



The Pitt Men's Study

news and notes

spring 2008

HIV INFECTION INCREASING IN YOUNG MSM

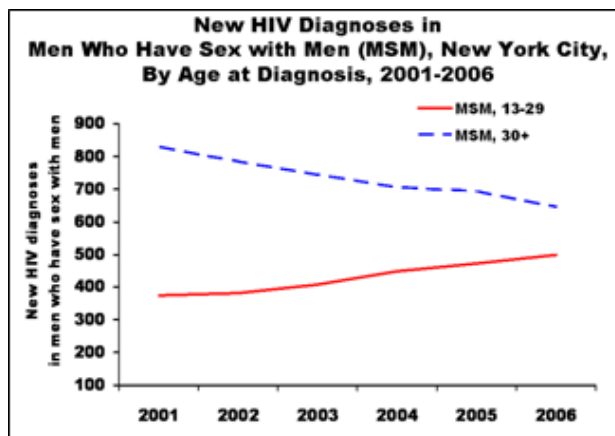


A recent *New York Times* article reported an increasing trend in new HIV infections among young New York City MSM (men who have sex with men).

According to preliminary data published by the New York City Department of Health and Mental Hygiene, new HIV cases among MSM younger than thirty have been on the upswing since 2003, while declining by 22% among older MSM (see graphic).

The New York City Department of Health and Mental Hygiene released eye-opening information that included statistics such as the under-thirty group now accounts for 44% of all new diagnoses among MSM in New York City, which is up from 31% in 2001.

New York City health officials cite the following reasons as being possible factors leading to the recent rise in new HIV infection rates within this group: 1) an increase in drug use which may ultimately lead to risky sexual behavior, 2) confidence that HIV/AIDS can be readily and easily treated, and 3) the stigma associated with HIV may keep one from revealing his status.



According to the CDC, this pattern of increasing HIV prevalence among the under-thirty group is not only New York City's problem, it is a nationwide trend. Although the current methods of prevention may be helpful in increasing awareness, they are obviously falling short of the intended goal - to decrease HIV infection rates.

Courtesy of the New York Department of Health and Mental Hygiene press release, September 11, 2007

NEW HIV DRUG

Raltegravir (ral-TEG-ra-veer) represents a new drug in the fight against HIV. It was approved in October of 2007 by the Food and Drug Administration (FDA). The FDA stated that the new drug is "effective at treating HIV-positive people who have shown resistance to available treatments." Merck, the manufacturer of Raltegravir, will sell the product under the name Isentress (eye-SEN-tress).

Raltegravir represents the first of a new class of drugs to fight HIV infection called integrase inhibitors. According to thebody.com, integrase inhibitors, like many antiretroviral medications, work by binding to one of several specific enzymes that HIV uses when copying itself. Once bound to the drug, the enzyme is unavailable to anything around it, including HIV, hindering HIV's ability to make copies of itself.

THE PITT MEN'S STUDY
P.O. Box 7319, Pittsburgh, PA 15213
(412) 624-2008 (800) 987-1963
www.stophiv.com/pms

Charles R. Rinaldo, PhD, *Principal Investigator*
Anthony J. Silvestre, PhD, *Publisher*
Nathaniel J. Soltesz, BS, *Editor*
William G. Buchanan, MM, *Contributing Editor*
Bridget C. Calhoun, MPH, PA-C, *Contributing Editor*
Marcy Holloway, MPAS, PA-C, *Contributing Editor*
Kristen D'Acunto, MPA, *Contributing Editor*
Raymond Yeo, BA, *Contributing Editor*

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drug-resistant staph

DRUG-RESISTANT STAPH: THE FACTS

Note: This article recently appeared as a Health Alert sent via our Health Alert email system. For more information on how you can subscribe to Health Alerts, see the ad next to this article.

A recent New York Times article reported a drug resistant strain of MRSA (Methicillin-resistant Staphylococcus aureus) being spread among gay men in San Francisco and Boston. MRSA infections typically occur in hospitals or other healthcare facilities.

However, MRSA can also cause infections in persons who have not recently been hospitalized. This is referred to as community-acquired MRSA, and has received a lot of press coverage as of late.

