

12th Annual CANAC Conference, Toronto, April 18-20, 2004

Pre-Conference Workshop

AIDS 101: This workshop will provide an overview of important concepts related to HIV/AIDS and is targeted to those delegates who are new to the field of HIV/AIDS nursing or those who are interested in refreshing and updating their knowledge of HIV/AIDS. This workshop will be led by Terry Pook, an HIV/AIDS Education Consultant from London, Ontario.

by Ms. Terry Pook, R.N., MScN

Opening Ceremonies

An inspiring speaker, Rev. Dr. Brent Hawkes will share some of the key characteristics of effective leadership that he has discovered in his 26 years of pasturing one of the fastest growing churches in Toronto, and over 26 years as an activist in the Gay, Bi-sexual, Lesbian and Trans-gendered community.

Rev. Dr. Brent Hawkes

PLENARIES

HIV/AIDS NURSING: A CAREER FOR LIFE

The current health care environment has provided a number of surprises for nurses and has given us a number of challenges to face. Who am I? Where am I going? What do I want? are questions that many nurses are asking themselves. In this presentation, you will get an opportunity to reflect on these questions and remember the reasons you chose nursing and HIV/AIDS care in the first place.

by Dr. Gail Donner, R.N., PhD

HIV/AIDS continues its devastation, particularly in developing countries that are ill equipped to mobilize resources for effective prevention and care. Health care providers and health systems in the hardest hit countries and others are overwhelmed by the HIV epidemic as they strive to meet the growing demand for care. As we mark over 20 years of the HIV/AIDS epidemic, there are more than 40 million people living with HIV/AIDS; over 20 million have died since the beginning of the epidemic and there are over 14 million AIDS orphans. As a leading voice for nurses internationally, Ms. Oulton will highlight current challenges in HIV/AIDS prevention, treatment and care and leadership initiatives to tackle these challenges at national, regional and global levels.

by Ms. Judith Oulton RN, MEd.

INTERNATIONAL PANEL

Sandra Black – Canadian International Development Agency
Richard Burzynski – International Council of AIDS Service Organizations
Stephanie Azare – All Nations International Development Agency

International Perspectives on Leadership in HIV/AIDS:

This dynamic panel will present unique perspectives in leadership in HIV/AIDS. Emphasis will be placed on local, national and global collaboration as a means of maximizing leadership outcomes. They will also focus and share experiences on the importance of policy

development in HIV/AIDS. This session will enhance nurses awareness of key policy factors/initiatives that are critical in strengthening leadership competencies.

PROFESSIONAL SURVIVAL: YOU CAN LAUGH OR YOU CAN CRY!

Are you feeling tense, overwhelmed or exhausted from the chaos and demands of your job? An ability to laugh and apply a humourous perspective will help you remain flexible, creative and responsive to change. Learn how humour can help you to cope with the crisis and manage the moment. Understanding what makes you laugh will help you develop a self care program incorporating a variety of amusing modalities. This presentation will help you develop an awareness of your own unique sense of humour.

by Patty Wooten RN, BScN, PHN

WORKSHOPS

ADVANCED PRACTICE STREAM

Advanced Clinical Issues in HIV 1 – Deborah Forestell RN, MSc, ACNP; Sally Simpson, RN, ACRN, BScN(c)

This workshop will address recent developments in HIV related Malignancies: incidence, risk factors, pathophysiology, clinical presentation, & prognosis. The workshop will also address the re-emergence of syphilis, and discuss implications of this disease for people living with HIV/AIDS. The natural history of syphilis, testing and treatment will be reviewed. Recommendations for nursing practice in assessment of HIV+ clients for syphilis and other STDs will be proposed.

Advanced Clinical Issues 2 – Julie Phillips RN, BScN, MN, ACNP

Twelve years ago, those of us working with PHAs had few tools at our disposal. antiretroviral therapy was limited to AZT and ddI. People living with HIV most often faced a progressive deterioration in their health resulting in death. As nurses, our role often involved sorting through the various health, social and emotional issues which arose for our patients, partners and their families. So have things changed in twelve years – well, yes and no. The treatment options have proliferated, our knowledge of the disease has expanded, public recognition of HIV has grown as has the corporate and governmental funding of HIV-related programs but the problems remain relatively the same. Instead of opportunistic infections, we now assess for and attempt to prevent the secondary chronic illnesses associated with HIV such as heart disease, osteoporosis and renal disease. The side effects of drug therapy no longer include just the initial effects such as nausea and vomiting but the longer-term effects of lipodystrophy. The role of advocate remains front and centre, as a false sense of security seems to have fallen over the public regarding HIV and the effectiveness of treatments. We must also advocate for our patients as they struggle with the adherence required by these antiretroviral agents. The goal of this session is to provide an opportunity for discussing the issues that nurses encounter in 2004.

