

PSYCHOSOCIAL WELLBEING SERIES

Understanding HIV Basics

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Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV-related illness and the treatments in question. CATIE in good faith provides information resources to help people living with HIV/AIDS who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not guarantee the accuracy or completeness of any information published by CATIE. Users relying on this information do so entirely at their own risk.



Canadian International
Development Agency

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CATIE's Vision

CATIE is a catalyst for a renewed and integrated Canadian response to reduce the transmission of HIV and to improve the quality of life of people with HIV.

CATIE's Mission

CATIE champions and supports innovation and excellence in knowledge exchange for the prevention of HIV transmission, and the care, treatment and support of people with HIV by:

- collaborating with and building the capacity of front-line organizations to use knowledge effectively to respond to the HIV epidemic
- supporting and connecting people with HIV, other individuals and organizations to develop, synthesize, share and apply HIV knowledge
- acting as a central contact point for the flow of comprehensive, accurate, unbiased, timely and accessible HIV information and community-based knowledge

CATIE's Services

CATIE provides free HIV/AIDS information services and support to people living with HIV/AIDS and their caregivers, to health care providers, to AIDS service organizations and to related front-line organizations.

www.catie.ca

REPSSI

REPSSI is a regional non-profit organization working to mitigate the psychosocial impact of HIV and AIDS, poverty and conflict among children and youth in 13 countries (with over 200 partners) in East and Southern Africa. REPSSI ultimately aims to ensure that all children affected by HIV and AIDS, poverty and conflict access stable, affectionate care and support to enhance psychosocial well-being.

REPSSI exists to provide leadership, quality technical assistance and knowledge in psychosocial care and support for children and youth in communities affected by HIV and AIDS, poverty and conflict.

www.repssi.org

This manual is the third in a series called *Body Maps: Bringing Mind, Body and Community Together for Wellbeing*.

The first in the series is *Living with X, A Body Mapping Journey in the time of HIV and AIDS*. The second is *Tracking your Health, A Guide to Creating a Tracing Book*.

And the third and final part of the series is this manual, *Understanding HIV Basics*.

How did CATIE and REPSSI come together?



Psychosocial Support meets Biomedical HIV Treatment Information

CATIE and REPSSI's international partnership has become widely known for its body mapping component but the project is actually comprised of three workshops each of which has its own manual in a 3 part series: Body Mapping, Tracking your health using a Tracing Book, and Understanding HIV Basics.

As you read on, you will better understand how the three components came together to form a holistic approach to living with HIV.

History of the REPSSI-CATIE Collaboration

Cape Town artist Jane Solomon developed a Body Mapping methodology as a means to generate visual material for *Long Life, Positive HIV Stories*, Double Storey Books, 2003 and the related advocacy campaign in Khayelitsha, South Africa. At the outset, the Body Mapping process encouraged HIV positive women to draw their illness experiences on life-size outlines

of their bodies. This methodology rapidly evolved, with the guidance of Jonathan Morgan, REPSSI Knowledge Manager, into an instrument for storytelling, helping participants sketch, paint and draw their feelings and experiences of living with HIV.

From 2006-2008 Body Mapping workshops for this three part series were designed and facilitated in Tanzania, Zambia, and Toronto by Jane Solomon and co-facilitated by Tricia Smith (CATIE) and Jonathan Morgan (REPSSI).

Body Mapping

Body Mapping facilitates a process of empowerment that combines aspects of storytelling with life-sized representations of the body that are created during several days of structured group discussion and self-reflection.

Body Mapping workshops ideally occur throughout the course of an intensive five-day workshop wherein participants experience a collective process of creating and layering a portrait that helps them reflect on their experiences of living with HIV. Led by a trained facilitator, Body Mapping permits a process through which participants develop an understanding of themselves, their bodies and their social context.