Although the study cited in the Times article noted a disproportionate number of MRSA skin infections among gay men, it is important to note that MRSA is not specific to one population or group of people. Regardless, it is important to understand the risk factors, signs and symptoms, prevention methods and possible treatment options.

Community-acquired MRSA is spread through close skin-to-skin contact, openings in the skin such as cuts and abrasions, crowded living conditions, and poor hygiene.

A person who has a MRSA skin infection often has redness, warmth, swelling, pus, and/or pain at the site where a sore or cut is present. Typically, it may resemble a boil or spider bite. MRSA skin infections may also occur at sites covered by body hair or where clothing or towels cause skin irritation or increased rubbing.

Hand washing is key to preventing the spread of infection - be sure to use warm water and soap.

Covering cuts and scrapes with a bandage until they are healed, avoiding contact with other people's wounds and bandages, and avoiding sharing personal items such as towels or razors serve as prevention methods as well.

If you are concerned about a possible MRSA skin infection, contact your health care provider for treatment.

MRSA infections are treatable with antibiotics, despite their resistance. Remember it is important to complete the full course of antibiotics, even if the infection seems to be getting better, unless directed by your physician.

In addition, do not share antibiotics or save unfinished antibiotics to use at another time.

Information is power.

Stay informed of health issues that concern gay and bisexual men by signing up for the Pitt Men's Study's **Health Alert!** email service.

It's free, and members will receive information on issues of vital importance to the health of the community. Stay informed, stay powerful.

Pitt Men's Study

Health

ALERT!

PittMensStudyHealthAlerts@stophiv.pitt.edu

To sign up, send an email to **PittMensStudyHealthAlerts@stophiv.pitt.edu** with **subscribe** in the subject line. Alerts should arrive only once every two or three months. All info is kept confidential; you can cancel your subscription at any time.

A TALK WITH THOMAS



Thomas Guadamuz is a new face in our office suite, but you probably won't be seeing him around - he's doing some behind-the-scenes research based on your data - the data that we and the three other Multi-Center AIDS Cohort Study (MACS)

locations have been collecting since 1984.

Born in Los Angeles, Thomas spent several years of his childhood in Thailand and returned there in his college years to do work on AIDS prevention with men who have sex with men (MSM). He is currently doing post-doctoral work with the Behavioral and Community Health Sciences department in the Graduate School of Public Health here at Pitt.

What kind of work did you start out doing in Thailand?

While studying at Johns Hopkins University in the Department of International Health, I interned with the World Health Organization, and I asked for the Bangkok office. So after not being in Thailand since I was in junior high, I returned as an AIDS worker. That's when I realized this is where it's at; there are a lot of problems with HIV stigma and discrimination.

Tell me about the HIV stigma in Thailand.

I was really surprised at first because Thailand's 100% Condom Program is considered one of the six best prevention programs in the world, one that really slowed the AIDS epidemic. But when I got there - and this was in 2000 before HAART was accessible to the general population - I found incredible stigma attached to people living with HIV/AIDS. And because the 100% Condom Program was really aimed at female sex workers and sex between a guy and a girl, a lot of MSM were like "Oh no, it doesn't pertain to us." They think they can spot an HIV positive person - but if someone has light skin, looks attractive, or is in college they think, "That's not a person who would have HIV." I got some money to do formative research there, and I did interviews with guys from bars, male sex workers, students...all types of MSM. And the group that had the best condom skills were the sex workers, because they realized they were at high risk. Even still, I asked them what they use for lubricant, and they'd say "Oh, you mean lotion?" They'd use anything, like shampoo,

soap, cooking oil, vaseline. Nobody told them it was not good for the condoms—that these oil-based products can tear latex condoms.

What other work did you do in Thailand?

I got a Fulbright scholarship from the U.S. State Department and, after I got my degree, returned to Thailand and started a community-based qualitative research project at the largest AIDS hospice in Thailand, which was also a Buddhist temple. Nobody else would take HIV/AIDS infected people in. They were kicked out of their home communities by their parents and relatives; some of them were left in front of the temple and the monks would come out and bring them in. One staff member at the temple told me how they found this one guy in a village - they'd heard there was an HIV positive person there, so they went to talk to his family, and they found him chained in the basement to a post...so that is stigma at its very worst.