HIV and Communicable Diseases: Tuberculosis and the immunocompromised – Dr. Michael Gardan MD

Although once in decline, Tuberculosis has re-emerged as one of the leading issues of death secondary to infection. This re-emergence has occurred largely because of co-infection of individuals with HIV in Sub-Saharan Africa and Asia. Ever-more complex immunosuppressive treatments have also brought about a resurgence of Tuberculosis. This session will address issues related to the re-emergence of Tuberculosis and important treatment and prevention strategies.

MENTAL HEALTH STREAM

HIV and Depression: An Interagency Approach to Treatment – Scott Bowler, MSW, RSW; Wendy Cameron MA, MSW, RSW; Ken King.

This presentation will involve a discussion of forming an interagency Coalition to address issues of depression among individuals who are HIV positive. Included will be some of the benefits of interagency cooperation and some of the difficulties experienced by the Coalition in attempting to provide treatment and conduct research on the theoretical model used for treating depression. A discussion of the Social Group Work Model, used to inform our group practice, will be presented as well as brief discussion surrounding the results of a pilot study examining the effectiveness of this intervention at treating depression.

Emergency Psychiatry and HIV – Dr. Jodi Lofchy MD

Participants will understand the relevant aspects of emergency psychiatry in the HIV population. This session will focus on the assessment of the suicidal and violent patient and discuss both pharmacologic and non-pharmacologic interventions in such emergency populations.

HIV and Dementia – Clinical Teams from Bridgepoint Health and Casey House Hospice

COMMUNITY ACTION STREAM

Community Based Program Evaluation and Outcomes for People Living With HIV – Dr. Robin Weir RN; Dr. Gina Browne RN.

This presentation discusses the process of front-line workers initiating relevant questions in need of investigation and how these are developed. Examples of four such studies on supportive care for people living with HIV/AIDS will be presented. The usefulness of this information to your practice settings will be discussed.

Advocacy with Governments on Health Policy: A Discussion on Palliative and End-of-Life Care Services – Sharon Baxter MSW.

This workshop will look at government advocacy 101. What are the key components to changing health policy? This presentation will delve into the relationship between the federal and provincial governments as well as a discussion of who makes decisions

about what. The workshop will use the new compassionate leave program as a case study to illuminate these issues. A critical look at what worked and what didn't.

Supervised Injection: Exploring the Implications for Harm Reduction Nursing Practice Development in Canada - Alan Wood RN, BScN, ACRN

In Vancouver, Canada, *"InSite"* opened in September, 2003 on a three-year pilot research project under a Health Canada Ministerial Exemption, offering Supervised Injection services, primary health care and referral services to its participants who intravenously inject illicit street drugs. Most participants live in the Downtown East Side neighbourhood, where overwhelming poverty and substance use led to a public health crisis in 1997. Dramatic increases in HIV, HCV and drug overdose deaths resulted in Vancouver City Council approving the "Four Pillar" approach to addressing drug problems. Harm Reduction is one Pillar, with the aim of minimizing drug-related harm to the user and community. Supervised Injection Sites fall under this Pillar. This workshop will explore how the crisis occurred, why Harm Reduction and Supervised Injection can be effective, and how standards of professional nursing practice and ethics are applied in order to reduce drug-related harm, hospitalizations and the spread of disease to the wider population.

EMERGING ISSUES IN HIV

HIV and Perinatal Transmission – Dr. Stan Read MD

This session will explore the continuing challenge of peri-natal mother to child HIV transmission in Canada. Peri-natal testing issues across the provinces will be addressed including informed consent and opt-out policies. Recent statistics and effects of maternal antiretroviral use on infants will be highlighted.

HIV Legal Issues – Ruth Carey LLB

This workshop will give participants a basic understanding of some of the most pressing legal issues faced by people living with HIV. It will cover:

- What has happened with the criminal law regarding non-disclosure since *R. v. Cuerrier* and the new twist on criminal liability created by the Supreme Court of Canada's decision in *R. v. Williams*;
- Where exactly are we with the medical marijuana access regulations – has the law been struck down or not? – and how do we help patients access medicinal marijuana?
- The new legal framework in place for regulating safe injection facilities and answers to the most common legal questions that arise.
- What's new in privacy and health information legislation? – the recent spate of legislation in this area and how it may or may not affect nurses in AIDS care.

