 2002. VARIABLES: These include demographics, substance use, substance use before sex, HIV status of partner, and frequency of condom use. METHODS: An anonymous self-report survey was administered after participation in one of 4 focus groups to discuss adherence to HAART and risk reduction behaviors. Data were analyzed using SPSS 11.5. FINDINGS: The average age was 43 years and 94% were African American. The majority of the women were not married, poor (less than $11,000/year), and on disability. About 21% reported occasional alcohol use, 3% occasional drug use. About 10% of the sample self-identified as bisexual. Over half of the women had a regular sex partner, 41% had an HIV negative partner, and 50% reported using condoms with every sexual encounter. About 29% used alcohol and 20% used drugs before sex, and almost 15% reported having sex during menses. CONCLUSIONS: Half of the HIV+ women surveyed did not use condoms consistently, and a smaller proportion engaged in other risky behaviors. IMPLICATIONS: Condom education and interventions to promote condom use and reduce risky behaviors and are important for HIV+ women.

AN HIV PREVENTION INTERVENTION FILM FOR INNER CITY TEENS: THE EXPERIENCE OF 4 AFRICAN AMERICAN WOMEN LIVING WITH HIV

Rosanna F. DeMarco, PhD, RN, ACRN & Anne E. Norris, PhD, RNC
Boston College, William F. Connell School of Nursing Chestnut Hill, MA

Study Question: What is the experience of making a prevention film and disclosing HIV status like for women living with HIV?

Design: Filmed focus group with analysis including member-checking reduction of themes imbedded in the audio/video recorded and transcribed interviews (Miles & Huberman, 1994).

Sample: 4 African American women living with HIV ages 36 to 57 living in the Boston, Massachusetts Year(s) Conducted: 2003.

Method: Questions asked after viewing prevention film were 1) what was it like to be filmed for this project?, 2) any positive things that you would like to share?, and 3) any negative things that you would like to share?

Findings: Positive themes included: 1) self acceptance by telling one’s own story while hearing the stories of the other women, 2) a sense of liberation by disclosing publicly one’s image and message and letting go of others’ judgments, 3) feeling supported by meeting other women who share the same experience, 4) value of using the film to impact or “save” young people from the pain one has experienced. Negative experiences included personal pain in re-living their history with HIV. (Film clip will be shown).

Conclusions: Literature regarding the benefits of disclosing HIV status is limited. Women choosing to disclose in advocacy roles while simultaneously reflecting on their individual and group stories related to HIV may benefit quality of life. Implications include the need to explore positive effects of disclosure and the mediating and moderating variables that contribute to wellness and quality of life related to these positive effects.
THE EFFECTS OF MELATONIN ON SLEEP IN HIV+ INDIVIDUALS: A PILOT STUDY

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Chantelle Wyglendowski, RN, BSN, Graduate Student
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BACKGROUND: For persons with HIV infection, sleep disturbances are the third most common complaint in seeking medical attention. Seventy percent of this clinical population report insomnia. Insomnia includes difficulty in falling asleep (latency), disturbed sleep or frequent wakings (efficiency), or changes in the sleep cycle. Insomnia leads to fatigue, excessive debilitating daytime sleepiness, and a significantly diminished quality of life (QOL). PURPOSE: The purpose of this 5-week study is to test an intervention designed to reduce insomnia, therefore improving QOL by shifting circadian rhythms.

METHODS: A prospective, randomized, double-blind, placebo controlled clinical trial was used. Each subject was randomized into one of three treatment groups: 1mg melatonin, 5mg melatonin, or placebo. Subjects were admitted to the General Clinical Research Center (GCRC) for week 1 to obtain baseline sleep efficiency and latency scores, along with endogenous melatonin and cortisol levels. Subjects are then sent home for three weeks with one of the above treatment groups. Week 1 they return to the GCRC for post evaluation of the same variables.

RESULTS: Preliminary results indicate that pre/post QOL scores have improved on some subjects. Viral loads and CD3/4/8 levels have also changed in some subjects. Complete results will be reported when blinding is identified.

CONCLUSIONS: Exogenous melatonin has the potential to shift circadian rhythms, correcting insomnia therefore improving QOL. The final results have not been analyzed, as the study is ongoing.

IMPLICATIONS: Further nursing research is needed to improve sleep related problems that would enhance quality of life in HIV infected individuals.

PERCEIVED INDICATORS OF HIV-RELATED SLEEP DISRUPTION: CLINICAL IMPLICATIONS

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ME Smith, PhD, RN, CS, Assistant Professor College of Nursing and Health Professions Drexel University, Philadelphia, Pennsylvania

Introduction: Sleep disturbances in persons with HIV and AIDS are quite prevalent and far exceed the proportion found in healthy populations. While the etiology remains unknown, the primary purpose of this study was to identify factors HIV+ individuals perceive contributes to or causes their sleep disruption.

Methods: The total sample of 19 was 79% male and 21% female with a mean age of 43 (range 33-57). Thirteen subjects had AIDS and six were HIV+ only. The mean CD4 was 438 mm3 and mean HIV viral load 28,011 copies/ml. The mean PSQI was 12.6 (range 5-19) indicating significantly impaired sleep. A new quantitative focus group method called ‘Circular Rank Order Technique’ (CROT) was used to elicit items from participants in Group A (n=8) and Group B (n=11). The CROT Technique is a modification of Nominal Group Technique – a common quantitative ranking method used in focus groups. Using this technique, each group privately generated a sequence of ranked items they perceived contributed to their sleep disruption.

Results: Combining the data from both groups, the final conceptual items generated in descending order of priority with mean weighted scores tabulated from the ranking were: anxiety (x=11.42), medications (x=5.12), stress (x=3.5), HIV problems (x=3.12), depression (x=3.0) and night sweats (x=2.25).

Conclusions: The effects of anxiety and medication were identified as the two primary factors which contributed most to the participants’ sleep disruption. This suggests nurses who care for patients with HIV/AIDS should assess for the effects of anxiety and medication when complaints of disrupted sleep are voiced.

This research was supported by a grant from the Pennsylvania Nursing Foundation
RELATIONSHIPS OF SLEEP QUALITY WITH OTHER HIV-RELATED SYMPTOMS IN HIV-INFECTED WOMEN

Kenneth D. Phillips, PhD, RN, Linda Moneyham, PhD, RN; Mary R. Boyd, PhD, RN; Carolyn Murdaugh, PhD, RN, FAAN; Abbas Tavakoli, DPH; Kirby Jackson, BA
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HIV infection is accompanied by a number of symptoms, with sleep disturbance being one of the more prevalent symptoms. Little is known about the association between sleep disturbance and other HIV-related symptoms. Even less is known about these relationships in low-income women who live in the rural Southeast. The purpose of this study was to examine the associations between sleep quality and other HIV-related symptoms in a sample HIV-infected women in the rural southeastern United States. The sample was largely composed of single (83%), African American women (84%) living alone with their children in the rural Southeast. They ranged in age from 18 to 66 years (m = 39.8 years, sd = 10.4 years). Seventy-eight percent of the sample reported incomes less than $10,000. Sleep quality was measured using the Pittsburgh Sleep Quality Index and HIV-related symptoms were measured using the HIV Symptom Distress Scale. Bivariate correlations were performed using Pearson’s r. Statistical significance was established at p < .005. Sleep quality was significantly related to the total frequency of HIV-related symptoms (p < .0001) and with how bothersome the participants considered their symptoms to be (p = .0044). Poorer sleep quality was significantly associated with problems remembering, muscle weakness, lack of energy, pain, poor appetite, headaches, dry mouth, and problems cooperating. These findings suggest that interventions to improve sleep quality may be important in managing these symptoms and thus improve quality of life (p < .005).