So I was at this temple, and the people there knew they were going to eventually die. People were willing to touch them at least; volunteers would come in from other countries and just massage them, put towels on them, and that alone...just having someone touching them would make them teary eyed - they didn't have that human touch before.

You're now in the US, and working with the data from our guys, right?

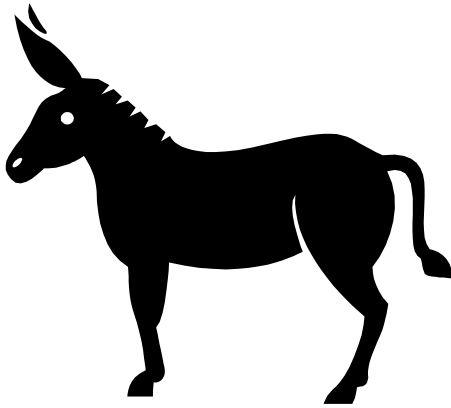
Yes. In addition to my post-doctoral work, I'm currently doing a side project with the MACS data on HIV and obesity.

Tell me about that.

Recently there was a study released looking at this phenomenon, that HIV positive people are now living longer and that obesity is becoming a problem. The scientist who did the study went through military hospital records and came to this conclusion. If it's true, it has tremendous implications for prevention programs for HIV positive people. We have to worry not just about controlling the spread of HIV but all the health issues that come with obesity - blood pressure, diabetes, heart disease. So we want to see if this phenomenon is indeed happening. America has an obesity epidemic. If people with HIV are living longer, are they just adopting the behaviors of the general population or is there another trend? And the thing is, we have the best data here. The MACS guys have been followed for years and years.

anal health

ANAL PAPSMEARS AND YOU



Why, why, why do you guys keep asking about my anus? When you saw us during your last appointment, you probably noticed that we seemed obsessed with your anus. And we are, oh we are.

But on the scientific end of things (near where the anus is located), health researcher Dottie Wiley has asked our MACS participants to talk to us about their anuses. Hence, our cheeky questions. Just to clear things up a little, we thought we should give some basic information.

What is an anal Pap smear?

An anal Pap smear is similar to a vaginal Pap smear. A health practitioner will use a Dacron swab (similar to a Q-tip) to collect cell samples from all surfaces of the anus, anal canal, and rectum. It is a relatively painless procedure. Then, a lab analyzes the collected tissues under a microscope. There are two kinds of anal Pap smears: a concurrent Pap and a screening Pap. In one study, both smears were shown to be moderately effective in diagnosing cells that could become cancerous. The screening Pap may give less false-negative results than the concurrent Pap smear.

What does an anal Pap smear look for?

Anal Pap smears are designed to check for high-grade dysplasia, in which normal cells have mutated and are considered pre-cancerous. If an anal Pap smear comes up positive for dysplasia, this indicates that an anal biopsy (a more painful procedure that consists of snipping anal tissue – *not* the same as a colonoscopy) should be undertaken to verify the Pap smear results.

What men are at risk for anal cancer?

So far, researchers have concluded that men who have sex with men are at a significantly higher risk for anal cancer than men who only have sex with women. In particular, barebacking bottoms (men who have unprotected receptive anal intercourse with other men) are at some risk, especially if they are HIV positive and have a history of anal warts. If you are a man who has sex with men, likes to bottom, doesn't always use condoms, has had anal warts before, and is HIV positive, you may be at higher risk for anal cancer.

Why are men at risk for anal cancer?

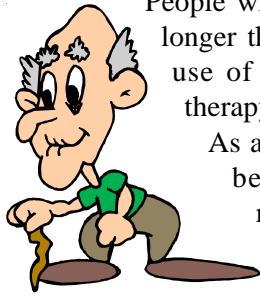
Anal cancer appears to be linked to infection with human papilloma virus (HPV), the virus that causes anal warts. Two subtypes of this virus, HPV-16 and HPV-18, seem to cause most anal cancers.

Where can I find further information?