HIV Vaccines: Opportunities, Obstacles, Obligations and Dreams – Stephanie Nixon; Marc-Andre LeBlanc

This interactive session will discuss:

- Current state of HIV vaccine research in Canada and globally
 - Public health and political issues related to future delivery of HIV vaccines
 - The range of roles for nurses in the HIV vaccine field.
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ABSTRACT SESSIONS

Not Just Another Club Drug: Crystal Meth and HIV/AIDS

*Jane McCall BSN, RN
Coordinator of Professional Education, BC Centre for Excellence in HIV/AIDS
St. Paul's Hospital
Vancouver, BC*

Crystal meth is emerging as a significant street drug in Vancouver and other parts of Canada. This oral presentation will meet the following objectives:

- 1) Provide a brief overview of the history of crystal meth and its properties.
- 2) Review effects on the user: physical and neurological, psychiatric, health and social consequences
- 3) Review the impact of crystal meth use on people at risk for or living with HIV/AIDS
- 4) Discuss management issues: engaging users, treatment, harm reduction

A case study will be presented.

The goals of the presentation are to provide participants with current information on crystal meth and broaden their understanding of the implications of crystal meth use on HIV/AIDS treatment and care.

“How the crack pipe broke my femur:” The HIV-infected Aboriginal woman’s care plan challenges in a tertiary care setting and future implications.

Presenters: Carla Frost, RN, BSN, Julie Killie RN, BSN, Heather Lamont RN, Joanne Simpson, RN, Denise Thomas, RN, BSN.

*Denise Thomas, RN, BSN
Providence Health Care
HIV/AIDS Ward
St. Paul's Hospital
Vancouver, BC*

Aboriginal women have accounted for increasing numbers in HIV-infected individuals in Canada. On the HIV/AIDS ward in St. Paul's Hospital, Vancouver, BC, these women are presenting with AIDS defining illnesses, IDU barriers/issues, socio-economical challenges and psychosocial issues. A case-study approach will outline these current issues and cover future implications for clinical practice in a tertiary care facility and its surrounding communities. The lived experiences of the nurses working on the front lines of care will paint the true picture of nursing care today and discuss future directions needed for change.

Street Drugs And Antiretroviral Therapy (Art) : What Must A Nurse Know?

*Jean Clermont-Drolet, RN
Street Nurse in Québec City
MIELS-Québec
Sainte-Foy, Québec*

Background: It very easy to find studies reporting interactions between legal drugs, but the same cannot be said about illegal street drugs. As nurses working in HIV-AIDS we are frequently in contact with drug users who use different drugs during their treatments.

Purpose: This presentation has will provide very practical information about street drugs and other illegal drugs (cocaine, heroin, PCP, Ecstasy, Speed, etc.) and ART : What are the side effects and the interactions? What are the effects of illegal street drugs on the body for a person with HIV-AIDS? How can we manage the effects?

“Why The Hell Would You Want To Do That?” And “Are You Changing Teams?”

Tobin L. Brown, RN, BScN, ACRN, Primary Nurse, Clinical Coordinator

Kara Piels, RN, BScN, MN©, Primary Nurse

Positive Care Clinic

Lakeridge Health

Whitby, ON

Issue: The pervasive stigma our clients face extends to our professional specialty and work environment and serves to limit choice for many nursing professionals to explore this area of nursing practice. Recruitment of nurses interested in HIV specialty practice is essential if the goal of “best care” for our clients is to be met. The current and projected nursing shortage provides challenges broadly to the nursing profession, and to this specialty poses an even greater risk. To this end, the importance to expand points of access that will create opportunities for mentoring/precepting relationships is essential to ensure continuity of strong professional leadership and best care for our clients.

Description: The personal and professional challenge to select a work environment that focuses care toward persons who are infected, affected and a risk for HIV is hindered by numerous barriers. To successfully address these issues, leadership will be viewed through a narrow lens, focusing on the influence of mentorship and preceptorship on professional practice in an HIV care environment. The personal experience of two nurses will be traced through a reflective analysis and include excerpts from field notes in a light-hearted overview of their story. The personal and professional growth experienced by each nurse is given example as the links between “circular learning capabilities” and nursing leadership are identified.