Participants begin the body mapping process by working with a partner to trace the outline of their body on a 4ft x 6ft piece of paper and add various life experiences to the image through exercises directed by the workshop facilitator. Through exercises such as visualizing artistic symbols of

“personal power” (what gives them support and hope) and the important marks left on bodies by life journeys, body maps illustrate the impact of HIV on the body as well as personal struggles and triumphs of living with HIV. Together with group discussions and opportunities for personal reflection, the Body Mapping workshops not only create amazing pieces of art but also evoke emotionally charged reactions and narratives. Through the International Body Mapping Project, CATIE contributed to REPSSI's work by weaving crucial, life-empowering HIV treatment information into the body mapping process. This project utilized CATIE and REPSSI's respective areas of expertise to create, deliver and evaluate innovative educational workshops that empower individuals in relation to their HIV diagnosis.

The incorporation of treatment information and treatment literacy complemented and enhanced what had been an intervention focused on psychosocial issues. Specifically, this project drew upon CATIE's accessible, culturally appropriate, gender-sensitive approach to treatment information and REPSSI's psychosocial body mapping tool. This two-year partnership married these important fields of expertise and provided the necessary bridge between biomedical and psychosocial support for women living with HIV. The International Body Mapping Project successfully involved 30 HIV positive women in Tanzania, Zambia and Canada in the Body Mapping, Tracing Book and HIV Treatment Information workshops.

Tracing Book Workshops

As treatment support tools, Tracing Books are an extension of Body Maps, designed to track wellness and illness. Tracing Books are small personal health journals intended to support individuals to record their physical, social and psychological experiences of living with HIV. At regular intervals, participants generate notebook-sized versions of their body maps in order to track ongoing physical and emotional changes.

When participants in Tanzania began to use these journals to record biomedical information, such as side effects of treatments, changes in medication and physical symptoms of illness, CATIE and REPSSI recognized the potential of this tool to serve as a bridge between psychosocial and biomedical information, and to further support communication between patients and health care professionals. In this manner, tracing books act as tools that may assist individuals to better understand HIV, potential side effects of treatment, opportunistic infections, the importance of adherence, communication with health care providers and issues related to disclosure.

Treatment Information Workshops (Understanding HIV Basics)

Treatment Information Workshops were designed and facilitated by Tricia Smith (CATIE) in accordance with local needs and realities with respect to available HIV treatment. During the course of the Body Mapping workshop – while

participants illustrated and discussed various drug combinations, side effects, concerns and successes with regards to their HIV – Tricia Smith was able to listen to women's treatment information questions then plan and create workshops specific to the group and the needs they described. This meant workshops were customized to the details on the body maps and the needs of the participants. Treatment workshops occurred over a three-day period and included topics deemed of crucial importance by the women themselves. These topics included:

- The Effects of HIV on Women
- HIV Basics
- The Pros and Cons of Highly Active Antiretroviral Therapy (HAART) and getting to know your Medications
- Side Effects of HAART
- Adherence and Resistance

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HIV Basics



What is HIV?

HIV stands for Human Immunodeficiency Virus.

HIV is the virus that causes AIDS.

A virus is a kind of germ that can make you sick. For example, some viruses can give you a cold; others can give you the flu.

What is AIDS?

Only people who have HIV can get AIDS.

AIDS stands for Acquired Immunodeficiency Syndrome.

“Acquired” means that you are not born with the condition—it is something that you acquire (get) at some point in your life.

“Immunodeficiency” is a weakness in your immune system.

“Syndrome” is a combination of symptoms and/or diseases.

AIDS is a syndrome associated with HIV infection, decreased numbers of CD4+ cells and one or more opportunistic infections.

Opportunistic infections are caused by “germs” that a healthy immune system can usually control. Our bodies are faced with many germs each and every day and usually our bodies can fight these. But when an immune system weakened by HIV comes in contact with these germs they can cause certain

health problems. These problems are known as Opportunistic Infections or OIs.

There are some important terms to know in order to be able to understand how HIV works in the human body.

Two very important terms to be aware of when talking about HIV are CD4+ cells and Viral Load.

What is a CD4+ cell?

CD4+ cells are a kind of cell in the blood. Your body is made up of many different kinds of cells. Each cell has its own job to do. A CD4+ is also known as a T cell or a T4 cell.

CD4+ cells help keep you healthy and protect you from getting sick.

How do you know how many CD4+ cells you have?

A CD4+ count measures the number of CD4+ cells that are in your blood and that shows you how your immune system is doing in its fight against HIV.

