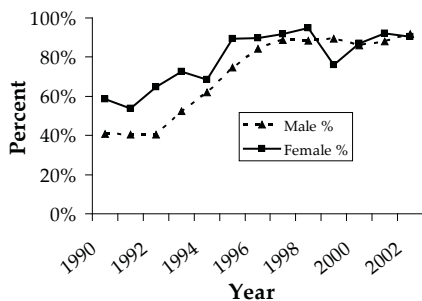


OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

DIET, EXERCISE AND SMOKING CESSATION: THE NEW HIV COCKTAIL

Effective treatments have greatly increased the life expectancy of Oregonians living with HIV and AIDS. Five-year survival in Oregon increased from 42% in 1990 to 92% in 2002 (Figure). In fact, 27% of people living with HIV/AIDS (PLWH/A) in Oregon today are aged ≥50 years. Most of these individuals have been living with HIV for years, some for decades. And, we expect the HIV/AIDS population to become “grayer,” since another third of Oregonians living with HIV today are from 40 to 49 years of age.

Percent of HIV/AIDS cases reported surviving five-years or more, Oregon, 1990–2002.



Older PLWH/A present distinct treatment challenges for providers, including the management of complex co-morbidities like diabetes, cardiovascular disease, cancer, and osteoporosis. These chronic diseases can be associated with aging alone, but are frequently complicated by long-term HIV infection. Few studies examine the causes of age-related problems among PLWH/A. Regardless, addressing modifiable risk behaviors — like smoking, diet, exercise, and safer sex — may now be as important to improving the long-term health and quality of life of patients living with HIV as antiretroviral medication management.

SMOKING AND HIV DON'T MIX

HIV-positive patients who smoke may warrant even more intervention than other smokers. Among PLWH/A,

cigarette smoking further increases the incidence of bacterial pneumonia, other AIDS-defining illnesses and head and neck, lung, anal and cervical cancers.¹⁻³ In addition, smoking may be associated with faster progression to AIDS, increased neurological complications associated with AIDS, and poor treatment outcomes, including weak viral and immunologic response to antiretroviral therapy (HAART).⁴⁻⁶

Unfortunately, smoking prevalence is higher among PLWH/A than other patient populations. In Oregon, self-reported smoking rates among PLWH/A range between 42% and 61%, depending on the patient sample, compared to 19% in the Oregon population overall. However, many PLWH/A who smoke want to quit, and almost half (46%) say they are seriously considering quitting in the next 30 days.⁷

In response, Oregon's CAREAssist Program — which helps PLWH/A pay for insurance premiums and pharmaceuticals — has taken two important steps to help clients quit:

- As of June 1, 2008 CAREAssist clients receive augmented services from the Oregon Tobacco Quit Line (800-QUIT-NOW). Free services include five counseling calls and nicotine replacement therapy (including patches and gum). Oregon's Quit Line services are tailored to callers' needs, and the counselors receive cultural awareness and competency trainings.
- CAREAssist now pays for nicotine replacement therapy, including pharmacotherapies, (*bupropion* or *varenicline*), if the client's insurance policy does not cover them.

Call CAREAssist in the Health Division's HIV Care and Treatment Program (800-805-2313) to speak with a caseworker for assistance with smoking cessation and other chronic disease management in patients with HIV.

Clinicians play an important role in assessing the need for smoking cessation among PLWH/A, and then referring smokers to the Quit Line and/

or prescribing pharmacotherapies. HIV-positive patients not receiving assistance from CAREAssist may also be able to receive some services from the Quit Line or through private insurance plans, employee health programs, and/or the Oregon Health Plan. For your patients who are unable to quit, new recommendations are expected shortly from the Advisory Committee on Immunization Practices directing all smokers to receive the pneumococcal vaccine to protect against pneumonia.⁸

HEALTH PROMOTION WORKSHOPS SUPPORT SELF-MANAGEMENT

Having vanquished the scourge of tobacco, you and your now serenely aging patient with longstanding HIV infection will likely be eager for assistance managing heart disease, diabetes, and arthritis, or perhaps pining for help with a sturdy exercise routine. Fear not.