Conclusions: Leadership is dynamic and complex. Mentorship, preceptorship and followership are each integral components of nursing leadership that have far reaching implications for successful recruitment to HIV focused nursing practice and to best care potential for the clients we have the privilege to serve.

The HIV Medication Access Project (HMAP): Bridging the Legal and Health Care Gaps for Immigrant and Refugee PHAs

*Sue Hranilovic, R.N.
HIV Resource Nurse
Health Centre at 410
Toronto, Ontario*

*Lynn Muir, R.N., ACRN, CPMHN (C)
Casey House Hospice
Community Programs*

Content: This oral presentation will provide an historical overview of the Committee for Accessible AIDS Treatment (CAAT), its formation and the evolution of its subcommittees. One

of the pilot projects that emerged from the three subcommittees is the HMAP. Our CAAT July 2001 Action Research Report identifies the unique care needs of this under-served, marginalized group of PHAs, including information and service access barriers. We will focus on the HMAP model for care provision, including the roles and responsibilities of the Treatment Access Coordinator (TAC) within this framework. Finally, we will discuss the preliminary findings and expected outcomes of this HMAP pilot project, with a focus on future plans. Participants will be provided with related resource materials to guide them in their care provision that can also be used as a framework for future project development within participant's home communities.

Goals: Participants will demonstrate knowledge of:

1. The evolution of the CAAT and its emergent subcommittees.
2. The complex care needs of immigrant and refugee PHAs.
3. The significant barriers to accessing HIV treatment, health care and legal services that are faced by immigrant and refugee PHAs.
4. The role of the TAC within this pilot project's model of care.
5. Preliminary outcomes of this pilot project.

Objectives: This oral presentation will:

1. Increase participants' knowledge of the genesis of the CAAT and its three strategic pilot initiatives.
2. Raise awareness about the complex care needs of immigrant and refugee PHAs.
3. Raise awareness of the barriers to information and services that immigrant and refugee PHAs encounter.
4. Define the various roles and responsibilities of the TAC position.
5. Provide preliminary data on the project's challenges, outcomes and future plans.

Canada and the Caribbean: CANAC Connects

Authors:

1. *Terry Pook, RN, BScN, MSc, ACRN, ACNP*
HIV/AIDS Education Consultant

2. *Yvonne Lynch-Hill, MS, RN*
Clinical Nurse Specialist Infectious Diseases

The Canadian Public Health Association requested the expertise of Canadian nurses in facilitating a two-part workshop held under the auspices of the Caribbean Epidemiology Centre (CAREC) - "HIV/AIDS Sensitisation Training for Health Care Providers in The Caribbean".

Two CANAC nurses responded to the challenge of facilitating a group comprised of multidisciplinary teams of health care workers from nine Caribbean countries. The participants completed a comprehensive education and sensitization curriculum. They also designed, delivered, evaluated and presented the results of a project carried out in their home countries between the two modules. The learning environment was designed to foster excellence, enthusiasm, and mutual support.

The purpose of this presentation is to share with CANAC colleagues the logistics, the challenges and the rewards of the project. Strategies for preparation, organization, and curriculum adaptation will be reviewed. There is an urgent need to address the AIDS epidemic in the Caribbean, and CANAC nurses need to share our expertise in HIV care, education and advocacy. It is hoped that the lessons learned and the joy gained from our teaching experience will inspire and challenge those who are contemplating service beyond our borders.

Now The Bus Stops Here

*Lisa Shishis RN
Karina Wulf RN, ACRN
Casey House Hospice
Toronto, ON*

Background: Casey House conducted a community-based research project between the years 2000-2001, to identify barriers to accessing HIV/AIDS services for underserved populations in Toronto, Canada. **PURPOSE:** To create a project in partnership with other organizations in order to decrease barriers to accessing HIV/AIDS services. **METHOD:** Based on the recommendations of the research project, Casey House in partnership with Toronto People With AIDS Foundation (TPWA) and the Sherbourne Health Centre Health Bus established a weekly stop of the Health Bus in front of the TPWA staffed by nurses with HIV/AIDS expertise. Services are delivered following the principles of harm reduction and cultural competence. The timing of the stop coincides with food bank services provided by the TPWA to ensure optimal impact. During this oral presentation, statistical information on Health Bus services, along with case histories, will exemplify and highlight the needs of the target population as well as the services currently provided through the Bus. **RESULTS:** This stop started in July of 2002 and is utilized consistently with an average of 21 visits per stop.

