



PARTNERSHIP PROJECT



The Network
News
March 2009
Issue #108

OREGON HIV/AIDS CASE MANAGEMENT

Dining Out for Life Comes to Portland for the 1st time on April 30, 2009



Dine Out. Fight AIDS

Dine at one of the
participating restaurants on

**April 30,
2009**

and 30% of your bill will
benefit Ecumenical Ministries
of Oregon's HIV Day Center
and the Partnership Project,
to support people living with
HIV/AIDS in the Portland area.

For a daily updated list of
participating restaurants, visit:
www.diningoutforlife.com
or call 503-230-1202, ext. 235
for more information.



Welcome

Next

Case Management
Network Meeting
800 NE Oregon

April 14, 2009

Disability Update

Sarah Patterson

Portland will become the 45th city in the country to participate in this event. Please join The HIV Day Center and Partnership Project in this important event and help raise needed funds for services to Persons Living with HIV/AIDS in the Portland Metro area.



Sarah's column is on vacation this month
but join her at Case Management Network Meeting
for an update!!

Health Action Day in Salem, Wednesday, April 8th

From Salem to Washington D.C., the time has come to fix our broken health care system, join the largest mobilization of health care advocates in Oregon this year as we demand much needed changes. For more information visit unitedforhealthyoregon.org.

Lobby Day training starts at 9:00 AM, at the Micah Building, 680 State St NE, Salem. (Lunch Provided for training participants—Please RSVP with your organization or by using the link below)

Rally Starts at Noon on the Capitol Steps, 900 court St NE, Salem.

Register on-line [at http://www.healthsecurityaction.com/campaign/hcad2009](http://www.healthsecurityaction.com/campaign/hcad2009)

Health Action Day is April 8th

Participating Groups:

AARP Oregon, Advocacy Coalition for Seniors and People with Disabilities, AFSCME, American Cancer Society Action Network, American Heart Association/American Stroke Association, American Lung Association, The Archimedes Movement, Ater Wynne, The Oregon Bus Project, Care Oregon, Children First for Oregon, Health Care for All Oregon, Health Care for America Now—Oregon, the Human Services Coalition of Oregon, Lane Individual Practice Association, Metropolitan Alliance for the Common Good, Mid-Valley Health Care Advocates, NARAL-Pro-Choice Oregon, Oregon Action, Oregon Action Rogue Valley, Oregon AFL-CIO, Oregon Alliance for Retired Americans, Oregon Center for Public Policy, Oregon Consumer League, Oregon Health Action Campaign, Oregonians for Health Security, Oregon Nurses Association, Oregon Primary Care Association, Oregon School-Based Care Network, Oregon State Council for Retired Citizens, OSPIRG, Rachel's Friends Breast Cancer Coalition, Save Oregon Seniors, SEIU Local 49, SEIU Local 503, Stand for Children, The Tree Institute, United Seniors of Oregon, Women with Disabilities Health Equity Coalition and growing daily!



Ask DEBBY:

Two important questions: 1) when to start HIV treatment and 2) what to start with.

When should antiretroviral treatment be initiated?

Current guidelines recommend starting HIV medications when CD4 count drops below 350 or if HIV/AIDS symptoms are present. There is ongoing debate and study about this important issue. Multiple factors are considered when determining this recommendation such as strength and durability of the meds, convenience of regimens, likelihood of developing resistance or side effects, and potential risks from deferring treatment. As the meds available have improved in convenience, tolerability and durability, there has been interest in possibly starting meds sooner. Also, there is increasing evidence suggesting long-term HIV infection and ongoing viral replication causes previously unappreciated deleterious effects throughout the body. Two more studies were presented on this topic at a recent conference, CROI, showing the issue is still unresolved. Both groups analyzed patient data from the late 1990's, an era when treatment was initiated if CD4 fell below 500. Another caveat to consider when looking at the data is to remember that the regimens used in that era are not the same as the ones we use now.

NA-ACCORD North American AIDS Cohort Collaboration on Research and Design results: Starting ARV with CD4 between 350 and 500 resulted in a 71% lower risk of death compared to those who waited until <350. Starting with CD4>500 vs. deferring ARV until CD4 350-500 increased relative hazard of death by 1.6.

ART Cohort Collaboration results

Looked at patients starting HIV meds when CD4 dropped to less than 550. Stratifying by CD4 count, no additional benefit was found for ARV initiation when CD4 was greater than 400 on rates of progression to AIDS or death. There will surely be ongoing discussion and debate on this issue. A trial designed to really address this issue would need to be a randomized controlled clinical trial.

What to start with?

Darunavir (Prezista) was added as one of the preferred PI options in the last version of the HIV Treatment Guidelines (November 2008). A new 400mg tablet is available; dose for treatment naïve is 800mg plus 100mg ritonavir once daily.

Data to support the addition as a preferred ARV naïve option comes from the ARTEMIS trial, comparing Kaletra and Prezista, recently published with the 48 week data. At CROI, this data was extended out to 96 weeks. Both regimens demonstrated durability. In the Prezista arm, 84% had VL<50 at 48 weeks and 79% at 96 weeks. For Kaletra, VL<50 was 78% at 48 weeks and 71% at 96 weeks. Total discontinuations for any reason were 17% with Prezista and 23% with Kaletra, side effects were somewhat more frequent in the Kaletra arm. Virologic failure was very rare in both groups.

At CROI, further analysis was presented into factors that might have influenced virologic response. Issues such as adherence, age, sex, race, baseline VL and CD4 were examined. Being adherent was defined as taking >95% of doses. The group taking Kaletra had a significant difference in likelihood of maintaining VL<50 out to 96 wks when comparing those adherent to those with sub-optimal adherence. The impact of suboptimal adherence on response to Prezista was not as great.

*Ask Debby is graciously provided by Debby Parrish, Rph, MPA:HA
A pharmacist who specializes in HIV*



No known “comings and going” this month...

ECONOMIC RECOVERY PAYMENTS COMING FOR PEOPLE WHO RECEIVE SOCIAL SECURITY AND SSI BENEFITS

By Alan Edwards, Social Security Public Affairs Specialist

The *American Recovery and Reinvestment Act of 2009*, which the President signed into law in February, provides for a one-time payment of \$250 to people receiving Social Security and Supplemental Security Income (SSI) benefits.

The one-time recovery payments will go out in May 2009 and all payments should be received by the end of May. In April, Social Security will send a letter with additional information to each person who is eligible for the one-time payment. The payments will be sent automatically, meaning no action is required on the part of the person receiving benefits. The economic recovery payments will be made separately from a person's regular monthly payments.

All adults who receive Social Security benefits, including disabled adult children (but not minor children) are eligible for \$250 payment. In addition, all persons who receive SSI payments, including minor children, are eligible for the payment. Anyone who receives benefits or who was eligible to receive benefits during any of the three months prior to enactment (November and December of 2008 and January 2009) will receive the one-time payment as long as the address of record is in one of the 50 states, the District of Columbia, Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands.

The payments will be made in the same way that regular monthly payments are made. People with direct deposit will receive their payments electronically. Those who receive paper checks will receive their payments in the mail. People who receive regular payments through the *Direct Express* debit card will receive their one-time payments through the card.

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This issue, and issues from Feb 2002 on, can be found electronically at <http://www.oregon.gov/DHS/ph/hiv/services/news.shtml>