The total frequency of HIV-related symptoms (p < .0001) and with how bothersome the participants considered their symptoms to be (p = .0044). Poorer sleep quality was significantly associated with problems remembering, muscle weakness, lack of energy, pain, poor appetite, headaches, dry mouth, and problems cooperating. These findings suggest that interventions to improve sleep quality may be important in managing these symptoms and thus improve quality of life (p < .005).
PROMOTING ADHERENCE AMONG PATIENTS IN A RURAL HIV CLINIC

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BACKGROUND: Adherence to HIV medications continues to be vitally important. The Comprehensive Care Clinics (CCC) are the Title III clinics for Vermont. In 2002, we cared for 310 active patients providing medical, psychosocial and nutritional care.

PURPOSE: The adherence project of the CCC was created to increase the patient’s awareness of adherence. Methods: A risk assessment tool was created. This tool assesses number of missed or incorrect doses, as well as barriers to adherence. All patients who begin ARV therapy, have a change in therapy or who are deemed at risk by the physician, nurse practitioner, dietitian, or social worker meet with the adherence nurse for evaluation. Risk is assessed and an intervention is planned with the patient. These interventions may include: pill boxes, alarm watch, education, referral to our multidisciplinary team. Interventions may be in person, or in the face of a very rural state with long winters, by phone. Subsequent visits evaluate the effectiveness of the interventions.

CONCLUSION: 35 patients were seen by the adherence nurse from 12/02 - 3/03. 24 of these, had barriers to adherence. Of the 24 patients with barriers: 2 refused intervention, 13 had resolution of their barrier through the intervention, 6 are currently making changes to eliminate the barriers, and 3 have ongoing substance abuse or psychosocial issues.

We conclude that, although labor intensive, this intervention can decrease barriers, provide education and support which will have a long lasting effect on adherence behaviors.

HIV AND STD TESTING IN THE HOMELESS POPULATION

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Centromed, San Antonio, Texas

BACKGROUND: The homeless population is at increased risk for STDs (Hepatitis A, B and syphilis) and HIV than the general population. Factors for this increased rate include one or more of the following (1) unprotected sex with multiple partners (2) injectable drug use [IDU]; (3) sex with an IDU partner, (4) exchanging unprotected sex for money or drugs. Despite the higher risk, few homeless people are aware of their HIV and hepatitis status due to limited access to health care.

PURPOSE: The purpose of this study was to increase awareness of HIV and STDs to homeless individuals through education, onsite testing, and risk reduction at two homeless shelters in San Antonio, Texas during a one day bilingual HIV and STD Testing Day.

METHOD: A retrospective audit was conducted on the medical records of individuals participating in HIV and STD Testing Day.

RESULTS: Thirty-six individuals participated. 56% were male and 44% were female, mean age of 38.7 years (range 17-79). Results revealed no incidence of HIV, Hepatitis A, and B. Two participants had serological evidence of treated syphilis. No untreated syphilis was identified. Ten participants were Hepatitis C positive. Participants who had positive results were unaware of their status prior to testing.

CONCLUSIONS: Homeless individuals are receptive to knowing their HIV and STD status and are often well aware of their risk factors but lack the resources for prevention.

IMPLICATIONS: This study demonstrated the need for increased and continued education, risk reduction and testing for homeless individuals.
HIV CARE IN GEOGRAPHICALLY DIVERSE COMMUNITIES: LABORS OF LOVE

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Scranton Temple Health Center - HIV Clinic

BACKGROUND: Providing HIV clinical care to resource poor communities and the underserved and vulnerable populations in a geographically diverse community entails many unique clinical challenges, and demands a labor intensive approach to care.

PURPOSE: The purpose of this presentation is to describe the work of the Scranton Temple Health Center’s HIV program. This is a unique practice setting that covers a resource poor area in 7 counties in Northeastern Pennsylvania. This is a large geographical area that covers 4500 square miles and over 800,000 people. Thirty percent of the population served in this setting come from over one hour away.

PRACTICE: This program consists of a FT advance practice nurse and attending physicians, residents and nurses. There have been approximately 300 patients followed for care and this number has doubled in the past 4 years. The current population is 59% male and 41% female. Unique methods of outreach have been utilized to help patients adhere to care as well as adhere to treatment. To this end, we report an average of 70% of patients on therapy have undetectable viral loads.

CONCLUSION: Intensive outreach services, including home visits to assess treatment readiness, provided by the nursing staff are associated with improved patient outcomes.

IMPLICATIONS FOR PRACTICE: Nursing has always been at the forefront at devising innovative methods to improve patient care. The Scranton Temple HIV Care Team will share their unique methods that they have used in their diverse rural, suburban and urban area.
ACUPUNCTURE AND HIV SYMPTOM MANAGEMENT: THE ASSOCIATION OF STRESS-REDUCTION AND THE REDUCTION OF ORAL CONDITIONS.

Kenneth D. Phillips,1 William D. Skelton,2 Laura J. Fulk,3 Christopher M. Bopp,3 and G. A. Hand.3
College of Nursing,1 University of South Carolina, Columbia, South Carolina, The Acupuncture Clinic,2 Columbia, South Carolina, Department of Exercise Science,3 Arnold School of Public Health, Columbia, South Carolina.

Oral disease is among the earliest clinical manifestations of HIV infection. Mechanisms for the high incidence of oral disease in this population include reduced innate and specific oral immunity and increased salivary cortisol. This reduction in oral immunity can result from emotional distress related to HIV infection or increased environmental stressors. Acupuncture may be useful therapeutically for reduction of stress with a resultant increase in immune function and enhanced oral health. Purpose: The goal of this study was to determine the effectiveness of a standardized stress-reduction acupuncture regimen in reducing the oral morbidity in an HIV-infected African-American population. Methods: Nine HIV-infected subjects of both genders, with a T-cell count of 500 or less, received a standardized acupuncture regimen of 10, 20-minute sessions over a 5-week period. Each individual received needling in 10 acupoints that were standardized among the participants. Before and after the treatment period, each subject completed an oral examination, the Perceived Stress Scale, the Profile of Mood States (POMS), Spielberger’s State/Trait Anxiety Inventory. A saliva sample was collected before and after the treatment series for determination of cortisol levels. Results: Six of the 9 subjects presented with oral lesions, averaging 6±2 lesions among the 9 subjects. Only one oral lesion was located among the participants following the acupuncture regimen. The salivary cortisol assays showed a decrease in 6 of the 9 subjects (3.3±0.48 nMol/L to 2.0±0.41 nMol/L, p=0.058). Further, significant reductions (p<0.05) were observed in perceived stress, state anxiety, and depression scores following acupuncture as compared to pre-acupuncture scores. Conclusions: This case series study suggests that a stress-reduction acupuncture program of 5 weeks can reduce oral conditions that are associated with psychological stress in HIV-infected individuals.

LIPODYSTROPHIC SYMPTOMATOLOGY AND INTEGRATIVE MEDICAL THERAPIES USED BY PERSONS WITH HIV/AIDS

Kenn M. Kirksey, RN, PhD - California State University, Fresno; Inge B. Corless, RN, PhD, FAAN and Patrice Kenneally Nicholas, RN, DNSc - MGH Institute of Health Professions; and Jeanne Kemppainen, RN, PhD - UNC, Wilmington

