

THE POSITIVE SIDE

HEALTH INFORMATION & VIEWS

WINTER 2014
VOLUME 16 ISSUE 1

MAN OF NOTE

Meet
virtuoso
cellist
Robert
Bardston

STARTUPS

*Turning visions
into reality*

HIGH ANXIETY

*Our experts help
you deal*

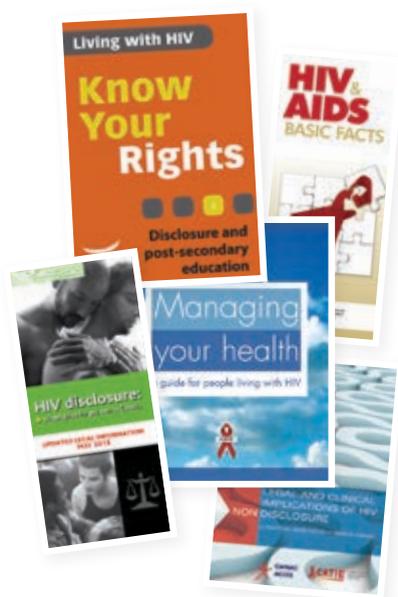
TOUCHY FEELY

*The benefits
of intimacy*

Do you know the new legal obligations for HIV disclosure?

A 2012 Supreme Court of Canada ruling changed the legal duties of a person living with HIV to disclose their status to sexual partners.

Check out CATIE's updated resources as well as new and revised national publications from our partners.



Find out more about the changes. Access these publications through CATIE's Ordering Centre at **1-800-263-1638** or online at catie.ca



Canada's source for HIV and hepatitis C information

EDITOR'S LETTER

Welcome to the Winter 2014 *Positive Side*.

I'd like to use this letter to send a huge shout-out to the people who bring this magazine to life. The team, many of whom have been involved since its inception over a decade ago, use their creativity, their skills and their devotion to produce a fabulous issue each time. Thank you! Together we produce one of the best HIV magazines anywhere.

I trust you'll agree that this issue's cover, featuring cellist Robert Bardston from Medicine Hat, Alberta, is particularly powerful. Equally powerful is his story. Don't miss it. The inspiring stories continue with our profile of Doris Peltier and our feature article on three people with HIV who started their own successful businesses. All of this issue's contributors break new ground and prove that people with HIV walk all the paths of life.

The magazine continues with health pieces on thyroid problems, anxiety, intimacy, supplements, superfoods and screening tests for people over 50. And it all starts off with a snapshot of the epidemic that highlights how the virus is affecting people in different parts of the country, and how communities are responding to it.

For me, this mix of articles reveals the resilience, diversity and creativity that live within Canada's HIV community. And I feel honoured and proud to be able to share those stories. CATIE is committed to ensuring that the voices of people with HIV—the voices that are at the organization's origins and core—are always heard and respected.

Surveys of our readers consistently state that one of the things they like most about the magazine is that it provides a sense of connection to other people living with the virus. Your voices are truly at the heart of our success.

So, I encourage you to check out Chatty CATIE (page 6) and Visual AIDS (page 30) to find out how you can contribute your story (or photo) to the magazine. We need YOU! And, of course, send your stars and cherry bombs to dmcclay@catie.ca.

—David McLay

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THE POSITIVE SIDE

www.positiveside.ca

Winter 2014
Volume 16 Issue 1

Publisher:
CATIE
505-555 Richmond St W
Box 1104
Toronto ON M5V 3B1
Canada

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AIDS Treatment Information
Exchange).
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ISSN 1191-9809
Publications Agreement
Number 1707361

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A Snapshot of the Epidemic

“Know your epidemic, know your response.” This UNAIDS rallying cry reflects the fact that there is not one single global HIV epidemic, but many, and that no one response will stop the spread of HIV. The same can be said for the epidemic in Canada: The number of people diagnosed each year and the communities most affected varies from region to region, as do frontline responses. So we’ve decided to take a snapshot of the HIV landscape across the country’s provinces and territories.

BC & the Yukon

BC’s rate of new diagnoses has decreased in recent years and is now below the national average (5.1 per 100,000 people vs. 5.9). In Canada’s westernmost province, gay, bisexual and other men who have sex with men (MSM) comprise the greatest number of new HIV diagnoses followed by people who acquire HIV through heterosexual contact.

BC is the only province in Canada to adopt a comprehensive “treatment as prevention” strategy, aimed at detecting HIV infections early, improving the lives of people living with HIV and preventing HIV transmission. Similar strategies have since been adopted in other jurisdictions around the world.

In the Yukon, only one case was reported in 2012 (56 cases have been reported since the start of the epidemic). However, like others who live in the North, many people travel outside the territory for health services and may have been tested and diagnosed elsewhere.

The Prairies (Manitoba, Saskatchewan, Alberta) & Northwest Territories

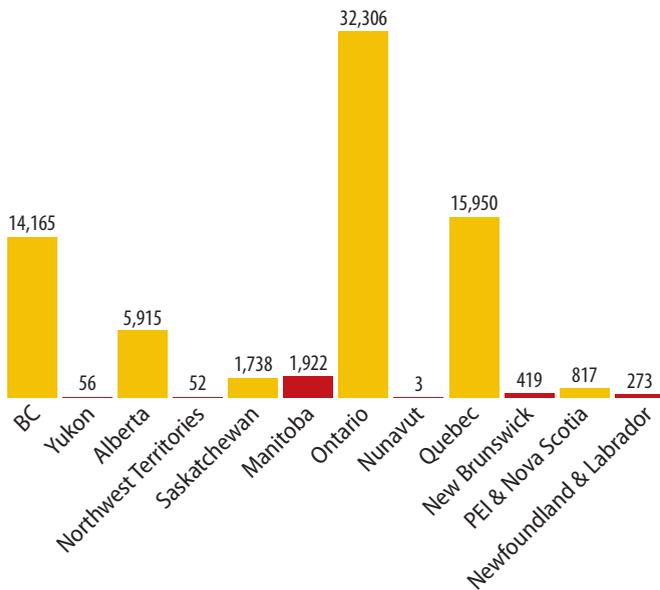
Due to the dramatic rise in the rate of HIV infections diagnosed since 2003, Saskatchewan now has the highest rate of new HIV infections in the country. Its rate (17 per 100,000 people) is almost triple the national average (5.9). The epidemic affects Saskatchewan’s Aboriginal people in disproportionate numbers: 81% of all newly diagnosed individuals are Aboriginal. And the vast majority of new infections are associated with injection drug use. A quick glance at the numbers can give us some sense of what’s happening but it’s the dedicated community of people working in the field who really help to shine a light on the challenges and successes in this province. Saskatchewan’s comprehensive HIV strategy, released in 2010, has made great strides in promoting awareness, increasing the availability of testing and improving the quality of life for people living with HIV.