- *Positive Self-Management for People with HIV/AIDS* programs cover medication adherence strategies, exercise, nutrition, and stress reduction. Local health departments sponsor the workshops. The next scheduled workshop takes place in Multnomah County, January 20 to March 2. Go to www.oregon.gov/DHS/ph/livingwell/lwworkshops.shtml or www.oregon.gov/DHS/ph/hiv/services/psmp.shtml to learn more or find an upcoming workshop in your area.
- Teams of peer leaders — themselves with chronic health conditions — facilitate six-week-long *Living Well with Chronic Conditions* workshops using an evidence-based curriculum developed at Stanford University. The interactive format helps patients develop self-efficacy in managing their symptoms and increasing quality of life by focusing on skill building, shared experiences and social support. Deschutes, Jackson, Josephine, Lane, Lincoln, Linn, Multnomah, and Wasco counties have all scheduled upcoming workshops. Information is also available at www.oregon.gov/DHS/



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[ph/livingwell/twworkshops.shtml](#) or by contacting your local health department.

HIV PREVENTION COUNSELING: AN ONGOING IMPERATIVE

Not to be overlooked, HIV prevention counseling is an ongoing imperative. Physicians often neglect this important topic, particularly with established HIV patients.⁹ Although medical case managers, social workers, and other members of the care team are important sources of prevention counseling, physicians have a part to play, too. Studies consistently show that patients trust physicians for health information, and that brief counseling by physicians can result in behavior change by patients.^{10,11}

RESOURCES

Supporting Healthy Options for Prevention (SHOP) OHSU's Partnership Project provides SHOP to Oregon residents. This consists of comprehensive risk counseling for people at risk for contracting or transmitting HIV/AIDS and other sexually transmitted infections. Physicians and other clinicians can refer HIV-positive and HIV-negative patients and even people who don't know their HIV status. Clinicians or patients can contact 503-230-1202 or 877-795-7700 for more information or to schedule an intake.

SHOP counselors use motivational interviewing techniques to partner with clients in creating plans for risk reduction and self-care. Clients can receive up to six confidential and private sessions with counselors who will meet them "where they are at" in the risk reduction process. Some patients may even be eligible to receive a finan-

cial incentive for participating. SHOP counselors operate primarily in the Portland metropolitan area, but offer a variety of physical locations as well as phone or Internet services to remotely located patients, so geography should not be a barrier to accessing services. Bilingual Spanish/English counseling is also available.

AIDS Education & Training Center

If talking about sex stretches your current skill set or comfort level, the AETC (503-229-8428) trains clinicians to effectively broach the topic.

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2008 CD SUMMARY TOPICS

(Volume 57, by issue)

- Tapeworms: A Communicable Cause of Seizures
- Maternal Smoking in Oregon: Helping Moms Quit
- 2008 Child and Adolescent Immunization Schedule
- Golden Years, Hidden Fears
- Adenovirus Type 14: Not Just Another URI
- A Look at HIV Prevention Strategies in Oregon
- Measles: A Tale of Two Countries
- Death and Taxes in Oregon
- The Scoop on Breastfeeding and PCBs
- CD Facts and States-Oregon, 2007
- Diabetes Care in Oregon: Better But Not Best
- Lung Cancer in Oregon: Where We Are, and What We Can Do About It
- Hope for Herpes Zoster
- What's New with Births in Oregon?
- Tuberculosis in Oregon: Going But Not Gone
- Zoonoses I: Lyme Disease and Bacterial Pet-borne Infections
- Zoonoses Part II: Parasitic Infections
- Vaccines and Anti-virals: Flogging the Flu
- Defying Gravity: Preventing Falls Among Older Adults
- Hepatitis C Surveillance in Oregon: The Good, the Bad, and the Ugly
- Winded at Work
- Salmonellosis and Campylobacteriosis in Infants
- Routine HIV Testing All Your Patients: It's Quicker and Easier Than You Think
- Like Wine and Cheese, We Can Improve with Age
- Climate Change and Communicable Disease
- Diet, Exercise, and Smoking Cessation: The New HIV Cocktail