BACKGROUND: Persons living with HIV/AIDS are challenged to manage disease and treatment-related symptoms with provider-directed or client-initiated self-care strategies. The use of complementary and alternative medicine in HIV care has increased significantly in recent years. PURPOSE: The primary purpose of this study was to identify CAM therapies used as self-care strategies by persons living with HIV/AIDS to manage lipodystrophy-associated symptoms. METHOD: Using a cross-sectional, descriptive design, data were obtained regarding types, frequencies, perceived effectiveness and sources of information about the CAM therapies used to self-manage HIV disease and treatment-related symptoms. RESULTS: Data were collected from three community-based facilities around the USA; California (n=93), Massachusetts (n=50) and Texas (n=22), for a total of 165 subjects. The research explored the correlation of CAM therapies and lipodystrophic symptomatology. The study sample completed an assessment packet that included sociodemographic data, nine investigator-initiated, open-ended questions designed to explore lipodystrophic manifestations and self-care measures used to manage HIV-related symptoms. The sample included HIV-infected persons between the ages of 21 and 62 years, with a mean age of 42.12 (+ 8.29). The participants were comprised of 125 (75.8%) males and 40 (24.2%) females. Approximately 39% were Caucasian, 30.9% African American, and 26.7% Hispanic. Formal education ranged from 3-20 years, with a mean of 12.20 (+/- 2.45) years. The mean CD4+ was 420.66 cells/mm3 (+/- 311.07), and the mean viral load was 45951 (+/- 99558). Clients used a large number of CAM therapies, with prayer, spirituality, and meditation being among the most frequently reported. CONCLUSIONS: Lipodystrophy is a pervasive problem and the sample reported a number of CAM therapies used as self-initiated care strategies. IMPLICATIONS FOR PRACTICE: There is clear evidence in the literature about widespread use of these modalities in HIV-infected persons, but studies to explore reasons for use and efficacy are still needed.
THE EFFICACY OF REFLEXOLOGY AND THERAPEUTIC TOUCH ON THE REDUCTION OF ANXIETY IN HIV PATIENTS

Elizabeth D. Revill, BSW, RN; Vanita Balwalli, BSN, RN; Shrutti Balwalli, Noel Rosner, MSW-ANP-C; Sandra Nilsson, ACRN; Nina K. Regevik, MD; Raritan Bay Medical Center, Perth Amboy, New Jersey

Objective: To assess pre and post intervention anxiety in HIV patients undergoing painful invasive diagnostic procedures.

Design: HIV patients who require painful invasive diagnostic procedures. Controls are those patients who refuse reflexology and therapeutic touch prior to procedures. Population: HIV patients enrolled in a Comprehensive HIV Care Program located in Perth Amboy, NJ located in Central NJ.

Concept: Research has concluded that reflexology and therapeutic touch has proven to be effective on the reduction of anxiety. This research will evaluate pre and post anxiety pre and post-invasive diagnostic procedure.

Method: All patients scheduled to undergo invasive procedure i.e. lumbar puncture, bronchoscopy and paracentesis will be offered pre-procedural reflexology and therapeutic touch. Licensed and certified practitioners will administer this therapy. Anxiety will be measured using the Beck Anxiety Inventory (BAI) and the tool will be administered pre and post procedure. Medical chart will be reviewed to evaluate vital signs and patient condition post procedure.

Findings: The initial study ran from October 1, 2002 to February 28, 2003 and with 20 patients enrolled. Additional funding has been identified and additional patients are to be enrolled for another six months.

Conclusions: HIV patients and other patients with chronic diseases undergo repetitive painful diagnostic procedures routinely. Patients may refuse to undergo these tests because of the concomitant fear and anxiety.

Implications: Effective non-pharmacological interventions on the reduction of anxiety are needed to produce positive outcomes and intervention measures in HIV patients.
BRIEF MOTIVATIONAL INTERVIEWING: MANUALIZED TREATMENT FOR HIV MEDICATION ADHERENCE

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BACKGROUND: Despite the tremendous promise offered by HAART, adherence to these medications continues to be a significant problem. A number of factors are associated with poor adherence to HAART, including alcohol and drug problems, psychological distress and psychiatric disorders, characteristics of the treatment regimen, beliefs and knowledge about medications, practical issues, social support, and quality of the relationship with healthcare providers. PURPOSE: The purpose of this presentation is to review a manualized treatment incorporating techniques of motivational enhancement to improve medication adherence. METHODS/PRACTICE: For a study, our group developed a manualized treatment for improving HIV medication adherence entitled “Brief Motivational Interviewing” (BMI). BMI incorporated a combination of techniques, including psychoeducation, motivational enhancement, and problem-solving, found to be effective in changing other health-related behaviors. The goals of BMI included developing a collaborative relationship with the patient in order to: (1) provide basic education to support treatment recommendations and healthcare activities, (2) assess his/her difficulties with adherence to personal treatment recommendations, (3) assist the patient in making his/her own decisions about adherence, and (4) develop a personalized treatment plan incorporating his/her choice of goals and strategies to improve adherence. CONCLUSIONS: Poor adherence to HAART can greatly affect a person’s quality of life. It is essential that clinicians have a practical knowledge of ways to increase medication adherence. IMPLICATIONS: The presenting author will provide an overview of the study, the specific theoretical rationale for BMI, examples of materials used in the intervention, and observations about our team’s experience with implementation.

SPECIAL DELIVERY: WHEN THE PILLS “ABSOLUTELY, POSITIVELY” CAN’T BE DELIVERED AT HOME

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BACKGROUND: The practice of storing/dispensing medications by providers at an inner-city community health center was terminated by administrators in accordance with accreditation regulations. This practice promoted adherence since many patients were unable to receive medications at home via mail due to confidentiality concerns or unwilling to present to their local pharmacy due to fear of discrimination related to their HIV status. PURPOSE: To describe an alternative means to access HIV medications in a safe and supportive environment for patients confronted with cultural and social barriers through a unique collaboration between an HIV specialty pharmacy and an HIV comprehensive care program. PRACTICE: Pharmacy staff agreed to store and dispense all medications, deliver them twice weekly by courier service to the HIV program in a secure tote, and return the tote to the pharmacy at the end of the day. Medications in sealed packages were given to patients by their HIV nurses. CONCLUSIONS: All participants (n=41) were ethnic minorities, of which 75% reported undocumented immigration status. Average CD4 increased by 43% and average viral load decreased by 98% as a result of this intervention. Monthly cost of this intervention is $939.50, which includes pharmacist time ($402.50), courier transport of medications ($472); and storage space for medications ($65). IMPLICATIONS: Creative strategies are necessary to support patients facing real and/or perceived threats of disclosure issues, which may impact their ability to adhere to prescribed therapies. This model highlights the importance of the nurse/pharmacist relationship in establishing a collaborative approach to addressing barriers to adherence.
HOPE AND ADHERENCE

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Purpose: The purpose of this preliminary study was to
determine if level of hope correlates with level of adher-
ence in those individuals who are taking antiretroviral
medications to treat HIV.

Background: It appears that strategies based on educa-
tion and behavior modification with the goal of improving
adherence to HAART are in need of further refinement.
With cancer, there is a positive correlation between hope
as an antecedent to coping and resulting treatment en-
 engagement. As people with HIV are surviving longer, there
is a new awareness of hope in this population. Little is
known about the relationship between hope and adher-
ence for those living with HIV.

Method: The Herth Hope Index (HHI), a 12 statement
Likert Scale survey, was administered to a cross-sec-
tional, convenience sampling of 30 adults who are taking
HAART. The total score of the HHI is based on the
scores totaled from the subscales and the collective total
score. Scores range from 12-48 with the higher scores
indicating greater hopefulness. Adherence was classified
as complete (100%) or incomplete (<100%) in the past
30 days.

Results: The variable significantly related to the probabil-
ity of adherence was the Factor 2 on the Herth Hope
Scale (p=0.005). The adjusted odds ratio of 2.2 indi-
cates that for every one point increase in Factor 2 score
the probability of adherence more than doubled.

Conclusion: This pilot study indicates a possible correla-
tion with the level of hope and level of adherence. Fur-
ther studies are needed to determine if use of this tool in
the clinical setting will identify individuals who may struggle
with adherence to HAART because of lower levels of
hope.