Neighbouring Manitoba has seen a steady increase in new HIV diagnoses with a decrease since 2010. Most services for people living with HIV have traditionally been situated in Winnipeg. To address this gap, the Manitoba HIV Program aims to ensure that everyone in the province is connected to the care they need, regardless of where they live.

In both Manitoba and Alberta, the main mode of transmission is heterosexual contact, followed by men having sex with men. Recent years have seen an expansion of Alberta’s HIV services into rural and remote areas like Grand Prairie and Fort McMurray, to address the sharp population increases there driven by people from elsewhere in the country travelling to the Tar Sands for work.

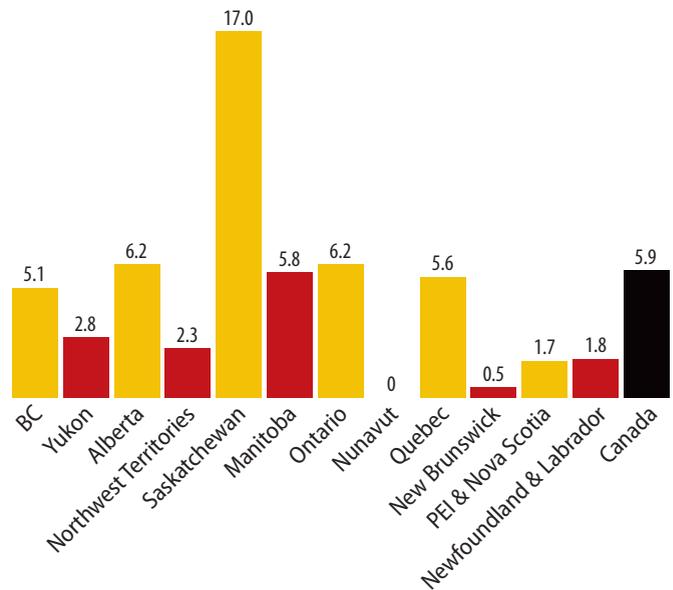
In the Northwest Territories, the rate of new infections is relatively low (2.3 per 100,000 people).

Number of people diagnosed with HIV, 1985–2012



These bars represent the number of HIV diagnoses reported in each province and territory between 1985 and 2012. (This includes people living with HIV and people who have died since 1985.)

Rate of HIV diagnoses (per 100,000 people) in 2012



These bars represent the number of people per 100,000 who tested positive for HIV in 2012.

Ontario & Nunavut

In 2012, as in previous years, Ontario was home to the largest number of people diagnosed with HIV in Canada. Most of these infections were acquired through men having sex with men. The provincial rate of new diagnoses (6.2 per 100,000 people) was slightly higher than the national rate (5.9). Ontario is also one of the best serviced provinces in the country for HIV. This does not mean, however, that everyone has easy access to the services they need. More remote communities, particularly in northern Ontario, remain underserved. (In fly-in communities, HIV care is often provided by a single nurse.) In various parts of the province, AIDS service organizations (ASOs) geared to specific ethno-racial populations have emerged to offer culturally sensitive services and improve access to services.

In Nunavut, only three cases of HIV have ever been reported, and none have been reported since 2006.

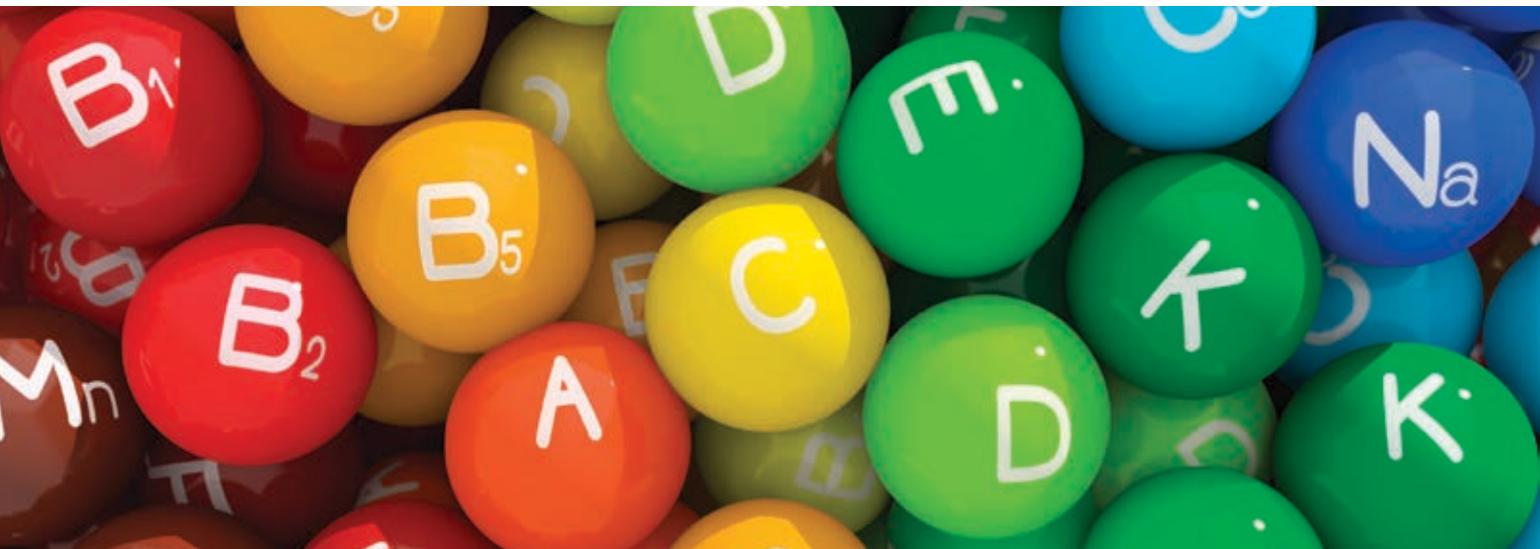
Quebec

The rate of new HIV diagnoses in Quebec (5.6 per 100,000 people) is slightly below the national rate (of 5.9). MSM account for a large majority of diagnoses, followed by people from regions where HIV is endemic, such as countries in sub-Saharan Africa and the Caribbean.

Recent years have been marked by the launch of innovative HIV testing programs in the province's urban centres. For example, in Montreal's gay village, ASOs now offer MSM the chance to get free HIV tests in a relaxed environment tailored to their needs. By reaching out to communities "where they are," such initiatives allow people to get tested in a comfortable and familiar environment, hence reducing their worries and the fear of judgment that can prevent people from connecting with services in the first place.

