



Positive Reaction

October 2007

FDA Approves New ARV Drug

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**WORLD AIDS DAY is
DECEMBER 1st**

This article on Selzentry is intended as informational and was compiled from various sources.

On August 30, 2007, the Food and Drug Administration released a new type of HIV medication called Selzentry, or alternatively called Maraviroc. Selzentry is a CCR5-blocking type of drug called an entry inhibitor, manufactured by Pfizer. Selzentry is approved for HIV-positive people who have HIV strains that are resistant to multiple antiretroviral drugs. It is not yet approved for people with drug-sensitive HIV strains, such as those starting antiretroviral therapy for the first time. This new medication holds promise for HIV-positive persons who no longer respond to other HIV drugs. Because Selzentry tar-

gets HIV differently than most currently available antiretroviral drugs, chances are that many people living with the virus—regardless of which drugs have failed them in the past—will likely benefit from using Selzentry.

Two large clinical trials have determined that Selzentry, when combined with other drugs, is effective for persons whose virus has adapted to other HIV drugs used in the past. However, Selzentry worked best when it was combined with at least two other drugs that the virus was sensitive to. For this reason, it is best to use drug-resistance testing to determine which drugs your virus is sensitive to; the results will show which antiretroviral drugs are best to combine with Selzentry.

Selzentry will only be effective at reducing viral load in people with HIV that uses the CCR5 receptor. It will not be effective against virus that uses another CD4 cell coreceptor, called CXCR4 (and the drug will have a limited effect against HIV with that uses both receptors). Because CXCR4-"tropic" and "dual-tropic" HIV is more common in people who have been infected with HIV for several years, a laboratory test called a 'tropism assay' is necessary before Selzentry can be used, to determine if treatment with the drug will be useful.

Please check with your medical provider with your questions pertaining to this new class of medication.

Reflections on A Trip to Ghana

By John Green

On September 9, 2007, I began a two week journey to the village of Kpando where I assisted in the running of a children's home for HIV/AIDS orphans. The home is called HardtHaven Children's Home and is located in Ghana Africa. The home houses 15 children, ranging from age 2 through age 14. The children go to school, help to run the home, play together, eat together and function very much as a family. All the children have lost at least one parent to HIV.

I had no idea what I was in for. The face of HIV is very different around the world, and no more evident than in this small village where children are left at the hospital or social services by family members who do not want to, or cannot afford to care for them when their parents pass away. Health care is limited, appointments happen only if doctors can travel the long distance to the remote village. And, if medication is available, a person's next meal may not be.

(continued on pg.2)



Photo: John Green with several of the children at HardtHaven.

Staff Spotlight: Daphne Carlson

(continued from "Reflections," pg. 1)

What moved me most was how the common element of community and determination makes all the difference between surrender and living with HIV. These 15 children who invited me into their lives cared a great deal about one another. They cared when they fought, they cared when they ate and they cared when they journeyed to the market. There was a sense of importance to one another and they relied on each other to keep the community whole and thriving. These kids taught me about the importance of life, and their commitment to one another is what keeps them alive.

As I take time to come down from this life changing experience— traveling to a place on the other side of the world— I realize that in many ways we are not so different, and not so far apart.

Daphne Carlson was born in L.A. – that is, Lewiston Auburn – and was raised in Kennebunk, Maine. She attended Wheaton College and graduated with a B.A. in Political Science.

Daphne worked in a photography shop right out of college before spending two years in Costa Rica in the Peace Corps. Upon returning to the United States, Daphne worked to assist families from the U.S. adopt children from Guatemala and Peru. Finally, two months ago, Daphne joined the team at FPC, where her title is an "Outreach Case Manager."

Daphne reports that she thoroughly enjoys her "wacky and amazing" co-workers. Her initial draw to the job was the

Spanish-speaking requirement. As Daphne says, "Spanish is a vital part of who I am, so [the position] fit perfectly." She has enjoyed getting to know her clients and working with other organizations in the area. "Helping communities in Maine was an opportunity I couldn't pass up" says Daphne.

Daphne believes that most of the stigma associated with HIV/AIDS is due to a lack of education. "People with HIV/AIDS are living longer, healthier lives. New medication comes onto the market with more frequency, and yes, there is heightened global awareness, but there certainly could be more. Knowledge truly is power. Endless financial sup-

port would be a big plus too!"

When Daphne is not at work, you may find her walking her Corgi, named Harvey, reading, or going to the movies with her husband. Daphne mentioned that one of her favorite books is Jayne Eyre by Charlotte Bronte. If she were to meet anyone famous, she would like to see a Beatles reunion.