EVALUATING THE FEASIBILITY AND EF-
FECT OF A NURSE-DELIVERED TELEPHONE
INTERVENTION ON MEDICATION ADHER-
ENCE

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This research was funded by Beta Omicron, Sigma
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Adherence to antiretroviral therapy (ART) continues to
challenge persons living with HIV (PLWH) as well as
providers. This study sought to evaluate the effects of an
intervention to improve patients’ adherence to ART.
Objective: To compare medication adherence rates of
PLWH who had and had not received the intervention.
Design: Randomized Controlled Trial.
Population/Setting: In 2001-2002 participants receiving
ART were recruited from a clinic in the Southeastern U.S.
Concept/Variables: Self-report and electronic monitor-
ing of medication adherence.
Methods: Patients were informed of the study risks and
benefits, consented, and completed questionnaires. One
ART medication was kept in a container that recorded
the times the container was opened. The intervention con-
sisted of a weekly telephone call involving adherence
barriers, including medication side-effects, and providing
strategies, education, counseling, and referrals. Adher-
ence measures were taken monthly for four months.
Sample: 47 men and 37 women; 67 were African Ameri-
cans, and most had low (<$10,000 per year) incomes
and were living in rural areas.

Findings: Follow-up over time was difficult, but those who
had received the intervention increased their average ad-
herence percentage in month: 2 (5.6%), 3 (1.63%), and
4 (7.1%) of the treatment period while those who had
not received the intervention had decreased rates of ad-
herence over the study.

Conclusions/implications for practice: 1/3 of the original
sample withdrew or were lost to follow up. Telephone
interventions may be an effective way of improving and
sustaining adherence but successful methods of maintain-
ing communications with patients must be identified and
implemented.
ADVANCE DIRECTIVES AND HIV/AIDS: WHAT DOES THE RESEARCH TELL US AND HOW CAN WE IMPROVE CLINICAL PRACTICE?
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BACKGROUND: Advance directives (ADs) are a means for expressing wishes about medical care at the end of life. ADs include proxy and treatment directives. The benefits of ADs have been demonstrated: ensuring individual autonomy, enabling proactive participation in decisions about health care at the end of life, and decreasing family stress by alleviating decision-making burdens for loved ones. PURPOSE: It is important to understand ADs for people with HIV/AIDS. HIV infection remains a chronic, progressive illness despite significant advances in pharmacotherapeutics. Furthermore, a significant proportion of people with newly diagnosed HIV infection already have advanced infection or AIDS at time of diagnosis. In addition, many HIV-positive gay and lesbian patients, if asked, would not choose close relatives to be surrogate decision makers. METHODS: Database searches of Medline, CINAHL, and Cochrane were conducted. CONCLUSIONS: Research on ADs for people with HIV/AIDS includes: AD completion rates, interventions to increase completion rates, treatment preferences, barriers and facilitators of making ADs, HIV-specific treatment directives, and living and dying with HIV/AIDS. Few researchers have linked these findings with patient/family/clinician discussions; the process of how patients go about making AD decisions; and how to make these activities occur in a timely and meaningful way, prior to acute hospitalization with serious illness or losing the capacity to participate in such discussions. IMPLICATIONS FOR PRACTICE: Developing clinical practices to increase completion of ADs; strengthening clinician knowledge, thereby enhancing AD discussions with patients with HIV/AIDS; attending to cultural diversity and differences related to non-traditional relationships; refining HIV-specific treatment directives.

THE ART OF END-OF-LIFE CONSULTATIONS
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Background: End of life planning is frequently postponed until individuals are critically advanced in their HIV disease and families are in crises. Nursing care of patients and families becomes burdensome when patient’s values are not clarified, or families and providers disagree with care options. Numerous barriers exist to end-of-life planning resulting in urgent bedside consultations with health care team providers who are untrained, uncomfortable, and unsuccessful at meeting the needs of patients, families, and team member’s communication, knowledge sharing, and values clarification for smoother transition planning. Provision of comprehensive end-stage patient care planning can affect positive outcomes through integration of artful end-of-life consultations into clinical practice.

Purpose: Present an overview of the critical lessons learned from the 315 patients served by the HIV Palliative Care Nurse Specialist during the 4.5 years granted funded program, “PalCare: A palliative care program for people with advanced HIV/AIDS.” Over time, this Specialist role has expanded to hospital wide HIV service of end-of-life consultations. Complex assessment of patient, family, care team; values, ethics, identification of communication gaps, advocacy needs; explanation of realistic option planning; mentoring the art of end-of-life consultations with team members; and promotion of realistic goal setting are discussed.

Methods: Presentation will focus on best practice, skill building, positive outcomes within inpatient and ambulatory care settings, and review of specific real case presentations designed to illustrate ways participants care improve end-of-life care.
EDUCATING HIV CLINICIANS ABOUT PALLIATIVE CARE: “GIVING BAD NEWS”

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ANAC Representative, Nursing Leadership Academy on End-of-Life Care
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Kathy Foley, RN, MS
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BACKGROUND: Despite significant advances in HIV treatment, AIDS remains a leading cause of death for young adults, and the leading cause of death for African American males aged 25-44 years old, in this country. Yet, many persons with HIV disease are needlessly in pain, distressed, and/or unprepared at the end of their lives. HIV clinicians may not have the knowledge, skills, or comfort with providing palliative care in the context of curative treatments (e.g. HAART therapy). The contemporary palliative care model makes a compelling argument for integrating curative treatments with aggressive symptom management, quality of life interventions, and end-of-life planning for persons with chronic, life-threatening diseases. PURPOSE: Improve the care of persons with HIV disease by increasing HIV clinicians’ knowledge, skills, and comfort in providing palliative care.

METHOD: An innovative skills-building program designed for HIV clinicians through funding from HRSA and RWJF, and affiliated with the University of Washington, will be presented. An exemplar module of the program—communicating ‘bad news’—will introduce a 6-step protocol for communicating ‘bad news’ while highlighting the importance of cultural beliefs and values. CONCLUSIONS: Educating HIV clinicians about the integration of curative therapies with palliative and end-of-life interventions may improve patient outcomes and support effective decision-making while avoiding undue distress, dissatisfaction, and misunderstanding as patients progress in their illness trajectory. IMPLICATIONS: ANAC members will learn how the contemporary palliative care model applies to HIV disease; attendees will learn how to access valuable HIV-specific educational materials developed through this innovative program.
LINK-TO-CARE PROJECT: A MEDICAL CASE MANAGEMENT PROGRAM FOR SOON TO BE AND RECENTLY RELEASED INMATES

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BACKGROUND: Complex treatment regimens for HIV/AIDS require medical case management (MCM), referrals, and treatment access for PLWHAs released from prisons and local jails. Continuity of care (COC) between incarceration and first post-release medical visit has been problematic with no direct link between institutions, and community health services.

PURPOSE: Link-to-Care project establishes links between penal institutions and community-based organizations (CBO), relative to release of HIV+ minority individuals.

METHOD/PRACTICE: 1) COC RN MCM (1 FTE) employed by public hospital outbased to CBO; 2) psychosocial CM (1 FTE) employed by CBO 3) community-based CM; 4) direct link to HIV primary care at public hospital; 5) expedited enrollment in state drug assistance program (ADAP); 6) consumer involvement; 7) program evaluation by AIDS education and training center. Purpose is to increase number of releases linked to primary care, through MCM, and enrolled in ADAP. Project funded through state grant made to minority CBO, with public hospital as major subcontractor. Pre-implementation survey conducted over 1-month period with public hospital HIV patients at intake (clinic caseload 4000) revealed that 14 patients reported recent incarceration. Only 2 reported being released with HIV medications, 11 reported not receiving information on HIV care. 11 of 14 reported “word on the street” as source of information about care.

CONCLUSIONS: Major gaps in information about services reported by recently released minority HIV+ inmates. Most get information from peers.

IMPLICATIONS FOR PRACTICE: Service linkages between penal institutions and community providers are required to ensure transition between penal institution-based care and community based care.

HIV POSITIVE DRUG USERS AND THE CRIMINAL JUSTICE SYSTEM: WHAT NURSES NEED TO KNOW.