The Atlantic Provinces (New Brunswick, Nova Scotia, PEI, Newfoundland & Labrador)

In Atlantic Canada, the main mode of HIV transmission is men having sex with men, followed by heterosexual contact. While the rate of new HIV diagnoses is low in these provinces compared to other parts of the country (0.5 in New Brunswick, 1.7 in PEI and Nova Scotia, and 1.8 in Newfoundland & Labrador), Atlantic Canada continues to face unique challenges. Many ASOs in the Atlantic provinces are so strapped for resources that they are run by only a few part-time staff and volunteers, and services are, for many living with HIV (and people looking to get tested) hard to come by. Because a sizeable portion of people in these provinces lives in rural areas, accessing what resources *do* exist can be that much more difficult. For example, for people in PEI, the nearest HIV clinic is in Moncton, New Brunswick!



A Vitamin a Day

4 people with HIV tell us which supplements they swear by.

INTERVIEWS BY RONNILYN PUSTIL



IRIS BUDD, 67

Guelph, Ontario

HIV+: 8 years

Volunteer at AIDS Committee of Guelph and Wellington County

I am a firm believer in supplements and **I know they work for me because of the positive effects they have on my overall health.** (Also, I research everything.) I used to take more supplements, but I had to cut back severely for financial reasons, so now I do the best I can. The supplements that I still absolutely must have are:

- **PS (phosphatidylserine)** for my brain. Although it's very expensive, I try to never let myself run out. But when I do, I immediately notice the effects—I start to stutter and stammer, and my memory gets really bad, noticeably so
- **vitamin D₃**, 1,000 IU per day [Osteoporosis Canada recommends 800 to 2,000 IU per day for adults over 50]
- **vitamin E**, together with my sleeping pills (otherwise the sleeping pills don't work)
- I occasionally use a **calcium/magnesium** liquid supplement
- **oil of oregano** (Oreganol P73, produced from wild oregano), a powerful anti-infective agent
I used to buy krill oil, vitamin C packets and co-enzyme Q₁₀, but it became too costly to buy all those supplements so I had to stop taking them.

I gave my doctor a list of the supplements I'm using and she realizes that I'm doing my utmost to get healthy!

GLENN CLARK, 73

Burnaby, BC

HIV+: 9 years

Retired, volunteer at Positive Living BC

I take vitamin supplements regularly for the different illnesses I have. Along with HIV, I have an irregular heart beat and a touch of osteoporosis. My supplements and meds all sit in a drawer together, so when I take one, I remember to take them all. If I'm in a rush, I always make sure to take the **multivitamin**—Centrum 50+. I also take **glucosamine** and **calcium** to protect my bones, as well as **vitamin C** (I use Ester-C).

I carry a list on me at all times of all the meds and supplements I take. On the list I also have the names and contact info of all my doctors—my family physician, my heart doctor and my other specialists. I keep the list in my wallet, so I don't have to remember the names of all the pills I take. When you get older, you do get forgetful and

I'm used to writing notes to myself so I don't forget things. I also always have some pills and vitamins on me when I go out, no matter where I am.

RON ROSENEs, 66

Toronto

HIV+: 32 years

Independent consultant for ASOs



I take **K-Pax**, a very potent multivitamin. I first heard about it five years ago when Dr. Jon Kaiser came to Toronto to talk about this formulation that he had created specifically for people with HIV and other immune deficiencies. We put together a group with Dr. Bill Cameron in Ottawa to do a study of K-Pax in people who were diagnosed with HIV but had not yet started on treatment. That trial is ongoing and we'll have the results soon.

When I started taking K-Pax in 2008, it was recommended that I take the highest dose to achieve a bounce in my CD4 count, which I did. My CD4 counts had been static at about 300 for several years after I started triple combination therapy in 1997. (Before starting combination therapy, my CD4 count was 0.) After three months on K-Pax, my CD4 count went from 300 to the 500s. Nothing had been changed in my antiretroviral regimen, which I've been on since 2002. This is the kind of result we're hoping to see in the clinical study.

Over the last few years, on a day-to-day basis, I've felt like I have a lot of energy considering my age and stage of life and I've generally had fewer infections, colds and flus. There are other contributing factors—including

my exercise program, yoga and getting enough sleep—so it's hard to attribute my good health to just the K-Pax, but I think it's played an important role.

K-Pax is available from a vitamin and supplement store in Vancouver (Body Energy) or you can get it from the U.S. The only drawback is that it's expensive: I spend \$120 a month on a maintenance dose of K-Pax. But it covers all my needs for vitamins, minerals and antioxidants. **Now I'm taking fewer supplements because K-Pax contains many ingredients I used to buy separately**—including NAC, L-glutamic acid, alpha-lipoic acid and acetyl-L-carnitine. So, on top of the health benefits, I don't have to take as many pills.

GARY M., 60

Montreal

HIV+: 12 years

Consultant in the marine and offshore industry

I started HIV medication in 2002 and then found out I was co-infected with hepatitis C. In 2003 I was successfully treated for hep C, and in January 2004 I switched my HIV meds to atazanavir (Reyataz) and Truvada. My CD4 count went up to around 300 and remained there.

In 2008 I started to read up on antioxidants and supplements that stimulate the immune system. My CD4 count was stagnant and I wanted to increase it. I didn't want to introduce too many supplements at the same time, so I started with a **multivitamin**, then added **vitamin C**, then **vitamin D₃** and then **PurKrill**. I wanted to see what the effects were of each supplement, so I took one for a while before introducing the next one.

After I started taking a vitamin C complex and vitamin D₃, I saw my CD4 count gradually go up. I read that vitamin C would stimulate my immune system, and I haven't had the flu or any flu shots since I started taking it.

I take 2,500 IU of vitamin D₃ per day in the morning. It's the sunshine

SUPPLEMENT SAFELY!

Many people with HIV use supplements to compensate for a nutritional deficiency, reduce symptoms or alleviate the side effects of medications. Supplements can, however, interact with both prescribed and over-the-counter medications. Before you take any vitamin, mineral, homeopathic medicine or other supplement, talk to your healthcare team (your doctor, pharmacist, nurse and natural health practitioner), so they can help you avoid interactions and side effects.

Some supplements can weaken the effect of medicines used to treat HIV, hepatitis C and other conditions and some cause new side effects. People with HIV should avoid herbs such as St. John's wort, echinacea, goldenseal and milk thistle.

vitamin—it's needed for healthy bones and some studies suggest that it may help improve your mood and enhance immune system function.

PurKrill, a krill oil supplement, is a source of omega-3 fatty acids. I think that it has helped to reduce my bad cholesterol (LDL) and increase the good cholesterol (HDL). Before using PurKrill I talked to my doctor about it. He looked at the information and said he didn't see any problem with it. After I started taking it, I saw an even greater increase in my CD4 counts.