Conclusion: Effective partnerships among a variety of service providers can successfully bridge identified barriers and thus enhance access and quality of care to under served populations. **IMPLICATION:** Innovative partnerships are needed to enhance services to underserved populations.

The WISH Drop-in Experience: Linking Survival Sex-Trade Workers to Strategic Health Care Services

Authors: Evanna Brennan, RN, Community health nurse, Vancouver Coastal Health Authority and Susan Giles, RN, Community health nurse, Vancouver Coastal Health Authority

Issue: A recent study in the Canadian Medical Association Journal indicated that women who inject drugs in Vancouver's Downtown Eastside are 40% more likely to contract HIV than their male counterparts. Other studies have reported that female sex trade workers are especially difficult to engage in care. Given the serious health issues facing women who inject illegal drugs and sell sex, it is essential that health and social services be delivered to the population in an accessible and responsive fashion.

Method: For five years, a small team of home care nurses held a weekly "Clinic In A Corner" at an evening drop in center for female survival-level sex trade workers. This allowed a focused use of nursing resources as well as vastly improved communication between the nurses and the sex trade workers, many of whom were visited as clients during the five-year period. Original data derived from nursing charts and other sources covering the five-year period will be presented. Oral presentation, slides and video.

Complementary Alternative Medicine: An Integral Part of High Quality Palliative Care and Casey House's Approach to its Utilization and Integration

Author: Diane McGuire RMT/Aromatherapist

Background: Casey House has utilized CAM delivery in its palliative care since 1988. In 2001, we set out to have a formal referral process for CAM and to look at our resources.

Purpose: To ensure access to CAM service, to standardize the process of CAM referral and set up a database.

Method:

1. HPC Net chart inclusion of CAM (adapted documentation)
2. CAM referral form
3. CAM treatment form
4. Letter to service providers
5. Update CAM referral binder
6. CAM resources from 2002-2003 (a one year retrospective)

Conclusion:

1. Enhance CAM knowledge within interdisciplinary team
2. Referrals made at Community Rounds
3. Able to manage CAM resources
4. Database for research
5. Ongoing updating of CAM referral binder
6. 2002-2003 CAM budget utilization

Injection drug use: the journey from research to community action

Grace Getty MN RN, Professor

Margaret Dykeman PhD., RN, NP,ACRN, Associate Professor

Faculty of Nursing University of New Brunswick.

Fredericton, NB.

Objectives:

(1) To explore the factors related to injection drug use in NB.

(2) To develop, implement and evaluate a Methadone maintenance program based on the study findings.

Methods: Individual unstructured interviews were conducted with 30 injection drug users selected using a snowballing technique, beginning with clients of needle exchanges, ASOs and addiction services. Based on the needs determined in the interviews and using a community development approach, a Methadone maintenance program was opened. An evaluation process, based on a logic model was developed. Community support has been nurtured through the press and partnering with other agencies and community groups.

Results: Dilaudid was the drug of choice for over 90% of the IDUs who were interviewed. They began to use recreational drugs in small groups of friends, beginning with Marijuana around 12-13 years of age. In each group, one teen had experience with drug use and introduced the other teens to the dealers. Over time, their original group was supplanted by a network of other addicts. This grounding of addiction within a social network indicates the need to address addiction within the family, social network and society. More than 50% wanted access to a Methadone program. Based on these findings, and in a social context in which government had refused to fund Methadone programs, the Community Clinic admitted the first Methadone clients in January 2003. By January, 2004 there were more than 50 clients receiving Methadone and another 50 waiting for admission. While there have been no cases of HIV identified in these clients, twelve new cases of Hepatitis C have been identified among clients seeking admission. The evaluation of the program has demonstrated that within 6 months on Methadone, some clients had their children returned, others had returned to school or work, many had found stable housing and a social support network had developed among clients.

Conclusions: Research that is grounded in the realities of clients lives provides a foundation upon which to develop effective client-based services. Methadone programs are a cost-effective tool in prevention of transmission of Hepatitis and HIV.

Beyond Condoms: Nurses and Microbicides

*Marc-André LeBlanc, Programs Consultant
Canadian AIDS Society
Ottawa ON*

Because of cultural norms, drug addiction, domestic violence, low self-esteem, and other issues, millions of women can't or don't insist on condom use with male partners. Consistent condom use is also a problem for some men who have sex with men. Now that research has demonstrated the inadvisability of using Nonoxynol-9 for HIV prevention, the need for safe, effective microbicides (substances that can be used vaginally or rectally to reduce HIV risk) is more urgent than ever.