When asked what she might say to Congress if she had two uninterrupted minutes to speak, Daphne said: "Universal Healthcare and Immigration are my soapbox topics, but morals, ethics and respectable behavior might be a good lecture to Congress and the President."

The Pets of FPC

Pet Profile #1:

Hello, my name is Artie.

I am a 2 1/2 year old Saint Bernard. I live on Cape Cod most of the time, but I like to visit Maine. I am an only dog, but I have a ton of friends. My best friend is a black dog named Gracie. She is awesome, but a bit rough with the play.

My favorite sport is tennis. I like to eat things I find on the beach, which makes my breath stink, but that is ok. I ride in the back of a truck, so the wind can blow on my face. People often give me cookies when I'm in the back of the truck – SWEET.

My favorite sneak treat? A sausage or hot dog right off the grill– YUM!



About Two-Thirds of HIV-Positive People in U.S. Overweight, Obese, Study Says

About two-thirds of HIV-positive people in the U.S. might be overweight or obese, "mirroring" the total U.S. population, according to a study released Thursday at the 45th annual meeting of the Infectious Diseases Society of America in San Diego, the AP/*Los Angeles Times* reports.

For the study, Nancy Crum-Cianflone of TriService AIDS Clinical Consortium in San Diego and colleagues examined medical records of 663 HIV-positive patients at U.S. Navy hospitals in San Diego and Maryland. The researchers considered medication records, how long participants had been HIV-positive and whether participants had a history of diabetes or high blood pressure.

The study found that 63% of participants were either overweight or obese and that 3% were underweight. About 30% of participants who had progressed to AIDS were overweight or obese, the study found. The study did not find a connection between antiretroviral drugs and weight gain. In addition, the study found that people who contracted HIV at younger ages, those who had been HIV-positive for a longer time and

those who had high blood pressure were at a higher risk of becoming overweight or obese.

None of the participants had "wasting" syndrome, which is characterized by the uncontrollable loss of 10% of body weight, as well as fever and diarrhea. Wasting syndrome was common among people living with HIV/AIDS when the virus was first discovered, the AP/*Times* reports.

Some experts said there could be psychological reasons for the weight gain and that some HIV-positive people might be gaining weight to avoid wasting syndrome. In addition, HIV-positive people are living longer and might be prone to poor eating and exercise habits. "We used to worry that [HIV-positive people] would lose weight and become wasted," Crum-Cianflone said, adding, "Maybe we should redirect our concerns to making sure they are maintaining a healthy, normal weight." (Chang, AP/*Los Angeles Times*, 10/4).

Excerpts from: www.thebody.com/content/art43435.html

“Stuff”

Would you like a Seasonal Disorder Lamp? If you are interested in a lamp to help stave off the winter blues, contact Lizzy @ 774-6877 ext. 111. First come, first served.

Prepare for Summer... Early! We have a good-as-new air conditioner at the Valley Street Office. Call Jeannemarie at 774-6877 ext. 116 for details.

COMPUTER TIME AT VALLEY STREET:

Tuesdays, 9-11 am

Fridays, 2-4 pm

Use the computer, use the internet!

Need a Massage? Get a supervised student massage at Pierre’s Cosmetology School on Marginal Way in Portland, \$20/hour. Call the main office at 774-1913 to set up an appointment.

Do you know Ebay? We are seeking an internet savvy volunteer to help a client sell some items on Ebay. If you are interested and available, please call Jeannemarie at 774-6877 ext. 116.

Interested in upcoming tickets to events? Call Lizzy at 774-6877 ext. 111 to request tickets or see what we have available.

Willing to help design a website? If you have web-design experience and some time to volunteer, please contact Jeannemarie at 774-6877 ext.116.

If you would like to join the “Living Well with HIV” list-serve, email jcelentano@peabodycenter.org.

MID - OCTOBER THROUGH MID - NOVEMBER

SUN	MON	TUE	WED	THU	FRI	SAT
14 ADCare MAINE CONFERENCE	15	16 Computer Time, 9-11	17	18	19 Computer Time, 2-4	20
21	22	23 Computer Time, 9-11	24	25	26 Computer Time, 2-4	27
28	29	30 Computer Time, 9-11	31	1	2 Computer Time, 2-4	3
4	5 COMMUNITY NIGHT, VALLEY STREET 6-7:30	6 Computer Time, 9-11	7	8	9 Computer Time, 2-4	10 ANNUAL CONF. ON HIV/PREVENTION
11	12	13 Computer Time, 9-11	14	15	16 Computer Time, 2-4	17

WELCOME NEW STAFF!