In healthy HIV negative people, the CD4+ count ranges from 400 to 1,500 cells in a cubic millimeter of blood (a cubic millimeter is something very simple; it equals about a drop of blood), in men, and 500 to 1,800 cells in women. Individual averages vary a lot.

Knowing your CD4+ count can help you and your doctor decide when is the right time to start taking anti-HIV medications.

It is important to know that any single CD4+ count is not a sure sign of how your immune system is doing. For example, a person can get a CD4+ test on Monday morning and another on Tuesday morning. Within this short time the test results could be different. If this was to happen a doctor would look at the person’s test results prior to these. He or she would look to see if these tests are quite different from the normal CD4+ patterns. It is important to know that if one CD4+ cell count is way out of line with the pattern shown in the last several tests, it may be a good idea to get another test done. Your CD4+ cell count shows only one part of how your immune system is working. Always consider it as part of a bigger picture.

What is Viral Load?

Viral load is the amount of HIV in your body. A viral load test measures the amount of HIV in your blood. Measuring the amount of virus in your blood can help you and your doctor make important decisions about treatments. The lower your viral load, the better. If your viral load is low, you are less likely to become ill in the near future.

How does your body fight HIV?

HIV takes over CD4+ cells and uses them to create copies of itself. Your body fights back by making more CD4+ cells. This process starts as soon as HIV gets into your body.

Even when you are feeling fine, HIV is attacking CD4+ cells. When the number of CD4+ cells gets too low, your body can't protect itself. Then you can get sick from other germs more easily. The more HIV you have in your body, the greater chance you have of getting sick.

HIV is a very tricky virus. It has the ability to hide in the body, and as a result anti-HIV drugs cannot completely eliminate it. First of all, HIV infects not just the blood, but also other tissues and fluids in the body – sexual fluids, brain and spinal fluid, and the gut. Unfortunately not all anti-HIV drugs have the ability to penetrate these areas. Secondly, sometimes HIV enters CD4+ cells and then those cells “go to sleep”, which means they enter a dormant state because the immune system doesn't need them at that particular moment. When HIV is in these dormant cells, the anti-HIV drugs can't detect it. In the future when the immune system gets activated due to a cold or flu, for example, these CD4+ cells will wake up and HIV will start replicating at that point in time.

The goal of anti-HIV medications is to keep HIV from making copies of itself like it wants to. These medications give the immune system a chance to take a break from the billions of

HIV replications (copies) daily (up to 10 billion a day). By stopping/slowing down the number of copies of HIV being made, the viral load is reduced. With a lower viral load the immune system is able to be healthier. Anti-HIV drugs do not kill HIV; they just stop or slow down the number of copies of HIV being made.

What is Antiretroviral Therapy?

Highly Active Antiretroviral Therapy (HAART) is a term used to describe how HIV is treated. HAART involves a number of medications in combination. You must take them at the correct time each day. These treatments slow down or stopping HIV from making copies of itself (replicating). When there are fewer viruses available to infect CD4+ cells, the number of CD4+ may increase. When you take antiretroviral drugs, your doctor will test your CD4+ count every three to six months. Your CD4+ count should increase overtime when you take HAART. Depending on where you live in the world, he or she may also test your viral load. Your viral load should decrease to the point

where it is “undetectable” in your blood. HAART is becoming increasingly available throughout the world and people living with HIV can live long and productive lives by taking their medication properly and managing their health. Scientists are continually developing more effective drugs to treat HIV and AIDS.

There are both good and bad things about taking antiretroviral therapy. Some of the good things are:

- longer and improved quality of life
- reduced viral load
- healthier immune system
- HIV does not progress to AIDS
- preventing opportunistic infections
- preventing vertical (mother-to-child) transmission

Good to know:

- HIV cannot make copies of itself on its own.
- HIV needs to infect and “hijack” human cells (like CD4+ cells) in order to make copies of itself.
- Infected CD4+ cells are like little assembly lines producing new HIV.
- Antiretroviral drugs are designed to stop the assembly lines from producing more HIV.

