+ NURSE

ANAC ASSOCIATION OF NURSES IN AIDS CARE

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Depression – It's More Than Feeling Blue

David J. Sterken MN, CNS, CPNP

Depression is most often associated with feeling "blue" or "down in the dumps". Depression is a normal feeling often to events that alter our lives. Many times it resolves on its own and does not keep us from carrying out our day to day responsibilities. If the symptoms of depression last for two weeks or longer and begin to interfere with the individuals day-to-day functioning, it is probable that they meet the criteria of being clinically depressed.

The classic symptoms of depression fall into 3 categories: *affective, cognitive, and somatic. Affective symptoms* refer to our current emotional state (feelings). Depressed people often describe their experience as feeling blue and sad. Some may even shed tears for no apparent reason. Attempts to change the depressed person's mood prove unsuccessful despite the well-intentioned efforts of family members and friends. *Cognitive symptoms* refer to how we think and for the depressed person include thoughts of hopelessness, worthlessness, and suicidal ideation. *Somatic symptoms* refer to the physical symptoms associated with depression. These symptoms could include fatigue, insomnia, changes in appetite, sleep experience, or sexual desire, and withdraw from personal relationships.

The DSM IV lists the following criteria for a major depressive episode:

- Either
  - Persistent depressed or sad mood **or**
  - Anhedonia (decreased interest or pleasure in previously enjoyable activities
- Four (or more) of these eight symptoms
  - Sleep disturbance (too much or too little)
  - Decreased interest in activities
  - Feelings of guilt or worthlessness
  - Diminished energy
  - Difficulty concentrating, thinking, or making decisions
  - Appetite disturbance (no appetite or overeating)
  - Psychomotor changes (body slowing down or being restless)
  - Suicidal thoughts or many thoughts of death
- Symptoms cause significant distress or impair the person's ability to function at work or interact with others
- Symptoms aren't due to a substance (like a prescribed medication or abuse of drugs) or general medication condition (like a thyroid problem)

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In this issue...

Everything has its wonders even darkness and silence. I learn that whatever state I may be in therein to be content. (Helen Keller)

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In the past our society has tended to view depression as a moral weakness, further adding to the suffering the depressed. Some have estimated that the rate of depression among those who are HIV-positive to range from 46-52% (Low-Beer et al., 2000). Valente (2003) points out that clinicians may feel ill prepared to respond to the feelings of the HIV-positive depressed client.

Take home message: If you think you might be depressed talk to your health care provider. Please do not suffer in silence! Get the help you need to live a life filled with quality moments and relationships. There are people who care about you even when it may seem like the world is crumbling around you. Remember you need very little light to penetrate even the darkest of nights.

References

Low-Beer, S., Chan, K., Yip, B., Wood, E., Montaner, J. S. G., O,Shaughnessy, M. V. et al. (2000). Depressive symptom decline among persons on HIV protease inhibitors. Journal of Acquired Immune Deficiency Syndromes, 23, 295-301.

Ogland-Hand, S. (1997) Depression in adults and older adults. Today, 5-7.

Valente, S. M. (2003). Depression and HIV disease. Journal of Association of Nurses in AIDS Care, 12, 41-51.

The only way you can live forever is to love somebody - then you really leave a gift behind. When you live that way, as I've seen with people with physical illness, you literally have choice of when you die. (Dr. Bernard Siegel, MD)

Hints for Staying Healthy

David J. Sterken MN, CNS, CPNP

I would like to share with you some information, passed on to me from a nurse in holistic healing and prevention, about a product called Juice Plus+®. Juice Plus+® comes in capsule and chewable form and contains the nutritional essence of 17 different raw fruits, vegetables and grains. Juice Plus+® Orchard Blend contains seven of the most nutritional fruits around: apples, oranges, pineapple, cranberries, peaches, acerola cherries and papaya. Juice Plus+® Garden Blend contains ten nutrient-dense vegetables and grains: carrots, parsley, beets, kale, broccoli, cabbage, spinach, tomatoes, and barley and oat fibers. They are juiced to extract their nutritional essence, then reduced to powder using a special process.

During the processing controls are in place for pesticides, contaminants, and temperature to ensure that most of the vital nutrients found in the fresh, raw fruits and vegetables remain intact. Most of the vital nutrients found in the fresh, raw fruits and vegetables thus remain intact, making Juice Plus+® the next best thing to actually eating fresh, raw fruits and vegetables.