Lizzy Olmstead, JVC Volunteer

Becca Wertheimer, Case Manager at Positive Health Care

Jeannemarie Celentano, Support Services Manager

Daphne Carlson, Case Manager (see staff spotlight)

Jimmy Lucibello, York County Outreach

Lindsay Carlson, Program Support Specialist

Peter Sargent, CRMA

Mary Beyer, Social Worker

Kait Pressey, RN

Lynsey Voy, RN Intern

- **October 14th** – AdCare Maine Provider and Consumer Conference in Augusta, Maine. Sunday, October 14th 1-7:30 p.m. Will include a Doctor’s Panel and a “consumer quality of care” workshop. Call (207) 626-3615 for more information.
- **November 8th**– Community Night at Valley Street: **PLANNING MEETING for WORLD AIDS DAY.** If you would like to help at World AIDS Day, please come! Dinner will be served. RSVP to Jeannemarie at 774-6877 ext.116 by Nov. 2nd.
- **November 10** — 3rd Annual New England Conference on HIV Treatment & Prevention : Free Community-Based Conference at the Massachusetts Dept. of Public Health. For more information call: (617) 945-5350.



FRANNIE PEABODY CENTER

comprehensive HIV & AIDS services

Check us out on the web:

www.peabodycenter.org

Frannie Peabody Center

335 Valley Street
Portland, Maine 04102
Phone: 207/774-6877
Fax: 207/879-0761
Email: info@peabodycenter.org

Frannie Peabody Center is committed to compassionate care for the community infected with and affected by HIV and AIDS in Maine. FPC helps the community face and fight the realities of the disease by providing prevention education and direct services, including housing, information, advocacy, and counseling services. FPC treats the whole person with dignity, care and compassion.

Spiced Pumpkin Squares

From Martha Stewart Magazine

Submitted by Cindi Maule

INGREDIENTS:

- 2 cups all-purpose flour
- 1 tablespoon pumpkin-pie spice
- 1 teaspoon baking soda
- $\frac{3}{4}$ teaspoon salt
- 2 sticks unsalted butter, room temp
- 1 $\frac{1}{4}$ cups sugar
- 1 large egg
- 2 teaspoons pure vanilla extract
- 1 cup canned solid pack pumpkin puree (not pumpkin-pie filling)
- 12 ounces semisweet chocolate chips

Preheat oven to 350°

Line bottom and sides of 9 X 13 baking pan with parchment paper, leaving overhang on two sides.

Whisk together four, pie spice, baking soda and salt.

Beat butter and sugar with mixer on medium-high speed until pale and fluffy. Beat in egg and vanilla, then the pumpkin puree. Reduce speed to low, and beat in flour mixture until combined. Fold in chocolate chips.

Spread batter in pan. Bake, rotating pan halfway through until edges begin to pull away from sides of pan and a toothpick inserted into center comes out with a few moist crumbs (35 minutes). Let cool in pan on wire rack.

Lift cake out of pan with paper, and peel off. Cut into squares.

Positive thoughts

By: Charlie Grindle

Greetings! Goodness, it seems like ages since I put finger to keyboard to say hello and share my ponderings. I hope you all will have a chance to say hello to Jeannemarie soon; I enjoyed meeting her, and look forward to our collaborations. Haven't these extra days of summer been a wonderful gift? Going to lie on the beach in September is special enough, but to go into the ocean (to my waist at least) while others swam was a truly memorable event. Sadly, I think we are at the end of our extended summer, and must begin to embrace all those things (chores perhaps?) that remind us that autumn is here, and the season must change after all. As I usually do, I will send a box of bright red leaves to an older friend in San Diego. She enjoys the colorful reminders of the autumns of her childhood. As much as I enjoy the thoughts

of days past, I look forward to making new memories to put into my mental scrapbook. Perhaps I will make that trip to the Height of Land near Rangeley, and get some fabulous photos from the mountainside.

While surfing on my computer, I came upon an ad for on-line degrees and training to help your career. As I looked at the offerings, I noticed that each program had an icon reinforcing the thrust of the program. The teaching program had a man (?) with a piece of chalk in his hand; the nursing program had a woman (?) with a thermometer. They made me think about the perceptions that we can easily fall prey to, not only in terms of gender expectations, but in life stances. If someone drives a nice car, we may perceive them as wealthy. Someone who has a

chic mailing address must live in a grand home in a terrific neighborhood. The importance of perceptions has been brought home to me as I look at the on-line dating sites. The pictures usually show someone beaming with goodwill, and proclaiming their terrific health and desirability. The perception is of someone we just must meet, date, and perhaps have for ourselves. But how many teachers actually use chalk these days? Doesn't the in-take person at the hospital take your temperature? As you go about your day-to-day, be aware of the images that you are expected to accept, and ask yourself if they are an expected perception or the reality. Search for the reality, wherever you find yourself.

Wishing you health, laughter, and love, Charlie