There are also some not-so-good things about HAART:

- It is not a cure for HIV/AIDS.
- While on HAART, people living with HIV or AIDS can still transmit HIV to their sexual partner and those they share needles with.
- ARVs are taken for life. Once a person starts they shouldn't stop taking them.
- ARVs have short-term and long-term side effects.
- If ARVs are not taken properly, you can develop resistance to the medications, which can limit your future treatment options.

The medical term for anti-HIV drugs (or drugs that work against HIV) is antiretrovirals.

HAART is also known as ART, which stands for antiretroviral therapy.

HIV is a tricky virus. It keeps changing as it makes copies of itself. For example, if you don't take your HIV drugs exactly the way your doctor prescribed them, HIV can figure out a way of make copies of itself even though you are still taking your drugs. This virus is then called a drug-resistant virus.

Drug Classes

On the next page is a list of the anti-HIV drugs available today. Not all drugs are available in all parts of the world. While we know that only some drugs are available in some countries, it is still important to educate people about all the drugs that are out available. We hope that over time more and more drugs will be widely available to people living anywhere in the world.

HAART aims to fight the virus at different points in the process it goes through to make copies of itself. If only one drug, instead of a combination like you are taking, was used to fight HIV it would figure out a way to “get around” this drug to continue making copies of itself. That is why there is more than one class of drugs.

HAART interferes with the way HIV makes copies of itself within CD4+ cells. Although HAART cannot completely kill off the entire virus, it reduces the chance of infected cells producing more copies that could go on to infect CD4+ cells. When you slow down this process by using HAART correctly you have less chance of getting sick.

HAART stands for Highly Active Anti-Retroviral Therapy

HAART consists of a combination of three anti-HIV drugs. The reason for three drugs is because we have learned that one or two drugs alone are not enough to keep HIV from making copies of itself.

HAART is not a cure for HIV. Antiretrovirals help many people live long, healthy lives, but we still don't have a cure for HIV.

The medical term for anti-HIV drugs is antiretrovirals. Many people also use HAART when talking about HIV medications or antiretrovirals. It depends on the region of the world you live in, however ART, HAART, antiretrovirals, and anti-HIV medications all refer to the same concept.

As you can see, each drug has two or even three names. The names on the left are the generic drug name while the capitalized names on the right are the brand names.

Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) (Non-Nukes)

delavirdine	(Rescriptor)
efavirenz	(Sustiva)
nevirapine	(Viramune)

Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs) (Nukes)

abacavir	(Ziagen)
didanosine, ddI	(Videx)
emtricitabine, FTC	(Emtriva)
lamivudine, 3TC	(Epivir)
stavudine, d4T	(Zerit)
tenofovir	(Viread)
zidovudine, AZT	(Retrovir)

Protease Inhibitors

amprenavir	(Agenerase)
atazanavir	(Reyataz)
darunavir	(Prezista)
fosamprenavir	(Telzir)
indinavir	(Crixivan)
nelfinavir	(Viracept)
ritonavir	(Norvir)
saquinavir	(Invirase)
tipranavir	(Aptivus)

Entry Inhibitors (including Fusion Inhibitors)

T-20	(Fuzeon)
UK-427	(Celesentri)

The combination drugs are those that have either two or three different drugs combined into one pill. These were developed so that people on HIV treatment don't have to take so many pills.

Combination Products

3TC/AZT	(Combivir)
3TC/AZT/abacavir	(Trizivir)
3TC/abacavir	(Kivexa)
FTC/tenofovir	(Truvada)
efavirenz/emtricitabine/tenofovir	(Atripla)
lopinavir/ritonavir	(Kaletra)

Why so many different names for anti HIV drugs?

When a new drug is first developed, the maker gives it a code name. Reports of the earliest test-tube experiments almost always use the code name of the new drug. As development continues, the drug gets a generic name, for example nevirapine (nevirapine's brand name is Viramune). Finally, when the maker is ready to sell the new drug, it is given a brand name.

Does HAART affect women differently than men?

HAART works as well in women as it does in men.

There are certain drugs that have specific cautions for women because of harmful side effects or birth defects:

- Nevirapine (Viramune) should not be prescribed as a first-line medication for a woman with a CD4+ count above 250. (A first-line medication is one that someone would take when starting HIV medications for the first time).
- efavirenz (Sustiva), delavirdine (Rescriptor) and ddI (didanosine, Videx) and d4T (Stavudine, Zerit) together in a combination should not be used by a woman who is pregnant or plans to get pregnant.