At this point, I'm using more supplements than medication. I don't have any side effects whatsoever on anything. My count is up to around 650 cells. My viral load is less than 40 copies/ml and has been for quite some time. But, more importantly for me, my energy level has gone up and I feel good. My CD4 count fluctuates, but really it's all about how you feel. +

Who is your AIDS icon, and why? If you'd like to appear in the next Chatty CATIE, check the Contribute box on page 31, then drop us a line: contribute@positiveside.ca



A Heart at Home

Doris Peltier reflects on her rocky road to HIV and her spiritual journey home.

PHOTOGRAPH BY DAPHÉ CARON

W

enever anyone asks me to share my journey with HIV, the question prompts me to reflect, to first consider where I am at that particular moment. Today, I am in a good place, but it hasn't been easy getting here.

At one time, I was more than willing to speak about what I call the trajectory of life events that led to my joining the increasing numbers of Aboriginal women receiving positive HIV test results. In the dictionary, trajectory is defined as “the path followed by a projectile flying or an object moving under the action of given forces.” In my trajectory, childhood trauma and being a victim of unfortunate circumstances beyond my power lay the path for me to make poor choices, which I believe were the “given forces” in my collision course with HIV. And when HIV hit, the initial shock caused much devastation in my life and family—much like the rippling effect HIV had on our communities, and much like the harmful impacts of colonization. Yet amidst this devastation, I remembered a teaching from our elders that states: “Adversity is our greatest teacher.” I have come to recognize that HIV is now a guiding force in my life.

My First Nations community is Wikwemikong, on Manitoulin Island in the Great Lakes region in Ontario. I am the youngest of eight children from my father's first marriage; and if truth

be told, alcohol wreaked havoc on our family life, leaving us kids to essentially raise ourselves. When I was a little over two years old, I witnessed my older siblings being taken away to residential schools upon the death of our mother. As a result, I struggled with major abandonment issues from an early age. Because I was too young to be taken, I was left behind with my father and grandmother. As I look back now, these were the first of many traumatic events in my formative years, including childhood sexual abuse, which shaped my own dysfunction.

As a runaway, I migrated to Toronto when I was 11—fleeing from these experiences of childhood sexual abuse and hoping to leave all the painful memories behind. I ran with no sense of direction, and ultimately running only fuelled my total disconnect from family, community, culture and traditions. The spiritual part of me had shut down, and I had no way of knowing how that would impact my future.

My clan is the Deer Clan. We are recognized as natural leaders. As a young person, I took on the attributes and characteristics of my clan but also felt like a small lost deer, with fear and tentativeness always just beneath the surface. Out of my element, especially in cities, where I lived on the street as a teenager and at times had to protect myself from sexually aggressive men, my heart would often race in fear while I fought the impulse to bolt.

It was during those teenage years that I met my husband-to-be. I recall him telling me that he had been to residential school for 14 years. If I had known then what I know now about the residential school legacy—the profound trauma that affects many former students throughout their lives—I probably would have bolted. We married and had two beautiful children, a son and a daughter. We left Toronto to live with my husband's community in Northwestern Ontario, a remote community with no hydro and only a couple of radio phones. Getting there required flying in and landing on a patch of ice in winter and in the water the rest of the year. At first, our marriage was OK for the most part, but problems slowly began to emerge, primarily related to his alcohol use. When violence reared its ugly head a few years later, it became evident that our marriage would not survive.

It was during this difficult period in my life that my talent for storytelling first emerged: I discovered my own style of storytelling, a skill that I had observed from the natural-born storytellers in my community, primarily the Elders. My memory of their mind-blowing stories had stayed with me from my childhood, providing a starting place for me to hone my own skills. I used to imitate an old aunt of mine playing cards and having a conversation with

someone you couldn't see. At our community gatherings, people would ask me to do one of my "little old lady from Manitoulin Island" skits, and then crack up watching me do it.

I do not usually blow my own horn, so I don't often speak of this, but I was one of the pioneers of Native theatre (plays by and about Native people) in Canada—working alongside the likes of Tomson Highway, Gary Farmer, Monique Mojica, Daniel David Moses, Graham Greene and the awesomely talented Elder women of Spiderwoman Theater from New York. I learned about the physicality of storytelling by studying with some of the best talents in the world; this became my niche for honing my own skills through dance, physical theatre and the performing arts.

For 25 years, beginning in the late '70s, I worked as a professional actor, director and later as a dramaturge with new and upcoming writers and performers. For me, the work was a lifeline during the years that I struggled to keep my marriage together. But in the end, when my son was nine and my daughter six, my married life came to a close, and my little family joined the ranks of many broken homes in our communities. For years, I felt guilty about my newfound passion for theatre and storytelling, because I worried that it came at the cost of my family.

While I began to realize that I had the capacity to excel in my professional work, my personal life continued to be in a state of disrepair, and I continued to struggle with my own demons, the biggest one being addiction. Finding solace in acting out other people's stories brought me a kind of release.

Many years later, in 1995, through the course of my intensifying struggles with drug addiction, I had the opportunity to go to an Aboriginal healing centre to finally try to deal with my trauma. It was a place in downtown Toronto that took a holistic approach to healing, offering one-on-one counselling, support groups and educational sessions that taught us about the

Wellness

N'ginaajiw

My spirit is beautiful

Culture

Strength

Ajichaak

Spirit

Resilience

Mashkoziwin

Strength

Connection

Zaagi'idizon

Love yourself

VOICE

Miigwechiwendamo

Grateful

Identity

Dibaadendizowin

Humility

Healing

Naadamaagan

Helper

Laughter

Aakwa'ode'ewin

Courage

Spirituality

Sisters

Naagadawenim

g'jichaag

Be gentle to your inner being

Too often what's reported about Aboriginal people focuses on our deficits. To stop perpetuating the oppression of our people, this narrative must change. In my personal and professional life, while acknowledging the trauma we have lived through, I try to work from a place of strength. These are some English and Odawa words that describe my personal strengths.

history of Aboriginal peoples. One day, after three weeks at this centre, I was told that a very special ceremony had been organized for me. The ceremony was to take place in the centre's traditional lodge. Our traditional lodges are considered sacred spaces where ceremonies have been conducted from time immemorial.

A female Elder escorted me out to the lodge and what I saw is something I will never forget. People were lined up on either side of the eastern doorway, creating a pathway for me to walk into the lodge. An Elder spoke about how many of our people have lost their connection to who they are, to culture and traditions, to family and community, and more importantly, to the Creator. As I listened, I felt a real sense of something lifting away from me and tears began pouring down my face. The Elder then declared that I had come home, and that the people who were present wanted to welcome me home. I walked into the lodge and was greeted and hugged by everyone as I entered. In that moment, for the first time in my whole life, my heart began to feel peace and belonging. This welcoming home has stayed in my heart to this day and was the beginning of my healing journey.