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Val Robb, RN, UCSF Positive Health Program, SFAETC
Carol Dawson-Rose, PhD, RN, Dept. of Community Health Systems, PAETC

Background: According to data collected by the United States Justice Department, from 1978 to 1996, the number of violent offenders entering our nation’s prisons doubled, the number of nonviolent offenders tripled and the number of drug offenders increased seven-fold.

With this huge increase in the number of drug related arrests over the past twenty years, many HIV positive drug users cycle through the criminal justice system on a regular basis. Often those on probation or parole are “violated” and returned to custody for relatively minor infractions. These violations disrupt medical and psychiatric care and often result in loss of housing and income. Disparity in sentencing laws between crack and powder cocaine have resulted in the average federal drug sentence for African Americans being 49% higher than whites.

This session will look at a range of programs and interventions designed to minimize harm and promote positive outcomes for HIV positive drug users who are caught in the revolving door of incarceration and release. It will address the particular challenges faced by HIV positive pregnant women struggling to remain out of jail. The session will review several research studies around adherence issues with inmates. Despite tremendous obstacles, transitional care models have had success in increasing the collaboration and understanding between nurses working in correctional settings and the community. HIV focused health care programs inside correctional facilities have been effective in delivering state of the art health care to inmates whose follow up in the community may be chaotic at best. The presenters are all involved in program and training development across the continuum of care from corrections to the community to deliver culturally competent, patient centered care.
BACKGROUND: It is estimated that at least half of all new HIV infections in the U.S. are among people under age 25. Certain segments of the adolescent population, e.g. juvenile and incarcerated youths, minorities, runaways, and homeless youths, are at elevated risks for HIV infection in comparison with their peers. Research has revealed that youths who take one risk, such as those youths who are incarcerated for juvenile offenses, are more likely to take other risks, e.g. use of alcohol and other drugs and unprotected sex. The engagement of co-occurring risks places youths at high risks for acquiring HIV. Moreover, youths in Mississippi are considered rural. Research has indicated that rural youths do not see themselves at risk for acquiring HIV. There are empirical and theoretical reasons to believe that rural incarcerated youths have unique characteristics, which require unique behavioral interventions for prevention of HIV infection. PURPOSE: The purposes of these focus group interview sessions were to (a) elicit information needed to develop a behavioral intervention program unique for rural incarcerated youths, (b) compare male and female responses, and (c) integrate the findings in an RO1 federal grant application. METHOD: There were four focus groups, consisting of 8 incarcerated youths in each group. Two researchers were present to serve as moderator and overseer of audiotaping and field notes. A total of 32 respondents between the ages of 13 and 18 years old participated, 16 males and 16 females—two groups of females and two groups of males. Two 90-minute sessions for each of the four focus groups were conducted (totaling 8 sessions with 4 groups). All sessions were conducted at a training school for juvenile offenders in Mississippi. An “Interview Guide” was used during the first session of the two-part session. The second session of the two-part session was to document validity in their responses from the first session and to have the respondents read and respond as to the clarity and adequacy of a few questionnaires pertaining to condom attitudes, HIV attitudes, and risky behaviors. CONCLUSIONS: All interview data are being analyzed at the present time, using the Nudist program for qualitative research. IMPLICATIONS: This study’s findings will contribute to development of future unique behavioral intervention programs for the rural incarcerated youths and will provide strength and support for a future federal grant, which will be a proposal to compare sexual behavior outcomes between treatment groups who have received a unique behavioral intervention program and a regular health education program.
Oral Abstracts

UTILIZATION OF UNIVERSAL LIFE FORCE ENERGY - REIKI - IN PEOPLE LIVING WITH HIV/AIDS

Catherine Holdsworth, MSN, CRNP; Suzanne Willard, MSN, CRNP, ACRN
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Background Complementary Therapies are utilized by many of our patients living with HIV. Herbal treatments and traditional Chinese medicine have been studied in HIV. Reiki, a form of therapeutic touch, which utilizes healing energies, has been studied in cancer patients for quality of life and treatment of pain. A new study funded by the NIH is looking at how this therapy may benefit people living with HIV/AIDS.

Purpose The purpose of this presentation is for the participant to experience the modality of Reiki, and achieve an understanding of the therapeutic benefits associated with the therapy.

Methods Utilizing didactic and hands on experience, the audience will learn the basics of Reiki healing. Presentation will be provided by two advanced practice nurses who are Level II Certified Reiki practitioners participating in a NIH funded study exploring the benefits of Reiki therapy in AIDS patients.

Conclusion At the conclusion of this presentation, the attendee will know the basic hand positions used in Reiki and be able to incorporate it into their lives. It will be a stress reduction and a very relaxing experience.

Implications for practice
Reiki therapy is one complementary therapy that can easily be included in daily nursing practice.

THERAPEUTIC TOUCH AND QUALITY OF LIFE IN HIV/AIDS

Rebecca M. Good, MA, RNC, ACRN, LPC, QT TT
Private Practice Counseling and Therapy and Therapeutic Touch

Problem: Individuals living with HIV/AIDS are living longer, yet experiencing S/E of their medications and disease process. They suffer physically, emotionally, and spiritually. Allopathic medicine works with the disease and is about curing, but does not necessarily treat the individual holistically. There is a need for non-invasive, proven holistic therapies, which assist and empower the individual to experience a better quality of life. Therapeutic Touch (TT) is the holistic therapy that works with all aspects of a person’s being, enhances the quality of life, and is about caring.

Background/Purpose: As a complementary therapy, TT is a contemporary interpretation of several ancient healing practices. It is an intentionally directed process of energy exchange in which the practitioner uses the hands as a focus for facilitating healing. TT was developed in the early 70’s by Dr Dolores Krieger, professor emeritus of nursing at NYU, and Dora Kunz, a noted healer. TT is based on premise that all living systems are energy fields, integral with the environmental or universal energy field. One theoretical framework of TT stems from the well known nursing theorist Martha Rogers’ work. The National Institute of Health’s Office of Complementary and Alternative Medicine (CAM) recognizes TT as a valid and substantially researched CAM therapy. TT is practiced with and not instead of allopathic medical treatment, and research has demonstrated that TT improves the quality of life for HIV/AIDS individuals. (Newshan, Kampmann, Ireland)

Conclusion: Therapeutic Touch has been found to elicit the relaxation response, relieve or reduce pain and anxiety, reduce stress, enhance wound healing, and give the recipient a general feeling of well being; thereby, improving the quality of life. TT is a NANDA diagnosis and a natural therapy to integrate into HIV Nursing practice. This presentation will introduce TT and outline its use with persons with HIV/AIDS and their families. It will demonstrate TT, discuss its effects and potential outcome and benefits of integrating TT into HIV/Nursing practice.
COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM): AN INTEGRAL PART OF HIGH QUALITY PALLIATIVE CARE

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BACKGROUND: Casey House has delivered exceptional palliative care to people with HIV/AIDS since 1988. One of the highlights of an integrated care model is CAM. As Casey House has grown to serve its community, demand for CAM services has climbed and it is increasingly important to manage our resources efficiently.

PURPOSE: In this era of clients living longer with increasingly complex needs, our goal was to maximize resources. We reviewed and revised our current CAM approach to ensure equitable access to service and built a capacity to do research.

METHOD: A Review was conducted of the past two years of CAM utilization. An examination of how CAM therapy is reflected in the plan of care was conducted. A survey of CAM services available through other AIDS Service Organizations in the community was taken in order not to avoid duplication of service.

CONCLUSION: Our documentation was adapted to incorporate CAM in care planning beginning with assessment and moving through the plan of care, thereby enabling us to carefully monitor treatment and associated costs. A referral form was developed to improve accountability and improve our ability to do research. Enhancing CAM knowledge within the interdisciplinary team will improve our skills to access and connect clients to appropriate services.

IMPLICATIONS: Our revised CAM approach ensured equitable access to service. Our comprehensive program will enable us to gather data for evaluation and research.