This presentation explains what microbicides are, how they work, why they are needed and when we can expect these new products to reach the market. It also explores why raising public demand for such user-controlled (rather than partner-controlled) prevention tools must become part of our HIV prevention strategy. Particular emphasis will be placed on what unique role nurses can play now as health advocates, and what role they could take on as front-line workers once microbicides are introduced.

Self Collection for Anal Cancer Screening in Gay Men

Miller ML¹; Lampinen TM^{1,2}; Chan K¹; van Niekerk D³; Granger MP⁴; Taylor R⁵; Cook D⁶; Schilder AJ¹; Hogg RS^{1,2}.

¹BC Centre for Excellence in HIV/AIDS; ²Dept. of Health Care and Epidemiology; University of British Columbia; ³BC Cancer Agency; ⁴Vancouver Coastal Health Authority; ⁵St. Paul's Hospital; ⁶BC Centre for Disease Control; Vancouver, British Columbia.

*Mary Lou Miller
Research Nurse
BC Centre for Excellence in HIV/AIDS
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Background: Self-collection of anal swab specimens could greatly facilitate long-term natural history studies and implementation of anal cancer screening among gay men.

Objectives: Compare self- versus clinician-collection procedures with respect to specimen adequacy: concordance of cytologic results and patients' subjective experience.

Methods: Paired self- and clinician-collected anal Dacron swabs for liquid-based (ThinPrep™) cytologic evaluation were collected in a randomly-assigned order from a cohort of HIV seronegative and seropositive gay men in Vancouver. Self-administered questionnaire items were used to compare patients' (scaled) ratings of each collection procedure and to assess preferences regarding future testing.

Results: Through December 2003, results were available for 149 patient-clinician paired cytologic results. Most specimens (91%) were adequate for cytologic evaluation and results were concordant in 92 (62%) of the 149 pairs. Abnormalities were noted in 29% of 130 self-

collected and 27% of 139 clinician-collected evaluable specimens, including (respectively): ASCUS (14%, 12%); and low-grade (11%, 12%) and high-grade (5%, 4%) intraepithelial neoplasia. High-grade results were observed in swabs collected by both patient and clinician (n=2), patient only (n=4), and clinician only (n=3): biopsy confirmation is pending. No significant difference between procedures was observed with regard to pain ratings (both very low). However, self-collection was reportedly less embarrassing ($p < 0.0001$), more "private" ($p = 0.05$) and more uncomfortable ($p = 0.004$). Preferences for future swab collection were self (34%), clinician (24%), and no preference (42%): these preferences were strongly associated with differences in patient-clinician scores in every domain except for capability. Men preferred future testing be done in a doctor's office (84%) or medical or STD clinic (each 68%): a minority preferred a laboratory (40%), mobile van (24%), or at a community event (16%). Most men (96%) would recommend the test to a friend.

Conclusions: Self-collection of anal specimens for cytologic screening in research settings is feasible, and acceptable to young MSM.

Title: Implications of HIV Disease as a Lifelong and Episodic Disability.

Authors: *Kate Reeve (1) Hon. B.A., B.S.W., Education Coordinator
Kelly O'Brien (2) B. Sc (PT), PhD (cand), Lecturer, Department of Physical Therapy
Francisco Ibáñez-Carrasco(1), Ph. D., Board of Directors Co-Chair
Elisse Zack(1), M.Ed., M.M, Executive Director*

*(1) Canadian Working Group on HIV and Rehabilitation
(2) University of Toronto*

Contact: *Kate Reeve
Canadian Working Group on HIV and Rehabilitation
Toronto, ON, M5A 2S5*

Although anti-HIV medications have positively changed the clinical outlook for many individuals living with HIV in developed countries, they show a series of long-term impacts. This presentation will address the emerging collective experience of people living with HIV (PHAs) and implications for policy, programs, practice and future research.

This study was guided by a national multi-sector advisory committee of community members, academics and health professionals sought to explore current conditions in the lives of PHAs. A literature review identified an endemic lack of understanding of how PHAs currently manage HIV and the impact of the cyclical nature of HIV-related events. Focus group discussions were held in 6 locations across Canada with PHAs and transcripts analyzed to identify themes that reflect the meaning and impact of living with HIV.

The focus groups helped describe how people living with HIV redefine the inherent anxiety and unpredictability of HIV disease as "lifelong" and "episodic". Identified themes build on an existing understanding of the complex and comprehensive ways in which living with HIV becomes an "episodic disability or condition".