If you, the reader, are thinking that spiritual awakening is that easy, I have to tell you that it was not, because shortly after this ceremony, I left the healing centre and went back to my addictions. But I believe now that a spiritual seed was planted in my heart through the "coming home" ceremony. The ceremony allowed me to begin addressing my cultural disconnection on so many levels. Over time I reconnected with my culture and my language, Odawa. Just a few years later, when I was diagnosed with HIV, I reconnected with the Creator. My diagnosis made it clear to me that I had a choice: I could continue doing drugs and living the way I had been living or I could change my life. The journey continues, but today I am in a much more balanced place. In my heart and spirit, I am truly home. With what turned out to be my helper, HIV, my heart is home! +

50 Sense

Being pricked and prodded can be tiresome, but these screening tests may well be worth your while.

People with HIV are living longer and better than ever before. But, unfortunately, they are also more likely to develop a host of health conditions—thinner bones, heart disease, arthritis, diabetes, even cancer. Thankfully, there are screening tests that can help flag a problem early on and potentially even save a life.

If you're HIV positive, chances are that you already see a GP or HIV specialist who tracks your viral load and CD4 counts. If you're over 50, your doctor may also recommend some of the following tests to help you stay ahead of the curve:



Bone density scan

Both aging and HIV can cause our bones to eventually become less dense. Some anti-HIV drugs (notably, tenofovir [Viread, also in Truvada, Atripla, Stribild and Complera]) can also cause a loss of bone density. If you are a post-menopausal woman or a man over 50, speak to your doctor about getting a bone density scan to establish your baseline. After that, your doctor can advise you about how often you will need one to measure the density of your bones.

Blood-pressure monitoring

A blood-pressure monitor measures the force of blood against the walls of your arteries and can help indicate your risk of developing heart disease.

Blood glucose test

This blood test measures your blood sugar level and your risk for diabetes. It is recommended that you have one every three to six months.

Kidney function tests

Because kidney function declines with age and certain HIV drugs (such as tenofovir, atazanavir [Reyataz] and indinavir [Crixivan]) are processed by the kidneys, doctors often recommend that you periodically have blood and urine tests to check your kidney function.

Lipid tests

People with abnormal lipid levels (sometimes called “high cholesterol”) are at higher risk for heart disease. Simple blood tests can measure your

lipid levels: LDL (“bad” cholesterol), HDL (“good” cholesterol) and triglycerides. Your doctor will recommend that you have these tests once a year or more, depending on your previous measurements and other risk factors for heart disease.

Tests to screen for colorectal cancer

A few tests can detect cancer of the colon and rectum. These include a stool test, a digital rectal exam (where a doctor inserts a gloved finger into the rectum to feel for abnormalities) or a scope inserted into the rectum. Your doctor will let you know how often you should be screened.

Anal pap test

Many HIV-positive people have HPV (human papilloma virus), which can cause anal cancer. To prevent this, speak to your doctor about a clinic in your region that provides screening for anal cancer.

IF YOU'RE A WOMAN (CIS OR TRANS) OR A TRANS MAN...

Breast exam

To detect possible early signs of breast cancer, your doctor will check for lumps or other abnormalities in your breasts and armpits. It is recommended that you have a breast exam once a year.

Mammogram

A mammogram uses a low-dose X-ray to look for different types of tumours and cysts in the breasts.

Speak to your doctor about how often you should have this test.

Pap test

A doctor collects cells from the cervix, which are then examined under a microscope. A Pap test is used to look for cell changes that indicate the presence of cancer or changes that could lead to cancer. You should have a Pap test every year if you're HIV positive and sexually active.

Pelvic exam

A pelvic exam is a physical exam of the internal and external pelvic organs. It is usually combined with a Pap test every year.

IF YOU'RE A MAN OR TRANS WOMAN...

Prostate exam

It is recommended that you have a manual digital exam once a year after the age of 40. Your doctor may also order a PSA blood test, which screens for prostate cancer. (PSA screening tests are free in most but not all parts of the country. Check with your doctor to find out if you are eligible for one.)

If this checklist looks daunting, you'll be relieved to know that most of these tests are simple and cause little or no discomfort. For more information about screening tests and what to expect, talk to your healthcare provider or contact CATIE at 1.800.263.1638 or questions@catie.ca +



Superfoods

Wondering which foods to put in your pantry? Dietitian **Doug Cook** picks his top 8.

Quinoa and teff

While quinoa, the protein-packed grain-like food, has in recent years become popular in North America, teff remains largely unknown. Teff is a tiny North African grain, with a nutty, earthy flavour, that's been around for thousands of years. It can be cooked in water (three parts water to one part teff, for 15 to 20 minutes) or teff flour can be used to make pancakes and baked goods.

Both quinoa and teff are rich in vitamins and minerals, including calcium as well as magnesium, an essential nutrient with far-reaching health benefits that many people living with HIV are deficient in. Magnesium also plays a role in maintaining heart health, bone health and nerve function. In addition, it may reduce risk for diabetes, migraines and colon cancer. Both quinoa and teff are good gluten-free options.



Brazil nuts

Why Brazil nuts? In a word, selenium. This mighty mineral and antioxidant, while needed only in small amounts, carries a lot of clout. And it can be especially beneficial for people with HIV. The body uses selenium to produce enzymes and hormones, to prevent damage to cells and tissues, and to strengthen the immune system. Brazil nuts are also a great source of magnesium and other minerals. But keep in mind: You don't want to take too much selenium and nuts are calorie-dense. A small handful should suffice.

Whey protein powder

Whey is derived from milk during the cheese-making process. If you're not getting enough protein, whey powder can provide an excellent source of easily digestible protein. Studies have shown that, when coupled with resistance training, whey can help to preserve muscle. It can also help people maintain a healthy weight. Whey may also help increase levels of glutathione, an antioxidant that is low in many people with HIV.

Choose brands that are free of artificial colours, flavours and sweeteners; opt instead for plain or naturally flavoured versions. The easiest way to use whey is in smoothies or protein shakes. Make sure you don't overdo it though because it can strain the kidneys and cause diarrhea.

Fermented foods

There's a lot of talk about the pros of probiotics, but not all foods that claim to have them deliver on their

promise. Probiotics—live bacteria that support the health of your intestines—have been part of the human diet for centuries. You'll find them in fermented foods, such as kefir (a yogurt-like dairy product), sauerkraut or Korean kimchi (spicy pickled cabbage). These foods can help reduce constipation, gas, bloating and food intolerances. Since roughly 70 percent of the immune system is in the gut, a healthy gut means more robust immunity.