Juice Plus+® is a whole food based supplement, providing not only a wide variety of natural occurring vitamins, antioxidants, and minerals, but also may of the other nutrients—phyto-chemicals, enzymes, even the fiber—found in fresh, raw fruit and vegetables themselves.

The cost of Juice Plus+® $39.75/month. You can learn more about Juice Plus+® at www.juiceplus.com/+jk68331.

Reference: The Juice Plus+® Guide To Better Health

What comes from the heart touches the heart.
(Don Sibet)

Out of the HIV Closet

I can distinctly remember the day I was diagnosed like it was yesterday. Unfortunately, I have experienced hatred, prejudice, and even isolation. I am tired of living in fear of people finding out. Is there such a thing as the "HIV Closet"? If so, it is time to break down those doors. Yes, I am HIV positive, and Yes I am a Nurse! Wow, that felt good, but I still remember with fine detail, how I felt when I heard those words "Your blood test came back HIV positive." To my amazement, I was not afraid nor did I break down emotionally but in fact, I was more concerned about my career. What will happen to me? Can I still be a nurse? What about graduate school? These were just a few questions that ran through my mind as I sat there absorbing the shock of knowing that I now belonged to a society that is stigmatized and in some cases feared. Fellow nurses feared me on the job, which prohibited me from rendering any direct patient care. Only my supervisor knew (or at least I thought she was the only one). She took the liberty to share my diagnosis with several people. To this day she will not acknowledge my presence in the workplace, and she makes every effort to walk the other way. I waited a very long year to get permission to even practice as a nurse but then only in an indirect way. Mind you, I had paid my dues with direct patient care (so I wasn't too much in a hurry), and now I focused toward the ambulatory arena. I was still under a microscope, even though I had proven my nursing competencies many times over. I couldn't believe that I could have supervisor's that were (and still are) "HIV" phobic; this I know because of how quickly they avoid any interaction with me. I have had to deal with breach of confidentiality, and wondering why it was so liberally shared amongst supervisors without my approval or knowledge. Am I going to live to see when the stigma is not so? Maybe? Maybe not? I love being a nurse and am currently pursuing my graduate degree. I can sometimes forget that I have HIV but how quickly I am reminded in certain circumstances. So this is my first step in coming "Out of the HIV Closet," I want it to be ok talk about it, to share stories. I get great comfort just talking about this disease with someone who knows and whom I do not have to explain the side effects. For you see, I am not afraid to say I am HIV positive but the way people respond? Will it ever be safe to freely speak about such a devastating disease? Maybe there should be a "Coming Out of the HIV Closet" Day?

Sincerely,

BUZLTYR361@aol.com

Health Issues for HIV-infected Women

Thom Thiele, ACRN, IBCLC (International Board Certified Lactation Consultant)

As the AIDS epidemic continues into its third decade and the "face of AIDS" is changing from predominantly men to women, it is becoming apparent that there are several differences in women's health as compared to men.

The differences start at the point of infection. Women in general appear to be more easily infected with the virus than do men. Studies in the U.S. have demonstrated that other sexually transmitted diseases, particularly infections that cause ulceration's of the mucosal surfaces (e.g., syphilis and chancroid), greatly increase a woman's risk of becoming infected with HIV.

Women have had higher rates of esophageal candidiasis (yeast infections of the windpipe) and herpes simplex infections than men. Vaginal yeast infections are also much higher in HIV+ women as compared to HIV-. Because of this, HIV+ women are advised not to eat yogurt which contains live cultures such as acidophilus and bifidus. Fluconazole has been very helpful in treatment of these infections.

Other vaginal infections occur more frequently and with greater severity in HIV+ women, including bacterial vaginosis, gonorrhea, chlamydia, and trichomoniasis.

Idiopathic genital ulcers, or those with no evidence of an infectious organism or cancerous cells in the lesion are a unique manifestation of the disease.

Human papillomavirus infections, which cause genital warts and can lead to cervical cancer, occur with

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increased frequency when infected with HIV.

Pelvic inflammatory disease appears to be more common and more aggressive in HIV+ women than in uninfected women.

Menstrual irregularities are a frequent complication, including amenorrhea.

Even drugs commonly used by men such as megace associated with wasting, can cause significant, irregular vaginal bleeding in HIV+ women.

HIV+ women appear to have a shorter survival rate but that could be due to the fact that they don't seek help early in the infection.

In analyses of 9 cross-sectional and 4 longitudinal studies, viral load measurements were compared in HIV infected men and women. The studies showed that women and consistently lower viral loads than men did at similar stages of infection.