If you are at risk for anal cancer and you are HIV positive, you can get an anal Pap smear at the recently-opened Anal Dysplasia Clinic in Oakland. Currently the Clinic, under physician Ross Cranston, is seeing only HIV-positive patients for Thursday afternoon appointments, while plans for treating HIV-negative patients are in the works. Find out more by calling the PACT (Pittsburgh Center for AIDS Treatment) Clinic at 412-647-7228. Dr. Benjamin Skinker at UPMC Shadyside Family Health Center offers anal Pap smears for HIV-positive and HIV-negative patients; call 412-623-2287 for more information.

ARE HIV/AIDS PATIENTS AGING FASTER?

By Raymond Yeo



People with HIV and AIDS are living longer than ever before thanks to the use of highly-active antiretroviral therapy developed in the mid 1990s. As a result, men and women who become infected today have reason to be more hopeful than their counterparts from the mid to late 1980s.

But as a recent *New York Times* story points out, living longer can come at a price. In the article *AIDS Patients Face Downside of Living Longer*, reporter Jane Gross interviews a handful of middle-aged men and women infected with HIV and draws connections between HIV and other conditions normally associated with advanced age.

“That is the question, heretical to some,” she writes, “that is now being voiced by scientists, doctors and patients encountering a constellation of ailments showing up prematurely or in disproportionate numbers among the first wave of AIDS survivors to reach late middle age.”

Gross goes on to mention the MACS (the Multi-Center AIDS Cohort Study, of which the Pitt Men’s Study is a part) and the burgeoning research being conducted by Dr. John Phair, an Infectious Disease Specialist from Chicago, Illinois.

Phair sums up the dilemma when he notes, “Which health issues are a direct result of aging, which are a direct result of HIV and what role do HIV meds play? In short, we don’t know. There isn’t enough research as of yet to make any definite conclusions.”

Marcy Holloway, a physician assistant at the Pitt Men’s Study, sees the problem on a day-to-day basis.

“We also have experienced the concern of the rising possibility of the accelerated aging process in our older HIV infected population,” she said.

“Over the past year, our study participants have undergone several tests designed to measure frailty. Although there isn’t one easily defined mechanism to diagnose a person as being frail, studies show that there

are certain characteristics that may be present in describing that person as being in the late stage of the aging process.”

When asked specifically how the Study measures aging in middle-aged HIV-infected participants, she went on to say:

“Literature describes frailty based on self-reported or easily-measured methods which include at least three out of five specific components—physical shrinking, weakness, exhaustion, slowness, and a low physical activity level. All of these components are measured to some extent among our study participants.”

Bill Buchanan, who has been with the Pitt Men’s Study for almost 20 years, added, “A lot of people, including some government officials, think that we have HIV/AIDS licked, but we don’t. It’s true that we have more effective treatments, but we still don’t have a cure or a vaccine, and we still don’t understand the long term effects of the drugs and of living with the virus for decades.

“When people think they don’t have to worry about HIV/AIDS any more, that they can just take some pills and they’ll be fine, they send the wrong message, especially to young people.

“If you think it’s okay to have sex without a condom, ask those of us who remember burying our friends...or ask the men with HIV who take handfuls of pills every day and have serious side effects - they’ll tell you you’re dead wrong.”

Ms. Holloway agrees. “The painful truth is that we’re now seeing a rise in infection rates, especially in the younger MSM population as well as people of color, with one of the primary reasons being that many believe we can completely manage HIV and AIDS with a simple anti-viral medication regimen.

“We just don’t know how manageable it really is. And the older the infected populations become, the more we’re beginning to see the long-term negative effects of both the disease and the anti-viral treatments. So we have to keep up the momentum in funding, research, and prevention.”

clinic notes

WELL THAT'S A NEW QUESTION

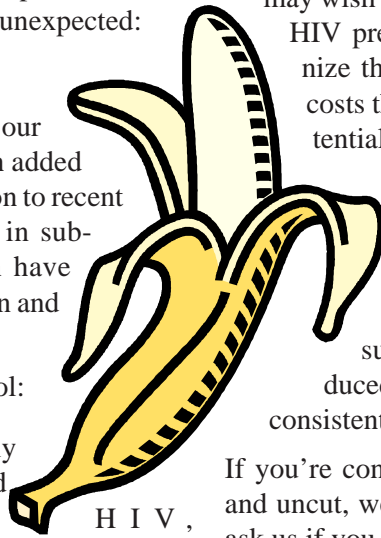
You may have caught us asking a new question at your recent Pitt Men's Study visit. Suddenly, in the midst of all that interrogation about anal pap smears and prescription medications, something unexpected: "Are you circumcised?"