So what is a superfood, anyway? While there's no standard definition, the general consensus is that a superfood provides an extraordinary amount of nutritional bang for the buck. It's not just plant foods that qualify (kale, anyone?); there are many nutritious animal foods, too.

Nutrient-dense foods are one of the building blocks of good health. The body requires a balance of protein, fat, carbohydrates, vitamins and minerals for repair and maintenance, to fight HIV and other infections, and to prevent various diseases. Many people with HIV experience a nutritional challenge at some point, as a result of either HIV infection or antiretroviral medications. The best way to make sure you're getting all the nutrients you need is to eat a wide variety of healthy foods every day. But there are a few superstars that deserve our extra attention. Here are 8 that are especially beneficial to people living with HIV.

Fatty fish

Salmon, sardines, mackerel, herring and trout have an impressive amount of the omega-3 fatty acids EPA and DHA. These omega-3s can reduce a person's risk of heart disease by lowering inflammation, blood pressure and triglyceride levels (a blood fat that can become elevated as a result of taking some HIV medications, such as certain protease inhibitors and older nukes like d4T and probably AZT and ddI).

Fatty fish also have plenty of calcium, magnesium, vitamin A, choline (a B vitamin) and a decent amount of vitamin D. On top of all that, fatty fish may also be good for your mind and your mood—some studies suggest that omega-3s may help combat stress and ease depression. Two servings of fatty fish a week should be enough to help you reap the benefits.



Eggs

Yes, eggs. After years of getting bad press because of their cholesterol content, eggs are now taking their rightful place as a nutrient-dense food. It turns out that the cholesterol in food has little impact on blood cholesterol, and the Harvard School of Public Health has given the green light to having an egg a day if desired (have fewer if you have heart disease or diabetes). Eggs are a great source of protein, folate, zinc, vitamins A, B₂, B₁₂, and choline. To avoid *Salmonella*, steer clear of foods that contain raw eggs, such as hollandaise sauce and some Caesar salad dressings.

Dark leafy greens

Kale, spinach, collard greens, Swiss chard, dandelions and beet greens may look unassuming, but they are nutritional powerhouses. They pack a lot of potassium, which, along with reducing sodium, can lower your blood pressure.

These greens are also rich in anti-cancer polyphenols, vitamins B, C and K, and are one of the best sources of lutein, sometimes called “the eye vitamin” because it may

help prevent various eye diseases. Lutein also shows promise in reducing the risk for heart disease. It is best absorbed when these vegetables are cooked and eaten with a little fat, like butter or olive oil.



Dark chocolate

The star ingredient is cocoa polyphenols. Polyphenols—compounds found in different plant foods, such as apples, grapes, green tea and olive oil—are abundant in dark chocolate. These polyphenols protect the cardiovascular system by reducing damage to the

lining of the blood vessels via their antioxidant properties. Several large studies have shown that eating dark chocolate may improve your lipid levels and lower your risk of heart disease. All that and it tastes fantastic! +

Doug Cook is a registered dietitian and holistic nutritionist, and co-author of *Nutrition for Canadians for Dummies*. www.doucookrd.com



Start Me Up!

3 inspired startups: by PHAs, for PHAs

BY DIANE PETERS

PHOTOGRAPHS BY KAMIL BIALOUS, JOHN PHILLIPS AND DAPHNÉ CARON

Be your own boss, set your own hours, empower yourself and make a difference on your own terms: These are some of the reasons people start their own enterprises. For people living with HIV, those reasons may be even more powerful, as entrepreneurship can also offer a way to participate in the workforce while still being able to take care of yourself. Meet three individuals living with HIV who started their own successful organizations and changed a corner of the world because of their vision, community spirit, drive and hard work.

Valerie Nicholson

Co-founder of Harvest Organic Co-op

After Valerie Nicholson got clean and off the streets of Vancouver's Downtown Eastside a few years ago, she relied on food banks. But even after she landed a job as a community-based researcher and could afford the healthier choices at grocery stores, she kept going back for the same old canned foods, terrified to let go of the food banks. "There's a fear that the rug's going to be pulled out from under you."

As someone who advocated for food security, she knew there had to be a better option for people living with HIV. Nicholson came up with the idea of a fruit and vegetable co-op that would give people living with HIV, hepatitis C and other chronic illnesses access to fresh organic produce on a regular basis.

She signed up for a six-month program at Simon Fraser University, designed to help participants create an HIV-related community project. There, she partnered up with Mikey Arzadon, who shared a similar vision, to cook up a plan for an organic food co-op. The two found a source for produce with

Interests: Aboriginal drumming, nature, storytelling, volunteering at Charlie's (pet) Foodbank, playing with my grandchildren and seeing the world through their eyes.

Past gigs: Delivering HIV and nutrition workshops to BC nonprofits, peer research, housing advocacy.

What drives you? Wanting to make a difference—I believe that the Creator made me positive for a reason.

Your advice to other PHAs dreaming of their own startup? Follow your dreams. I started the Co-op on a dream and a shoestring. Look for the right fit, ask questions and find a great mentor.

One wish for 2014: That everyone has fresh, healthy, affordable food and no one goes hungry.

Discovery Organics (which gave them advice on how to start and offered them a discount on deliveries) and secured space at AIDS Vancouver, where once a month they take orders and distribute food.

In February 2012, Harvest Organic Co-op was launched. People hand over money—orders start at \$5—in advance for a bag of organic produce. When the food comes in a bulk shipment a week later, Nicholson, Arzadon and a volunteer sort the lettuce, potatoes, beets and the like into individual orders. “We use math and charts,” says Nicholson. “We’ve got it down to a science.”

Clients—and AIDS Vancouver staff—love the earthy smell of the produce, which signals that it’s food pickup day. One woman who uses drugs regularly gives Nicholson \$20 and asks for a \$5 bag of produce once a month until her deposit is gone, realizing that otherwise she’ll probably spend it elsewhere. Another client orders \$40 worth and gives most of the food away to other people with HIV in the neighbourhood because he loves to share the wealth when he can.

Within a year of the launch, Harvest was able to expand to a second location (Vancouver’s Mole Hill Community Housing). The bigger goal is to incorporate as a nonprofit and attract funding for new projects, such as buying bikes to deliver orders to those who are too unwell to get out.

Nicholson still has plenty of energy for Harvest and offering fresh food to a community used to few choices. “I’ve seen a change in myself through healthy living and eating,” she says. “This is my way of giving back.”

Brian Finch

Founder of PositiveLite.com



Brian Finch has always believed that there’s more to life than just your HIV status. That’s why he wasn’t happy with many of the online publications out there for people living with HIV. “It’s just always about HIV,” says the Torontonian.



Interests: Comedic storytelling, globe-trotting, pushing the envelope and being an unapologetic HIV-positive performer who lets people know we’re not defined by our status. Also: watching *American Horror Story* and following mayor Rob Ford scandals.