**Diane McGuire, Massage Therapist, was also an author on this abstract.

THERAPEUTIC EXERCISE IN HIV-INFECTED INDIVIDUALS: EFFECTS ON MENTAL AND PHYSICAL HEALTH

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The impact of regular exercise participation on mental and physical health in HIV-infected individuals is not well understood. This study examined the effects of 6-weeks of physical conditioning on mental and physical health in HIV-infected individuals. Thirty HIV-infected subjects were recruited. Twenty-two were medically cleared for inclusion and randomized into either a control group (n=6) or an exercise-training group (n=16). Subjects completed the SF-36v2 and underwent serial DEXA scans and graded exercise tests to determine whether the intervention impacted total and regional body fat-mass and physical functional capacity. Completing the intervention (n=8) resulted in significantly improved scores on the mental and general health scales of the SF-36v2 (p=0.004 and p=0.045, respectively). A significant training effect was also seen for physical functional capacity (p=0.011) fat-free mass (p=0.010). No improvements were observed in the control subjects (n=3). Although expected improvements in physical functional capacity and general health were expected, the significant improvements in mental health were not. These results suggest that encouraging HIV-infected individuals to exercise may improve mental health in addition to improving physical health. This study was supported by a grant from the NIH/NINR-Funded Center for Health Promotion & Risk Reduction in Special Populations, University of South Carolina.
POSTPARTUM DEPRESSION AS A BARRIER TO ADHERENCE TO SELF-CARE IN WOMEN WITH HIV

Nancy Madru
Employer: Anne B. Morris, MD

BACKGROUND: This presentation will explore the biocultural issues of postpartum depression as a barrier to adherence in HIV positive women’s self-care. The postpartum period encompasses universal biologic changes, distinct cultural attitudes, beliefs, and rituals, and the immediate need for practical health interventions in the clinical setting. PURPOSE: Early identification of risk factors for postpartum depression and increased recognition of the serious health implications of postpartum depression in women with HIV will contribute to meaningful intervention to decrease this potential barrier to adherence. METHODS/PRACTICE: Based on review of literature, through lecture and audiovisual this presentation will acquaint the participant with biocultural issues of postpartum depression in women with HIV. CONCLUSION: The recommendation for >95% adherence to antiviral medication regimens confirms the importance of increasing attention to this vulnerable time of biological change and social transition. Women with HIV have several indicators for postpartum depression: the previous life stressor of an HIV positive diagnosis, increased risk of prepartum depression due to lower socioeconomic status, decreased social support network because of non-disclosure of their HIV status, and worry about the ultimate HIV status of their infants. IMPLICATIONS: Changes in awareness and practice that: focus on the issue of depression during the pregnancy; attempt to increase social support networks during pregnancy that will remain available postpartum; establish a holistic clinical care setting; consider stopping antiretroviral therapy during the postpartum period if clinically appropriate to lessen development of resistance; and adjust the postpartum protocol to include an earlier 2-week and then 12-week visit.

WOMEN’S PERSPECTIVE ON HIV TESTING & HEALTHCARE SERVICES

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BACKGROUND: The 1997 Texas Survey of Childbearing Women identified three eastern Texas public health regions as having the highest HIV seroprevalence rates in the state. In 2002, the Texas/Oklahoma AIDS Education & Training Center (TX/OK AETC) received funding to conduct the “Perinatal HIV Transmission Prevention Project” in these regions. PURPOSE: The aim of the project was to assess client-level and systematic barriers to HIV testing for pregnant women and women of childbearing age, as well as barriers to medical care for HIV positive women. METHODS: A multidisciplinary team from the TX/OK AETC conducted nine audiotaped focus group interviews and one key informant interview with HIV positive women and women at risk for HIV. The Community Based Organizations (CBOs) in East Texas that provide HIV testing, counseling, prevention, and primary care services recruited the participants. The interviews were transcribed verbatim and the resultant texts were analyzed using qualitative methods. CONCLUSIONS: Several themes emerged from the data that described barriers associated with screening, testing, and accessing HIV care. Common barriers revealed by data analysis included confidentiality issues, social stigma and denial. A persistent theme included the fact that although participants demonstrated adequate knowledge of general HIV risk factors, they were not well informed on perinatal transmission issues. IMPLICATIONS FOR NURSING: The findings revealed that barriers to testing and treatment for HIV/AIDS continue to be pervasive. However, access to and use of medical services could be enhanced if women are assured of confidentiality, and health care professionals are non-judgmental and knowledgeable. Nurses can advocate for women to insure that the healthcare environment incorporates these qualities.
A PEER COUNSELING INTERVENTION FOR RURAL WOMEN WITH HIV

Kenneth Phillips, PhD, RN; Linda Moneyham, DNS, RN, FAAN; Carolyn Murdaugh, PhD, RN, FAAN; Mary Body, PhD, RN; Kirby Jackson, PhD; Abbas Tavakoli, DrPH; all at the University of South Carolina.

Objective: to test the effectiveness of a peer-counseling intervention for rural women with HIV disease. Design: The three-year study used a longitudinal, quasi-experimental design with repeated measures. Population, Sample, Setting, Years: The study targeted rural women with HIV disease. The sample consisted of 278 African American and Caucasian women age 18 and older, with clinical depression. Concepts or Variables Studied Together or Intervention and Outcome Variable(s): A stress, coping, and adaptation framework specified the antecedents (HIV-related stressors), processes (social support and coping), and outcome variables (depression, disease management, and quality of life) of the stress experienced by rural women with HIV disease. The intervention used emotional and informational strategies to increase social support and improve coping effectiveness. Methods: Participants were randomly assigned to intervention and control groups. The intervention group received 9 peer-counseling sessions over a 6-month period. Data was collected at baseline, and immediately and 4-months post-intervention. Data analysis procedures included repeated measures analysis of variance, general linear model procedures and logistic regression. Findings: More than 98% of women screened for the study met the criteria for depression. At baseline, depression was predicted by low education and income, minor impairments in physical functioning, decreased satisfaction with social support, and use of isolation/withdrawal as a primary coping response. Combined, the variables accounted for 75% of the variance in depression. Although the intervention was highly valued by all participants in the treatment group, variance in depression across time was associated with differences in peer counselors. Conclusions: Peer counselors are an important source of support for rural women with HIV disease. Implications: The findings of this study provide empirical support for the development of culturally and contextually relevant practice based strategies that are predictably effective in promoting positive health outcomes for rural women with HIV disease.

SUBSTANCE ABUSE AND WOMEN WITH HIV INFECTION

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Women with HIV infection tend to belong to one or more marginalized groups — most are poor women of color, and many have struggled with substance abuse. We report here a metasynthesis of findings regarding substance abuse and HIV infection from qualitative studies conducted with HIV-positive women. Method: Protocols developed as part of a methodologic study to develop the analytic techniques for qualitative metasynthesis were used to synthesize 50 published and unpublished reports conducted with HIV-positive women living in the U.S. Reports were appraised and analyzed, and findings regarding substance abuse were abstracted. The findings were analyzed by constructing various trajectories of substance abuse and HIV infection. Findings: Nearly all of the women who reported problems with substance abuse grew up in dysfunctional families; alcoholism, sexual abuse, and physical abuse were prevalent. Women turned to drugs and alcohol to anesthetize themselves against the pain of these events. Several trajectories were identified: one trajectory involved women who had never abused substances, and then started after their HIV diagnosis; another involved women who were users, who greatly increased their substance abuse upon learning they were HIV-positive; and yet another involved women who gave up drugs and alcohol when diagnosed. For many, the diagnosis of HIV infection was “just another thing” to deal with in lives filled with sorrow. Conclusions: HIV prevention strategies must begin very early if we are to impact its spread among women. We need to find these women as children and intervene in their dysfunctional families of origin.
Oral Abstracts