No, we aren't just asking it to satisfy our own curiosity. The question has been added to the questionnaire partially in relation to recent studies conducted with populations in sub-Saharan Africa, the results of which have suggested a link between circumcision and HIV transmission.

From The Centers for Disease Control:

"It is possible, but not yet adequately assessed, that male circumcision could reduce male-to-female transmission of HIV, although probably to a lesser extent than female-to-male transmission.

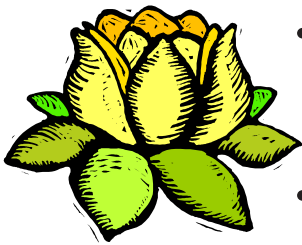
"Male circumcision may also have a role in the preven-



tion of HIV transmission in the United States... As CDC proceeds with the development of public health recommendations for the United States, individual men may wish to consider circumcision as an additional HIV prevention measure, but they must recognize that circumcision 1) does carry risks and costs that must be considered in addition to potential benefits; 2) has only proven effective in reducing the risk of infection through insertive vaginal sex; and 3) confers only partial protection and should be considered only in conjunction with other proven prevention measures (abstinence, mutual monogamy, reduced number of sex partners, and correct and consistent condom use)."

If you're confused about the difference between cut and uncut, we have handy illustrations in the clinic - ask us if you want to take a look at it.

We won't mind, even if it's just for a cheap thrill.



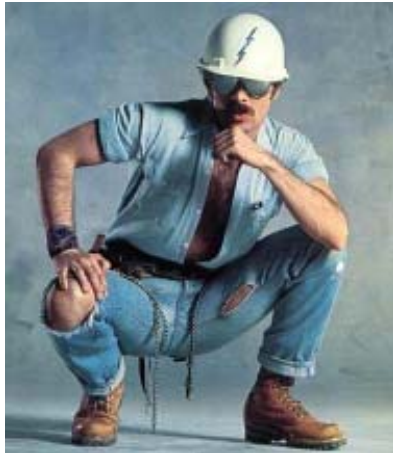
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Southwestern Pennsylvania Healing Weekend
Friendship, Food & Fun at a Peaceful Retreat
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The Southwestern Pennsylvania Healing Weekend (SPHW) has been scheduled for June 13-15, and will be held at a peaceful retreat center. The primary goal of the Weekend is to provide relaxation, information and camaraderie for those infected and/or affected by HIV. The SPHW is funded by a combination of local AIDS service organizations, churches and businesses willing to support the on-going battle against HIV and AIDS. The SPHW continues to grow and is known for providing fun-filled opportunities for meeting new people, sharing personal experiences, and personal growth.

Special activities include workshops, massage, bingo, motivational speakers, and a variety of stress reduction activities. A series of 12-step meetings will also be planned for those who are interested. The cost of the weekend is \$250.00 and includes 2 nights of double occupancy lodging, all meals, evening snacks, admission to all workshops/activities and entertainment. A limited number of partial scholarships (ranging from \$175 - \$225) are available for those who complete an application and are in need of financial assistance. The deadline for registration is May 2, 2008. Those completing a registration form after the deadline will be placed on a waitlist.

Brochures for the SPHW are available at local HIV/AIDS service organizations and treatment centers. Additional information and the scholarship application can be found within the brochures. For more information please contact Bridget Calhoun at the Pitt Men's Study (412) 624-2008 or Persad Center at (412) 441-9786 extension #312. We hope to see you there!

ROAD CONSTRUCTION UPDATE



The weather is getting warmer, and you know what that means: road construction! But don't expect those Grand Canyon-sized potholes on your street to get filled. No, just prepare yourself for more headaches when it comes to getting around the city. Do we sound bitter? Perish the thought. Here is some of the road construction to consider when coming to your Pitt Men's Study visit.