Past gigs: Phone counsellor for Manitoba HIV/STD line, make-up artist, coordinator of PWA Speakers Bureau, treatment advocate and standup comic.

What drives you: The need to educate people in new and creative ways. Wanting to be autonomous and authentic and challenge myself.

Your advice to other PHAs dreaming of their own startup: Look for a niche—something that isn’t being done, a need that isn’t being met. Cultivate your experiences and networks. Honestly assess your strengths and weaknesses—you can always get others to bridge any gaps. Most of all, go for it! We need more people with HIV creating their own opportunities and being examples for others.

One wish for 2014: That more PHAs become more open about their status. It might be scary, but it won’t be until others come on board that the world is going to change.

“I don’t want to live that way.” Inspired to create something more offbeat and irreverent, where people would be able to read about art, caregiving, sex, yoga, parties *and* HIV, he decided to create his own online publication.

Although he was already busy doing volunteer work with the Canadian Treatment Action Council (CTAC), Finch found the time to teach himself how to create web content. With the help of a web designer and a tiny chunk of funding, he launched PositiveLite in early December 2009.

Finch was soon busy covering events and staying up late to upload videos, write, edit and deal with a myriad of technical challenges. His hard work paid off: The site quickly became popular, averaging about 22,000 hits a month after just a year and a half.

Over time, audience feedback encouraged Finch to adjust his editorial stance: “We found that people wanted more in-depth stories on serious topics,” he says. Now the site offers everything from hard-hitting essays on barebacking and interviews with top HIV researchers to theatre reviews, travel stories and recipes.

Toward the end of 2012, Finch began to worry about the site’s future: He didn’t have the energy to run it alone anymore. Fortunately, he’d been able to attract some advertisers, so the site was starting to break even (he’d put a lot of his own money into it in the early years) and had an established roster of contributors. Among those was experienced blogger and AIDS activist

Bob Leahy, who agreed to step up as editor. And retired social worker and CATIE board member John McCullagh took over as publisher. “I think it says a lot about the site when other folks want to be on board and do all this work to keep it going,” Finch says.

Finch remains on the PositiveLite board and continues to write regularly for the publication, while taking time for himself and perusing other interests and projects, including a one-man comedy show. He can now step back knowing that PositiveLite is having a real impact. People with HIV across Canada—and around the world—have told him about the difference his mixture of fun and serious stories has made in their lives. “I feel like I’ve done something,” he says. “This is my little legacy project. This is what I’ll leave behind as my contribution to the movement.”

Bruno Lemay

Portail VIH-sida du Québec



Bruno Lemay had no idea his many years of developing treatment information for AIDS service organizations (ASOs) would eventually lead to him founding and running a successful nonprofit. He had worked for organizations like CATIE and the Comité des personnes atteintes du VIH du Québec (CPAVIH) when Maison du Parc, a shelter for people with HIV in Montreal, asked him to develop an online directory of resources for people with HIV across Quebec, including those in rural areas with little access to services.

Anticipating that the ambitious project would need serious funding to stay afloat, Lemay approached pharmaceutical companies, using contacts he’d forged at CPAVIH.

In May 2008, Portail VIH-sida du Québec was registered as a nonprofit, with Lemay at its helm. Although he had experience working with ASOs, he had never run an organization before, and he’d certainly never started one from scratch. But he did it: gathering volunteers to help build the site and recruiting a board of directors. He wrote bylaws and policies, created an accounting system and promoted the new project—all while taking courses in healthcare and social services management at the University of Montreal.

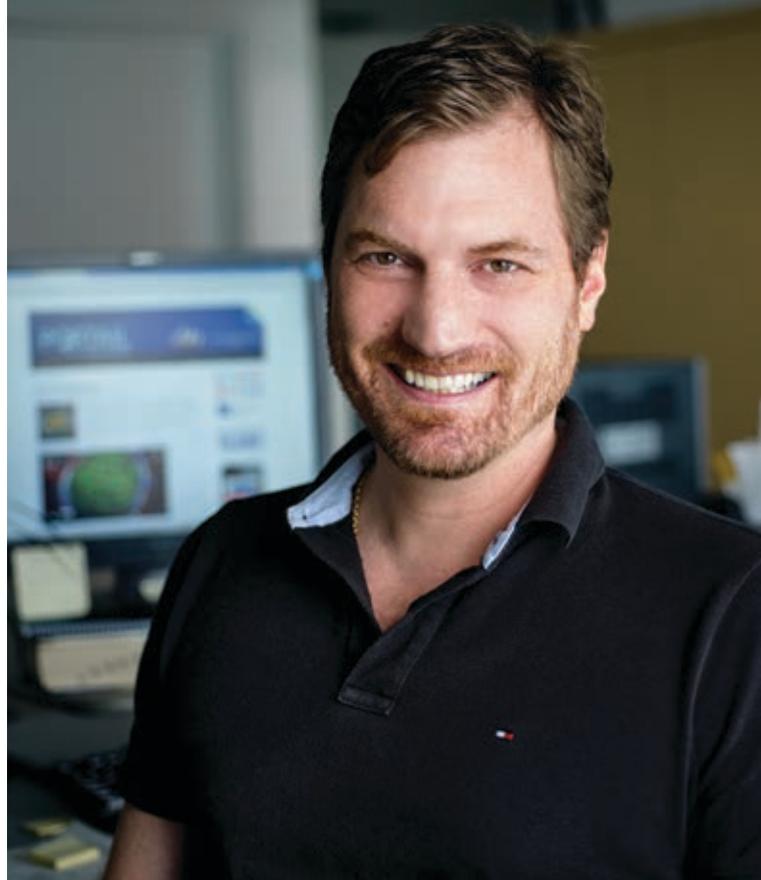
Interests: Biking, kayaking, going to the gym, music and singing.

Past gigs: Competitive swimmer (at national level), swimming instructor, coordinator of volunteers and HIV info hotline for CPAVIH, educator at CATIE.

What drives you: My fertile, crazy imagination and developing new ways to engage people in learning.

Your advice to other PHAs dreaming of their own startup: Work hard and persevere!

One wish for 2014: A little less work and more time to rest and enjoy life!



With the help of his volunteers, he soon put together a huge portal of online resources containing comprehensive treatment and support information and links to HIV organizations across the province. (Today, the site connects Quebecers to 10,000 resources and gets hundreds of hits each week.)

After turning his newly honed administrative skills to writing grant proposals, Lemay scored funding to hire a full-time information coordinator, produced videos for the site and created what became the immensely popular guide *L’essentiel du VIH-sida [HIV: What You Need to Know]*. He also forged partnerships with healthcare professionals and other HIV organizations. More recently, he developed the mobile app *Sexposer* (for youth to learn about preventing HIV and sexually transmitted infections), which further established a name for the organization.