With the uniqueness of the differences between physical structure of men and women, it should not be surprising that there would be differences in response to HIV infection. With the alarming increase in women becoming infected as we head into the new millennium it seems that research needs to take on a task of redefining health issues that now will include a closer look at women.

Being myself includes taking risks with myself, taking risks on new behavior, trying new ways of "being myself", so that I can see how it is I want to be.
(Hugh Prather)

References

Anastos, K. etal. Gender specific differences in quantitative HIV-1 RNA levels. 6th Conference on Retroviruses and Opportunistic Infections. Chicago. 1/31 - 2/4, 1999. Abstract 274.

Conley, L.J. etal. Incidence of HPV associated vulvovaginal lesions in HIV infected and uninfected women. 6th CROI. Abstract 462.

Feinberg, J. etal. Heteroxexual transmission of NNRTI resistant HIV-1 6th CROI. Abstract 219.

Harlow, S.D. etal. Menstrual function and HIV serostatus. 6th CROI. Abstract 461.

Hoesly, C.J. etal. Molecular epidemiology of HPV infection in the genital tract of HIV seropositive women. 6th CROI. Abstract 465.

Reichelderfer, P. etal. Variation in genital tract shedding of HIV RNA with menstrual cycle. 6th CROI. Abstract 223.

Rompalo, A.M. etal. Syphilis serologic patterns among women with or at risk for HIV. 6th CROI. Abstract 468.

NIH computer data base, Bethesda, Md.

Bulletin of Experimental Treatments for AIDS, SF AIDS Fdn: BETA 4/99, Recent News about Women and HIV.

http://www.hivpositive.com/f-Women/9-WomenHIV/9-women00.html

http://www.sfaf.org/treatment/beta/b40/b40women.html

Here is a short list that I collected that might be helpful to a woman who has limited knowledge of contact information.

WOMEN'S PROGRAMS & NEWSLETTERS

Project WISE/WISE Words (800) 822-7422, 205 13th Street, Suite 2001, San Francisco, CA. 94103. WISE Words is the free three-times yearly publication of Project WISE, Project Inform's program focusing on HIV/AIDS treatment information and advocacy for women.

Women Alive (213) 965-1564 or (800) 554-4876, 1566 Burnside Avenue, Los Angeles, CA. 90019. Women Alive publishes a quarterly newsletter and is active in policy and treatment issue affecting women living with HIV.

WORLD (Women Organized to Respond to Life-threatening Diseases) (510) 986-0340, 414 Thirteenth Street, 2nd Floor, Oakland, CA. 94612. WORLD publishes a monthly newsletter for women with HIV and has a peer advocate program, treatment training program and retreats for HIV+ women.

TEENS

Bay Area Young Positives (415) 487-1616, 518 Waller Street, San Francisco, CA. 94117. BAY Positives is a national organization by and for youths living with HIV disease.

PEDIATRICS

Pediatric AIDS Foundation Trials Hotline (310) 395-9051, 1311 Colorado Avenue, Santa Monica, CA. 90404. The Pediatric AIDS Foundation advocates on behalf of and funds pediatric research in AIDS. This trial hotline gives listings of studies and provides information for children with HIV/AIDS.

SPECIAL PROGRAMS FOR FAMILIES

Families' and Children's AIDS Network ((312) 655-7360, 721 North LaSalle Street, Suite 311, Chicago, IL. 60610. Families and Children's AIDS Network provides family support programs, information, and special programs for children.

Don't surrender your individuality, which is your greatest agent of power, to the customs and conventionalities that have got their life from the great mass…Do you want to be a power in the world? Then be yourself. (Ralph Waldo Trine)

Contact us

One of the main goals of the HIV-Positive Nursing Committee and + **Nurse** is to reach out to all HIV-Positive nurses, regardless of practice setting or organizational affiliation. You do not have to be a member of ANAC or an AIDS nurse to benefit from +Nurse.

You can contact us at + Nurse, c/o Association of Nurses in AIDS Care, 80 S. Summit Street, 500 Courtyard Square, Akron, Ohio 44308;
Phone: 330-762-5739 or 800-260-6780;
Fax: 330-762-5813;
E-Mail: anac@anacnet.org;
Web Site: www.anacnet.org

80 Summit Street
500 Courtyard Square
Akron Ohio 44308

We as a committee would love to hear from you. Do you have ideas for articles? We would welcome anyone who would like to submit an article. Deadline for our next publication date is July 2, 2003. Let us know if you are interested in writing an article.