Birth control

Contraceptive methods are an important issue to consider when choosing the right HAART combination. This is because some antiretrovirals interact with hormonal contraceptives (birth control), reducing their effectiveness.

On HAART women may experience more changes in their body fat and metabolism than men do. This is called lipodystrophy. Women often notice that their breasts and tummy grow larger and that their face, arm, and legs become thinner.

When to begin taking antiretrovirals

The decision to start treatment is a major one and depends on a number of factors. For example, your CD4+ count, your viral load and your readiness to take pills every day for the rest of your life all need to be taken into account. There are medical guidelines that address when to start treatment, but they differ depending on which country you live in. The decision to start treatment needs to be made when you and your doctor have decided that you are ready.

HAART can be very effective in controlling HIV, but it can also cause some difficult side effects. Some of these side effects can be long term while others are short term.

Short-term side effects often last for only a few months and then go away. Long-term side effects last longer, sometimes for as long as you continue taking antiretrovirals. These side effects are often hard on your body. Unfortunately, there are not always fixes for these side effects and many people have to adjust their lifestyles in the best ways possible. It's not always easy. You should consider speaking to your doctor if your side

effects are affecting your quality of life because he or she may know of something that you can do or take to lessen the side effects or of a drug combination that is more manageable for you. It is important to keep your doctor updated on what is happening with your body and your medications. As a team you can try to find out the best way of managing your health.

Side effects

By understanding a little more about some of the most common side effects, you can be prepared for them and know how to deal with them.

Some of the side effects of anti-HIV drugs are listed in the chart below. This chart helps show which ones are often short term and which tend to be more long term.

Short-term side effects often last for only a few months and then go away.

Long-term side effects last longer, sometimes for as long as you continue taking HAART.

On the pages following this table are definitions for the terms in *italics*.

Short term Side Effects	Long term Side Effects
Nausea, bloating, fever, chills	<i>Lipodystrophy/lipoatrophy</i>
Headaches	<i>Cardiovascular Disease (CVD)</i> <i>Glucose/insulin resistance</i>
Sleep problems (can be long term with some meds)	<i>Bone loss</i> <i>Pancreatitis</i>
Fatigue	Fatigue
<i>Peripheral Neuropathy</i>	<i>Peripheral Neuropathy</i> <i>Kidney Problems</i>
Diarrhea	Diarrhea

Lipodystrophy is the name for the body fat changes in people taking anti-HIV medications. “Lipo” means fat, and “dystrophy” means disorder. Lipodystrophy is an umbrella term which includes fat loss, fat deposits and/or metabolic (body chemistry) changes.

Lipoatrophy specifically means abnormal fat loss in the face (sunken cheeks), arms, legs and/or buttocks. Lipoatrophy may happen together with fat build-up or separately. Fatty deposits can show up in the back of the neck and upper back (also known as “buffalo hump”), breasts, stomach or other areas. The fat deep inside the abdomen, which causes the belly to feel tight and pushed out, can increase, at the same time that fat just underneath the skin disappears. The causes of **lipodystrophy** and **lipoatrophy** are not completely understood. It is believed to be a combination of medication as well as other things taking place in the body. We know that protease inhibitors (PIs) and nucleosides (many of the “D” drugs) are particularly known to be responsible for lipodystrophy and lipoatrophy.

Cardiovascular disease (CVD)

Many HAART users, especially those on protease inhibitors, can develop elevated levels of fats in the blood. These can increase the risk of damage to the heart and blood vessels that supply blood to the heart and brain. This is called cardiovascular disease (CVD).

Glucose intolerance/insulin resistance

Protease inhibitors have been tied to glucose intolerance and decreased sensitivity to insulin. Insulin is the hormone that is needed for glucose (sugar) to do its job properly in the body’s cells. When the process of converting glucose (sugar) to energy isn’t working properly, glucose remains in the bloodstream, creating a high blood sugar level that can cause damage to the blood vessels, and, in the worst case, diabetes.