Boulevard of the Allies

Boulevard of the Allies in the outbound direction from Downtown has been closed since January, and will remain closed throughout the summer. Here's what PennDOT and the community group are advising Oakland-bound drivers:

- From Downtown and I-579 -- Do not take the Boulevard of the Allies. Use Grant Street to the Parkway East outbound to Oakland Exit 2B to Forbes (or cut up Bigelow Boulevard at the Mellon Arena and take Craig Street to Fifth Avenue).
- From the North Side, Interstate 279, Route 60 and Route 28 -- Use the Fort Duquesne Bridge to the Parkway East outbound to the Oakland/Forbes Exit (or from Route 28, cut across the Highland Park Bridge and follow the Blue Belt to Washington Boulevard and then to Fifth Avenue).
- From the Parkway West and Fort Pitt Tunnel -- Take the Parkway East outbound to the Oakland/Forbes Exit, the regular route for most drivers.
- From the Parkway East inbound -- Use the Oakland/Bates Street Exit (Exit 3B), the regular route for most drivers.
- From Route 51, West Liberty Avenue and Liberty Tunnels -- Traffic will be directed to Forbes Avenue, which is to be followed past Duquesne University and Mercy Hospital all the way to Oakland.

Parkway East

Remember last summer when the incoming lanes on 376 were closed before the Squirrel Hill Tunnels on weekends? Well, it's happening again. Starting at the end of March, one inbound lane on 376 will be closed each weekend. This affects our guys who have Saturday appointments, so please take note and plan accordingly.

FROM THE SUGGESTION BOX...

by Bill Buchanan

Q. Why do I have to call to confirm my appointment?

A. Calling to confirm (or reschedule) your appointment in a timely fashion helps us to best use our resources and allows us maximum flexibility in scheduling our men.

If we have you scheduled and you don't call, we have to assume you are coming and cannot put anyone else in that slot. I can't tell you how many times I have had someone call and request a certain day or time and I cannot put him in because all the slots are filled but not confirmed. We could overbook, but if we do and everyone shows up, then we can't do our job as well as we would like to and you don't get the service you expect and deserve.

A quick phone call once you get your appointment letter to tell us whether or not you can make it is greatly appreciated. And if you confirm and something comes up that prevents you from making it, a quick call to let us know (if you can get to a phone, of course) is helpful too - knowing this helps us juggle tasks in an efficient manner.

We're not trying to be difficult - we just want to do the best job we can for you, because you are what this study is about. Remember that in addition to our main line (412-624-2008), we have a toll-free number: 1-800-987-1963. Thank you for your participation - without it we could not do this important research.

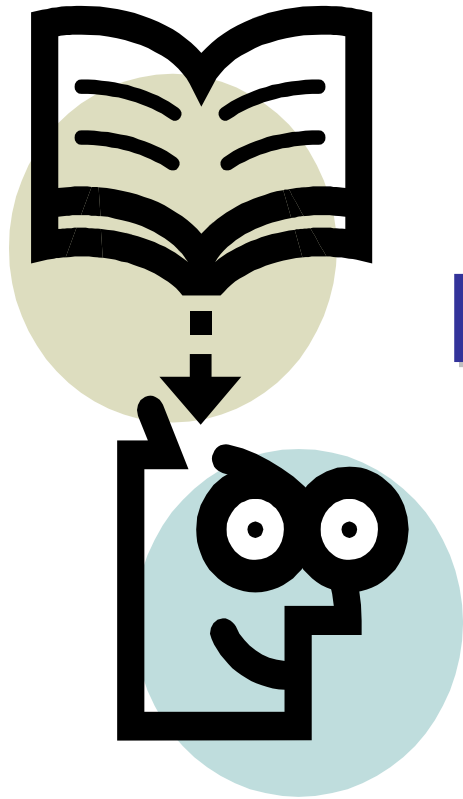
Please take note of the suggestion box in our lobby. We encourage your comments and suggestions.

Questions about HIV?

Get answers!

at the

HIV
Educational
Forum



Wednesday, April 23, 5:30 PM

Holiday Inn Select Hotel
100 Lytton Ave, Oakland

*** FREE ***

Buffet dinner served promptly at **6 PM**

Speakers and a Q & A session will follow

**You MUST register for this event before
April 16th**

by calling Kristin D'Acunto at 412-624-5509

Parking will be validated - for the hotel & UPMC
underground parking lots **only**

Sponsored by the Pitt Men's Study, GlaxoSmithKline,
AGH, PTEU, and PACT