LOST TO FOLLOW-UP CARE: STRATEGIES FOR ENCOURAGING PATIENTS TO RETURN TO PRIMARY MEDICAL CARE

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BACKGROUND: Despite attempts to retain patients in care, large HIV primary care clinics are experiencing many lost to follow up (LTF) cases. Determining reasons patients leave care is essential to formulating strategies to encourage return. Patient retention is critical to evaluate health care services and determine the clinical effectiveness of HIV/AIDS treatments. PURPOSE: a private grant enabled a public hospital HIV primary care clinic to hire a Client Advocate (CA) (1 FTE) to locate patients that had discontinued care for at least one-year. The CA researches patient information from medical records, hospital databases, provider networks, clinic staff, and community associates. Once available, information is compiled, method of contact is as follows: attempt by telephone, then mail. Form letter is sent certified, return receipt mail and then regular mail. In the first year, 503 patients were determined to be lost to LTF. The CA successfully located 265 of these patients. 112 patients returned to HIV care, 64 self-referred, 48 referred by the CA. Patients not located were referred to HIV surveillance nurse for further research through the county health department. CONCLUSIONS: Upon interviewing patients, reasons for leaving care were identified: incarceration in local jails or state prisons, relocation, fear, frustration with health systems, death, and funding issues. Patients contacted by Client Advocate expressed appreciation for personal contact and encouragement to return to care. IMPLICATIONS FOR PRACTICE: continue refinement of programs to locate and encourage lost to follow up patients to return to primary care. Personal contact is an essential element of successful return strategies.

PROJECT FOR IMPROVING ADHERENCE TO MEDICAL APPOINTMENTS

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BACKGROUND: Adherence to medical appointments is critical to the effective management of a patient’s health status. There is also an implication that patients who are adherent to their medical appointments may also have increased adherence to their medication regime. Medical appointment adherence at this busy urban county health clinic is 50%. This impacts the ability of the provider to develop a relationship with the patient as well as to provide continuity of care. It also prevents the scheduling of other patients in those appointment spaces. PURPOSE: To improve adherence to medical appointments to 70% within 6 months and to identify the major reasons for non-adherence to appointments. METHODS: Each client with a scheduled medical appointment on one unit of the Clinic will be telephoned 24 hours prior to their appointment with a reminder call. If the number is non-functional and the client shows up, a new telephone number will be obtained for future contact. If the client does not show for their appointment, they will be called again to reschedule and asked why they did not make their appointment. CONCLUSIONS: Adherence rates improved to 60% for patients for who a message was left and 86% for patients who were spoken to directly. The primary reason for non-adherence will also be reported. IMPLICATIONS FOR PRACTICE: Improved continuity of care for patients; A process identified which works for clients and improves Clinic flow.
MANAGING LOST-TO-FOLLOW-UP CLIENTS

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BACKGROUND: Many clients in this busy HIV Clinic attend Clinic for screening but never return for their first MD appointment. Attempting to follow-up and connect with these individuals is difficult and a public/private healthcare issue. It is understood that patients who present with later stage illness may have compromised their immune system to the point where it is difficult to achieve successful outcomes. Identifying patients early assists the client and clinician in achieving positive health outcomes.

PURPOSE: To develop a process which assists clinicians in reconnecting clients to the health care.

METHODS: Each new client receives the following appointments prior to their MD visit: A screening visit with a nurse; A visit with the social worker and finally a nurse counseling appointment to review labs and provide education. The nurse counselor then tracks patients to determine adherence to their first MD visit. If they are not, she attempts to reschedule the patient by telephone and if unsuccessful, a letter is sent to the address on file. If the letter is returned, the file is closed. If the letter is not returned, she will continue to attempt contacting the patient on a monthly basis for 1 year until the patient is rescheduled or lost to follow-up.

CONCLUSIONS: This process has been successful in reconnecting 20-25% of patients to medical care. Complete results will be presented for 1 year of data collection.

IMPLICATIONS: To identify ways of reaching disenfranchised patients in a systematic process which may encourage them to reengage in care.

STAYING IN CARE: FACTORS AND EXPERIENCES INFLUENCING RETENTION IN HIV-ORIENTED PRIMARY MEDICAL CARE

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Objective: Retention in HIV care is essential to improving and maintaining a person’s health status and quality of life. Therefore to understand factors influencing regular utilization of HIV-oriented primary medical care, research was conducted to identify demographic and psychosocial variables associated with sporadic use and non-engagement in care.

Design/Methods/Variables: Using a retrospective predictive correlational design combined with a phenomenological analysis, demographic correlates associated with retention in HIV-oriented primary care as well as the lived experience of health care utilization were examined. Population/Setting/Sample: Participants in this study were individuals who voluntarily enrolled in HIV-oriented medical care at a large urban HIV clinic. During the last six months of 2001, 161 new patients voluntarily enrolled in HIV-oriented primary care and were classified as regular users, urgent care users or non-engagers. Among the regular and urgent care users, qualitative interviews were conducted until theoretical saturation was identified to determine the impact of HIV-related stigma, patient-provider relationship and other life situations on HIV care utilization.

Findings/Conclusions: Individuals have “competing interests” that must be overcome as they “negotiate obstacles” in order to become regular users of HIV-oriented primary. Empirically, persons with histories of incarceration and substance use who were unemployed and had unstable housing were more likely to become sporadic users or non-engagers in care (p<.001). Implications for Nursing Practice: Results of this study were used to develop an algorithm to screen for high-risk for non-retention in care so that new clients could be referred to participate in a randomized trial designed to test the effectiveness of an outreach retention intervention aimed at keeping persons regularly enrolled in HIV care.
RURAL OUTREACH TO CHILDREN WHO ARE HIV INFECTED

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Georgia currently ranks ninth in the US for reported AIDS cases. The most recent statistics demonstrate an increase in HIV-1 infection in the rural areas. Since 1993, the Pediatric HIV Health Care Team at Medical College Of Georgia initiated outreach services in a community where AIDS ranks fifth in the state. The site is approximately 200 miles away from MCG. Presently, 38% of the 68 HIV exposed and infected children served by MCG reside in this area. Of these 21 children, 5 meet the CDC case definition for pediatric AIDS and 16 are HIV infected.

The team (pediatric infectious disease specialist and two pediatric nurse practitioners), provides services on a bimonthly basis. Local support services include a social worker, primary care physicians, and professional and clerical staff. Coordinated services are provided at a site where the children’s parents are receiving HIV related care. The atmosphere of the clinic is family centered, informal, and friendly.

Benefits of the clinic for families include: reduction in travel time by an average of 8-10 hours per clinic visit, improved access to care, increased adherence in appointment keeping, familiarity with the local surroundings, improved coordination with local primary care providers and positive family response. A Medicaid cost-savings of approximately $23,000/year for patient travel and clinic use is realized. Families know the HIV Team and continue to receive the same level of expert care but at a location that is more convenient and accessible.