Bone loss

People living with HIV are at increased risk of developing certain bone problems. These problems may be due to HIV infection itself or to side effects of HAART. Bones are made up of minerals, such as calcium, magnesium and phosphorus. Osteopenia is a condition in which bones lose their minerals and become weak. When mineral loss becomes severe, the bones get very thin and are quite easily breakable. This condition is known as osteoporosis.

Pancreatitis

Pancreatitis is an inflammation of the pancreas gland, the organ that secretes enzymes which go into the gut to help you digest food and convert sugar to energy. Pancreatitis may cause symptoms such as severe nausea, vomiting and abdominal pain. Pancreatitis can be caused by many drugs, including the “D” drugs.

The “D” drugs refer to d4T (Zerit), ddC (Hivid), and ddI (Videx EC). Luckily ddC (Hivid) is not prescribed anymore due to the number of pills people had to take as well as the unfavorable side effects.

Peripheral Neuropathy

Neuropathy is a form of damage to the nerves. Peripheral neuropathy in HIV generally refers to the feet experiencing a painful, tingling sensation. This pain and tingling is a result of nerve damage. Nerve damage in people with HIV/AIDS may be caused by HIV infection itself, other related infections, the “D” drugs, and possibly other drugs (particularly those used for TB) as well.

Kidney Problems

Kidney stones can occur for many reasons and are more common in warm climates. Stones develop when your urine is much more concentrated in minerals or crystals, as can happen when people sweat. Kidney problems can occur in people taking HAART, especially if they don't drink enough fluids. The protease inhibitor indinavir (Crixivan) is often a cause of kidney problems.

HIV Drug Resistance

“Resistance” is the ability of HIV to change itself in ways that make certain antiretrovirals stop working in your body. HIV is tricky. As it makes copies of itself it wants to outsmart the drugs that try to keep it under control. If you miss doses of your HIV medications, HIV can learn how to outsmart the very drugs that are trying to keep it under control. Resistance to HIV drugs only develops when your HAART treatment is not strong enough in your body. This is why you normally need a combination of at least three drugs to treat HIV and why doctors insist that you take your medications on time and in the proper way each and every day. When these drugs are present in full force, they can keep HIV under control. However, if there isn't a high enough quantity of drugs in the blood to control the virus, HIV can take advantage of the situation by “mutating” (changing itself) so that it is no longer controlled by those drugs.

How do you know if you are becoming resistant to your HIV medications?

If your viral load rises when you are on HAART, it is likely that you are resistant to your anti-HIV drugs. This means you will

have to change the combination of drugs that you are taking. However, if your viral load remains undetectable (due to taking your medications on time and according to the proper dosage), there is not a lot of new HIV being produced each day, so mutations are unlikely to develop. This means you could probably use the drugs you are taking for many years.

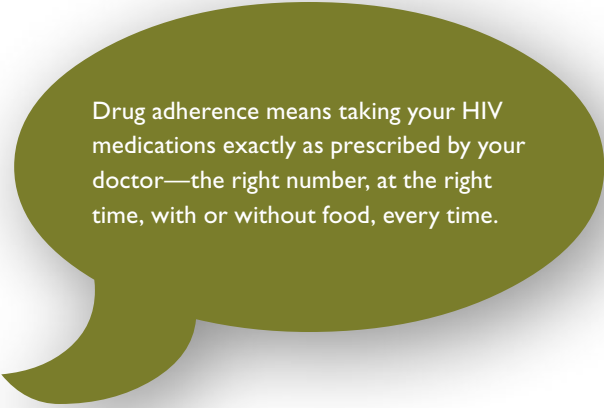
If you are taking HAART, it takes longer for HIV to make changes to itself. If you always take your drugs at the right time and in the right dosage – this is called adherence – it is not very likely that HIV will change, or mutate, to make your drugs stop working.

Adherence

Why can adherence be tough for people living with HIV?