Overall, results provide a better understanding of HIV as "lifelong and episodic" that may impact one's physical, functional, psychological, sexual, social, and vocational life domains. This might enable health care practitioners and HIV+ "consumers" to better inform public policy, rehabilitation services and program development to improve HIV care, treatment and

support. Results also support alliances and initiatives with other episodic disability groups to inform policy and program development from a cross-disability perspective.

HIV and Episodic Disability: Living Longer, Living Better.

Sherri Tremblay RL, PTA, OTA, BRLS, Recreation Therapist
Peter Williams, Education Consultant
Casey House Hospice
9 Huntley Street
Toronto, ON

Sherri Tremblay, Recreation Therapist from Casey House Hospice in Toronto, and the Canadian Working Group on HIV and Rehabilitation discusses how the unpredictable, often chaotic nature of living with HIV and its treatments requires a special approach to Rehabilitation. Added to this, recent research has highlighted the high prevalence of impairments, activity limitations and participation restrictions among people living with HIV. This session will present a comprehensive definition of rehabilitation, explore the episodic/rollercoaster like nature of HIV, emerging benchmarks, applications to other episodic disabilities, and implications for a holistic, multi-sector, interdisciplinary approach to practice. In addition to an interactive presentation and distribution of tools and resources, there will be an opportunity to discuss specific issues as presented by the participants.

Learning Objectives:

1. Increase participants understanding of living with HIV as a life long, episodic and unpredictable disease.
2. Enhance the role of Therapeutic Recreation in HIV care presenting a multi-sector, interdisciplinary, holistic model of care. Application to other episodic disabilities will also be discussed.
3. Improve participants' ability to promote a rehabilitation model of care and become effectively involved in the care, treatment and support of people living with HIV.

Title: On All Edges at Once: Implementing Rescue Regimens for Marginalized Clients

Authors: Evanna Brennan, RN, Community health nurse, Vancouver Coastal Health Authority and Susan Giles, RN, Community health nurse, Vancouver Coastal Health Authority

Issue: Marginalized, treatment-experienced clients who fail their current drug regimen have few HAART options. A rescue regimen including an injectable fusion inhibitor may be the only option. The challenges of supporting such a marginalized individual during the initiation and maintenance of such a regimen requires innovative nursing support.

Description: The challenges involved in adapting this and similarly rigid drug, home care nursing, and research protocols to meet the specific needs of a client living with advanced HIV disease in Vancouver's Downtown Eastside will be discussed. Additionally, our experiences with blending these specific protocols into the general supporting of a client population who live close to the edge will be explored.

Method: Video, slide and oral presentation of a case history and relevant background material.

Results: Current results and conclusions will be presented. Key events during the time period of the program, Jan. 20, 2004 to April 18, 2004, will be described. Lessons learned will be shared followed by a brief discussion of implications for similar clients across Canada.

Title: Sex, drugs and rock & roll: Growing up as a teen with HIV

Cheryl Arneson, RN, BScN, ACRN, HIV Nurse Consultant, Toronto, Ontario.

Description: Prior to the late '90's and the advent of the newer classes of antiretrovirals, it was not expected that many of the children born with HIV, or even those who had acquired it as young children via blood transfusions, would survive to reach adulthood. The main issues focused around health along with psychosocial support for the child and his/her family facing a terminal illness. Improvements in treatment have led to an overall shift in focus to that of a chronic, manageable illness. For parents and caregivers of positive children, this meant striving to provide a 'happy and normal' childhood. As many of these children have now moved into puberty and beyond, new issues have emerged. How do HIV positive teens cope with the expected adolescent passages when also faced with a 'secret'? How do they deal with issues of sexual activity and drug use? Is the HIV medical team prepared or even responsible for addressing potential risk and promoting normal development? This session will focus on challenges HIV positive teens face and will highlight case examples from the cohort at the Hospital For Sick Children, including a video documentary of one girl's journey.

Nursing Influence on Perceptions of HIV positive individuals

*Jasmine Yong, RN, BSN
Providence Health Care
St. Paul's Hospital
Vancouver, BC*

Co-presenter: Denise Thomas RN, BSN

Advances in the understanding of HIV pathophysiology and treatment have progressed rapidly over the last twenty years. In many ways, HIV disease is characteristic of other chronic illnesses such as diabetes or heart failure in that HIV positive individuals will always have to manage their illness, as there is no real cure. However, the emotional connotations of being HIV positive are vastly different from the diagnosis of diabetes and heart failure. Despite the progress made in HIV comprehension, there is still major stigmatization and ostracization associated with this illness. The presence of the stigma lends an opportunity to health care professionals in particular, bedside workers such as nurses or physicians to play an important role in reshaping the perceptions of HIV in the layperson. Hence, the following project is proposed to explore the influence nurses can have on reshaping the oftentimes-negative attitudes of the layperson toward HIV illness.