A MODEL OF QUALITY OF LIFE IN PEDIATRIC HIV INFECTION: IMPLICATIONS FOR RESEARCH AND PRACTICE

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BACKGROUND: Quality of life (QOL) assessment offers insights into the effects of disease and treatment on physical, psychological, and social functioning—factors that have special relevance to the care of developing children and youth with HIV infection. The General Health Assessment for Children (GHAC) is a modular instrument used to measure QOL in Pediatric AIDS Clinical Trial Group (PACTG) Protocol 219, the Pediatric Late Outcomes Study. PURPOSE: This presentation will discuss QOL in children with HIV infection and implications of QOL assessment for nursing research and practice. METHODS: Our working conceptual model of QOL includes disease severity, treatment, demographics, and stress. Symptoms represent QOL outcomes and are also predictors of QOL in the domains of health perceptions; physical, psychological and social/role functioning and physical resilience. QOL data from a secondary analysis of PACTG 219 during 1993-2000 will be used for illustration. Leading statements and questions will focus discussion on (1) factors affecting QOL in pediatric HIV infection; (2) complexities of QOL measurement in children including age, respondent, and family; (3) clinical needs and targets for intervention identified by QOL research; and (4) potential uses and feasibility of QOL assessment in clinical care. CONCLUSIONS: QOL assessment can be used to increase understanding of the functional impacts and symptoms associated with HIV infection in children that require nursing intervention. IMPLICATIONS: Discussion of assessment and conceptual models of QOL can enhance and support nursing research and clinical interventions aimed at optimizing health of children living with HIV infection. Supported by NINR grant NR07975.
DEVELOPING A PEDIATRIC ADHERENCE PROGRAM: THE UNIVERSITY OF MIAMI EXPERIENCE

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Abstract: Adherence to antiretroviral therapy is of paramount importance in the control of the replication of HIV. Studies have shown that HIV medications are not effective unless they are taken with a greater than 95% adherence. Based on this importance, the University of Miami Division of ID & Immunology initiated a Pediatric Adherence Program for the clients. The experiences of program planning, obtaining funding, recruiting adherence staff, and implementing an Adherence Program that serves a multicultural, multilingual client population will be discussed. Nearly a year old, the successes and challenges of establishing the Pediatric Adherence program will be shared, as well as directions for the future.
Oral Abstracts

THE CARIBBEAN/WEST INDIES CULTURAL COMPETENCY PROGRAM

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BACKGROUND: The Caribbean ranks second in the world for HIV/AIDS (UNAIDS, 2002). Immigration from this region has accounted for a 90% increase in the black population in Miami (Census Bureau, 2000). A study of HIV/AIDS community care found several barriers to care (Jones, et al, 2002). However, limited training materials were found on providing culturally competent nursing care for persons from the Caribbean/West Indies. Nursing faculty from Florida International University worked with Florida Nurses Association (FNA) Cultural Diversity Task Force to address this need. PURPOSE: Educate nurses about working with diverse client populations from the many islands of the Caribbean/West Indies, in order to deliver culturally and linguistically competent care. METHOD: Nurses from the Caribbean/West Indies were asked to help develop the Caribbean/West Indies Cultural Competency Training Program for Nurses. They identified specific content to be included, such as characteristics of Hindi, Creole/Patois, and Afro-Jamaican language; historical background and spiritual beliefs of the Rastafarian, Shango Baptist and Obeah religions; and affect of religion and family values on health care practices. A curriculum and case studies were then developed. A grant for program implementation was submitted and funded by the Aetna Foundation. CONCLUSION: Working together, nurses developed a culturally specific program that will help improve care for persons who immigrate to the US. IMPLICATIONS FOR PRACTICE: Understanding cultural and health beliefs that affect health care is important when caring for immigrants from any country. The process used for this project can be used by nurses around the US to develop programs targeting specific client populations.

HIV TRAINING IN THE DOMINICAN REPUBLIC: EXPERIENCE OF A MULTIDISCIPLINARY AND MULTINATIONAL COLLABORATION

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BACKGROUND: Due to its proximity to Haiti and a large sex tourist industry, the Dominican Republic (DR) is experiencing a devastating epidemic of HIV infection. The prevalence of HIV in the DR is reported as 3% of the population, however, other estimates are as high as 5%. Health care providers in the country are poorly trained to manage the complications of HIV infection and treatment. PURPOSE: The purpose was to evaluate whether participants had learned the material presented. METHODS: Under the initiative of Washington University School of Medicine in Saint Louis in collaboration with Centro de Promocion y Solidaridad Humana, in the DR, the first advanced HIV medical course was presented in November 2002 in the DR. The faculty consisted of highly HIV-experienced physicians and nurses from the U.S., Spain and DR. The course was organized in plenary sessions with discipline specific concurrent sessions. We evaluated the effectiveness of the course through a pre and post-test questionnaire to determine whether participants learned the material that was presented by the faculty. RESULTS: The course duration was 4 days. All course sessions and materials were presented in Spanish. The test consisted of 20 multiple-choice questions. 73 providers completed the pre and post test evaluation. The mean pre test score was 12 ± 3, and the post test was 15 ± 3 (p < 0.0001). Health care providers were very satisfied with the course. CONCLUSIONS: Simple, culturally sensitive education programs developed in partnership with providers in the developing world can have a significant impact in care and knowledge about HIV infection, and is well accepted by the local providers. IMPLICATIONS: This study demonstrated the effectiveness of pre/post test tools to evaluate participant learning.
BREASTFEEDING IN SOUTHERN AFRICA IN THE ERA OF HIV/AIDS: HARD CHOICES, NEW REALITIES

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BACKGROUND: In Southern Africa, where breastfeeding is the norm and infant feeding alternatives are unavailable, unaffordable, or culturally unacceptable, breastfeeding plays a major role in mother to child transmission (MTCT) of HIV, accounting for up to 44% of infant HIV infections. But breastfeeding also protects infants against infections, malnutrition and death, and strengthens the mother-infant bond. These contradictions pose a dilemma for mothers, nurses and health policy makers. PURPOSE: This presentation examines the evidence for best infant feeding practices in Southern Africa, including research studies, WHO and national recommendations, and the responses of women and health professionals. Knowledge, attitudes and infant feeding practices in the face of HIV infection will be described, including the value placed on breastfeeding, the feasibility of safe replacement feeding, the effect of exclusive versus mixed breastfeeding on HIV transmission, stigma associated with bottle feeding, and the spillover effect of formula use into the general population. PRACTICE: Understanding of best infant feeding practices in Southern Africa is still evolving. New recommendations differ from cultural norms, and may be difficult for mothers to put into practice. Nurses and midwives lack the time and knowledge to effectively support and counsel mothers about infant feeding. CONCLUSIONS: The prospect of MTCT via breastfeeding may be fundamentally altering infant feeding practices in Southern Africa. New counseling messages may result in practices that actually increase the risk of MTCT. IMPLICATIONS: Nurses and midwives need information, support and counseling skills to help mothers make good decisions about infant feeding in the era of HIV.

INDIA - A CATASTROPHE AWAITING

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BACKGROUND: The National Security Council published a report in the Summer of 2002 indicating that there are countries that are “smouldering” with HIV epidemics poised to explode. These countries are Russia, Ethiopia, China, Nigeria, and India. Of these, the most dire predictions are for India where the current estimated number of HIV infected individuals approaches four million. It already holds the dubious distinction of having the second largest number of HIV positive people for a single country, next only to South Africa. Several conditions within India provide this formula for disaster. India has one third the land mass of the United States and over one billion citizens. The current life expectancy in India is 63.2 years - similar to that of Sub-Saharan Africa 20 years ago. The adult literacy rate is about 57.2%. The percentage of people with incomes below the poverty line is 44.2% based on the equivalent earnings of one dollar per day. If you consider a daily earning of two dollars per day, 86.2% of the population subsists below the poverty line. Conditions such as poverty and low literacy are known to contribute to high HIV infection rates. With all these foreboding elements in place, it is not surprising that the projections indicate that by the year 2010 there will be between 20-25 million infections. PURPOSE: During January 2003, this writer had the opportunity to spend three weeks in Southern India, visit a number of clinics and support groups and speak to a wide variety of interested groups. The purpose of this presentation is to provide nurses with a glimpse into the current conditions of HIV care in South India. METHODS: Slide presentation, photographs taken during the trip, handouts, and discussion. CONCLUSION: India is a country with a vast disparity between rich and poor, resources are scarce, antiretroviral therapy for those infected already is unimaginable, those who have access are being cared for those practitioners with little experience in the complex care of HIV disease. With all these conditions in place, it is not surprising that India is a catastrophe waiting to happen. IMPLICATIONS: Although the current international focus is on Africa and other countries in Asia that have been devastated by HIV Disease (and rightfully so) it will be crucial to help “at risk” countries to prevention programs, basic nursing and provider education and support services if we are to avert disaster.