Adherence Challenges

- **Side effects.** Feeling sick is not fun. Sometimes when you have vomiting and diarrhea your body is not absorbing the amount of drug it needs to fight the virus. If your drug side effects are more than you can take, switching meds may make adherence easier. If you are vomiting or having diarrhea talk to your doctor. Together you can hopefully come up with a solution to make these side effects less of a problem.
- **Depression.** When you feel depressed you might wonder why you would even bother to get out of bed to take your medications. Depression can be treated in a variety of ways. It's not something to be ashamed of. Talk to your doctor about the things you are feeling.
- **Addiction issues.** Alcohol and drug use can make it difficult to stick to your medication schedule. Talk to your doctor or someone you trust if you feel like drugs and alcohol are affecting your quality of life.
- **Life issues.** Trying to keep your busy life on track can mean that your medication schedule gets left behind. Dealing with parents, children, family, friends, jobs, bills, housing and more can be overwhelming. Ask a friend or family member to step in and help with the little things.
- **"I forgot."** It happens. It's important to find a minute in your day for you and your medications. It's not always easy, but it is vital for your health.
- **Lack of confidentiality.** Confidentiality can be an issue. Sometimes you might have to take your HIV medications around others who do not know that you have HIV. Try to find a private place such as a bathroom to do so.
- **More than one health issue.** You may have medications for more than one health problem. Sometimes it can be overwhelming to keep on top of all your medications.

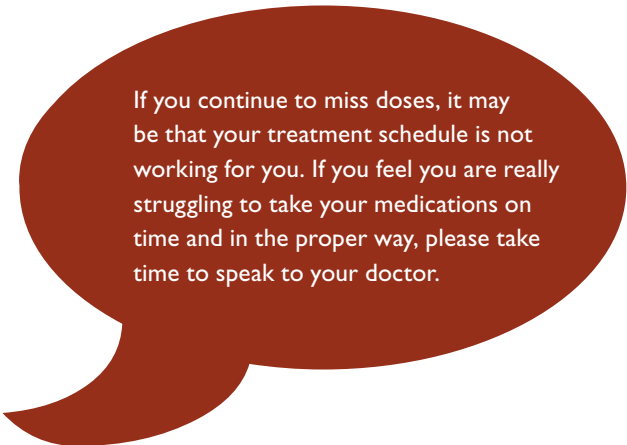


Drug adherence means taking your HIV medications exactly as prescribed by your doctor—the right number, at the right time, with or without food, every time.

Adherence Tips

What can you do to help make taking medications just a little bit easier?

- Do your best to take your medication at the same time(s) each day. Try using a timer, alarm, watch, cell phone, pager or other reminder device.
- Use a pill box to take extra doses of medications with you when you are out. Pill boxes are also known as dosettes. Some pharmacies will even prepare your medications in blister packs for you each week. This means your medications are all laid out for you.
- Keep a medication diary, Tracing Book or journal and check off your medications each time you take them.
- Keep back-up supplies of your medications at places where you regularly stay (such as your workplace or your partner's place).
- Plan ahead for weekends, holidays or travel by packing your medications according to the number of days you will be away. Also remember to think ahead if you are switching time zones. You should still try to keep to your schedule as best you can, even if you are away from home.
- Make sure you don't run out of your medications by planning ahead. If you travel take a few extra doses with you just in case you get delayed.
- Talk to other people with HIV or AIDS and learn from their experiences.
- It can take time, but it is important to try to build a supportive network of friends and family who can help remind you to take your medications. Having supportive people in your life can also help when every day things get to be too much. Don't be afraid to ask for help.



If you continue to miss doses, it may be that your treatment schedule is not working for you. If you feel you are really struggling to take your medications on time and in the proper way, please take time to speak to your doctor.

And finally...

HIV can be complicated and scary but having the most up-to-date information can help you make informed decisions about your health. Remember that it is your life and your body, and what works for you is the most important thing.

We hope some of the information in this manual has been useful and that you will use this as guide in your journey with health and wellness.



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 - Similarly we understand that the manual might have to be adapted for use in different contexts. However, for quality control purposes, and to ensure that no harm is done, we ask you to please be in contact with us around any changes you might want to make.
 - We hope you will be in touch with any questions, comments, suggestions and stories. REPSSI, PO Box 1669, Randburg, 2125, South Africa, tel +27 11 998 5820, email, knowledge@repssi.org
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