The question of interest in this project is: Can nurses play an important role in shaping the impressions of HIV positive individuals in the public domain? Utilizing a qualitative approach, nurses working on the HIV unit at St. Paul's Hospital in Vancouver, British Columbia, will determine if their community's perceptions of individuals living with HIV have or have not changed, positively or negatively, through their association with the nurse. The answers on the questionnaires will be analyzed to determine if nurses have the power to reshape perceptions of HIV positive individuals. Limitations of this qualitative project would also be discussed as well as future directions.

One of the main implications of the project is the direction for public education. The de-stigmatization of HIV in the public domain can have far reaching consequences in that newly diagnosed HIV positive individuals may become more willing to accept the illness and get the support they need without fear of ostracism.

HIV/HepC Co-infection: Treatment and Care Strategies for Challenging Patients

*Denise Thomas, BSN, RN, CNL
Immunodeficiency Clinic
St. Paul's Hospital
Vancouver, BC*

Co-presenter: Jane McCall BSN, RN

The immunodeficiency clinic at St. Paul's hospital in Vancouver has embarked on a new program of treatment and care for the co-infected patient. In BC, 25% of HIV+ individuals are co-infected with hepatitis C. This presents enormous challenges for patients and caregivers alike. This presentation will review the issues that are common to this population and will provide an update on the new treatment option (Pegatron), which was recently approved by Health Canada. The psychosocial and physical impacts of treatment will be discussed, with particular attention paid to the nurse's role in meeting the care needs of co-infected patients.

Healthy Voices: A Model of Care Designed to Increase the Outreach to HIV positive Women

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In 2001 a community-based research project conducted by Casey House identified a need for health care services to address women's needs in a way that felt comfortable to women. The need for such services was identified by HIV positive women as well as by service providers. Based on these findings the idea of a nursing clinic for HIV positive women at Voices of Positive Women was developed. It was the goal to provide services to women in the comfort of a women's only environment that is trans-positive, open to street involved women, and women who use substances. The clinic provides services under the principles of harm reduction and includes a needle exchange program as well as the opportunity of safer crack kits. The clinic takes place at the same time as the Voices of Positive Women Drop-in, which provides food. Children are welcome at both the Drop-in and the clinic. The clinic includes a phone-in component to meet Voices of Positive Women's province-wide mandate as well and as an acknowledgement of women's limited time and resources.

The clinic is staffed by Casey House Community Nurses who are experienced in HIV/AIDS care and is guided by a Community Advisory Panel. Despite the enthusiasm from the community and the Community Advisory Panel the response to the offered clinic has been slow.

The objective of this presentation is to introduce an innovative and interagency model of care which seeks to enhance women's health care. The presentation will explore present limitations to the program and possible solutions. It further seeks input from the audience in order to create a model of care that will enhance women's abilities and opportunities to meet their often complex health care needs.

It is the primary goal of this presentation to introduce an alternative and complementary model of care to those which presently exist for HIV positive women. The secondary goal is to elicit input from the expert audience in order to improve the present program.

Nursing's Role in Education and Disease Prevention Regarding HIV Transmission among Adolescents

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Epidemiologic studies are showing trends that young people (15-24 yrs) are in part contributing to the spread of HIV disease largely due to a lack of prevention services. Education and prevention services are further complicated as adolescents are also experimenting with activities such as drug use and first time sexual experiences at very young ages. Given that the world now has the largest generation of adolescents in history – approx 1.2 billion strong, this indicates a need for comprehensive education programs which focus on HIV education and prevention. This presentation will review the development of such age specific programs, which could be used by nurses and would include topics such as predisposing factors, pathology of HIV/AIDS, available treatment, testing methods, coping strategies to deal with peer pressure and additional community resources. Nursing leaders play a pivotal role in bringing HIV education to adolescents (12-18yrs) in collaboration with youth, parents, education administrators, fellow health care workers, and community based organizations. HIV education and prevention programs for our youth is an important investment to our collective future, which yields immediate and long term impacts on quality of life, social productivity, and health care costs.