After five-and-a-half years with Portail, the pressures of constant multitasking caught up with him earlier this year. “I was exhausted. I needed to do something else.”

After helping Portail VIH-sida du Québec move to a new office and hiring a new executive director, Pierre-Henri Minot, Lemay left in August (he now coordinates a provincial hepatitis C mentorship program for healthcare providers). “As director, you start from scratch, you bring it to term, and you watch it grow—it’s my baby,” he says of the project he’s just left behind. “I’m proud of what I’ve done and I’m leaving it in capable hands.” +

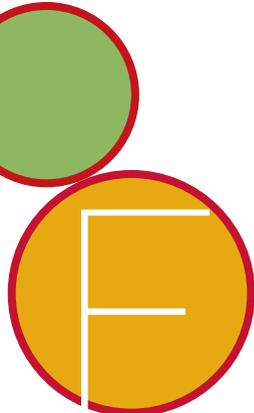
Diane Peters is a Toronto-based freelance writer and teacher. She writes about health, business, parenting and other issues.



Healing Touch

Gordon Waselnuk gets a feel for how nurturing touch can melt stress, take the edge off pain and work wonders for the mind and body.

ILLUSTRATION BY CAROL-ANNE PEDNEAULT



From the hug that comforts a crying child to the hand that steadies the shoulder of an anxious friend, touch can be a powerful tonic. As a long-term survivor of 24 years and counting, I am constantly exploring ways to enhance my physical, emotional and spiritual well-being. And what I've found is that touch and physical intimacy can be powerful remedies.

What many of us feel, or know, intuitively about the benefits of touch is also backed up by science. Research shows us that these benefits begin as soon as we leave the delivery room. One of the most remarkable studies looked at the effects of physical touch on premature infants. A group of premature babies who were gently touched and massaged three times a day were compared to a group of preemies of similar size who shared similar life conditions but were not touched and massaged every day. The researchers found that the infants from the first group were more alert, more

active and more responsive. They slept more deeply. And they gained weight 47 percent more rapidly. The babies who were touched regularly also left the hospital six days sooner. These findings were nothing short of astonishing.

We know that physical touch is more than skin deep. As many as 5 million touch receptors in our skin (more than 3,000 in a single fingertip) send messages along our spinal cord to the brain. A simple touch can reduce our heart rate and lower our blood pressure. Caring, nurturing touch can lower levels of the stress hormone cortisol and some studies suggest it may enhance a person's immune function. It can also stimulate the brain to produce endorphins, our body's natural pain and stress suppressor—which is why a mother's hug of a child who has skinned her knee can literally “make it all better.”

But we in North America are a relatively non-tactile society. Compared to people in many parts of the world, we tend to be a little touchy, so to speak, about being touched.

One need only walk down the streets of Cairo, Buenos Aires, Bangkok or Rome to witness more open displays of affection and realize that this is the case.

Of course, physical intimacy comes in different shapes and sizes: There's the kind you build with loved ones—romantic and platonic, the kind you find in various therapeutic-style settings and the more casual sexual kind. While the nature of each of these differs dramatically, all can offer varying degrees of pleasure and balm. Of course, touch can also be unwelcome and far from comforting; it can take the ugly shape of all-too-common physical or sexual violence, too. For many of us, the ideal may be the kind of physical intimacy—sexual and otherwise—found in a loving long-term relationship. But in the absence of that—or to complement it—there are many possibilities, some of which are surprisingly creative.

Touch is something most of us crave,

especially when we're deprived of it.

In the late '80s and early '90s my friends and lovers were sick and wasting, eventually dying in hospital beds and at home. I call this period the Dark Ages. I lost my lover of 12 years and then, over three years, four close friends. This was fairly common, especially in the gay community. The irony is that when my lover and my friends died was precisely when I needed them the most for support—someone to hold me in their arms, where I could let go and grieve.

One thing I've noticed since being single is that anonymous sex is easy to find, at least in a big city, but safe, nurturing touch is much more elusive. It can be hard to meet people, let alone hit it off with them. Then there's the fact that many people shy away from intimacy, as it can bring up repressed memories, emotions and trust issues, especially if they have experienced sexual abuse or been in violent relationships. But no matter our personal experiences, touch is something most of us crave, especially when we're deprived of it.

We may know subconsciously that touch can enhance our well-being and quality of life, but how do we show affection and physical intimacy in a society in which individuals seem to be more and more socially isolated? I'm hardly the first to notice that people seem to stare at their phones and computers more often than at each other. Our affluence and technological advances seem to have led to more social isolation. Many of us sit in our homes watching our flat-screen TVs or spend hours surfing the Net. This isolation can lead to sadness, and, unfortunately, that sadness can become pathologized—often seen as depression that needs to be medicated. What is really needed is more intimacy with others.

For those of us with HIV, the challenge of getting close to others may be further complicated. Sexologist and psychotherapist Chantal Turcotte sees diverse clients in her Montreal-based private practice and at Clinique Opus, an infectious disease, addictions and mental health clinic. She notes that each person is unique and their challenges depend on where they are in their journey with HIV, but people living with HIV often struggle with navigating disclosure (when and how should I tell the other person that I'm HIV positive, and how will they react?), practicing safer sex and, for some of us, dealing with health conditions. She notes that feelings of shame are also common, particularly among heterosexual women and men.

Our own concerns aside, we also sometimes need to contend with the fears of others. For gay men looking to meet people online, be it on Manhunt, Grindr or even Craigslist, it seems like every second personal ad wants someone who is "DDF" (drug- and disease-free) or "clean." Many say "HIV negative and wanting same." The not-so-subtle message is: If you have HIV, don't contact me. And, of course, this dynamic plays out in the thousand and one other places where people (gay, straight and everything in between) meet each other, too. No wonder people living with HIV have a higher incidence of depression and isolation.

Friend and fellow long-term survivor Rebekka Valian, who volunteered teaching yoga for years, primarily in the HIV community, offers massage at places like Vancouver Friends for Life, a non-profit that provides complementary and alternative health and support services to people living with serious illnesses. "The need can be so overwhelming," she confides, "that at times I need to retreat and nurture myself."

AIDS service organizations (ASOs) in various parts of the country have stepped up to try to meet this need. Montreal's

Maison Plein Coeur, for instance, offers women and men living with HIV free massages, provided by volunteer masseurs who have been trained to work specifically with people living with HIV. And the Toronto People with AIDS Foundation (PWA) offers a wide array of touch therapies—including Reiki, acupuncture, massage and therapeutic touch treatments. People receiving these therapies report numerous physical and psychological benefits. These treatments can reduce stress, anxiety, depression and stress-related conditions, stimulate circulation and possibly boost the immune system.

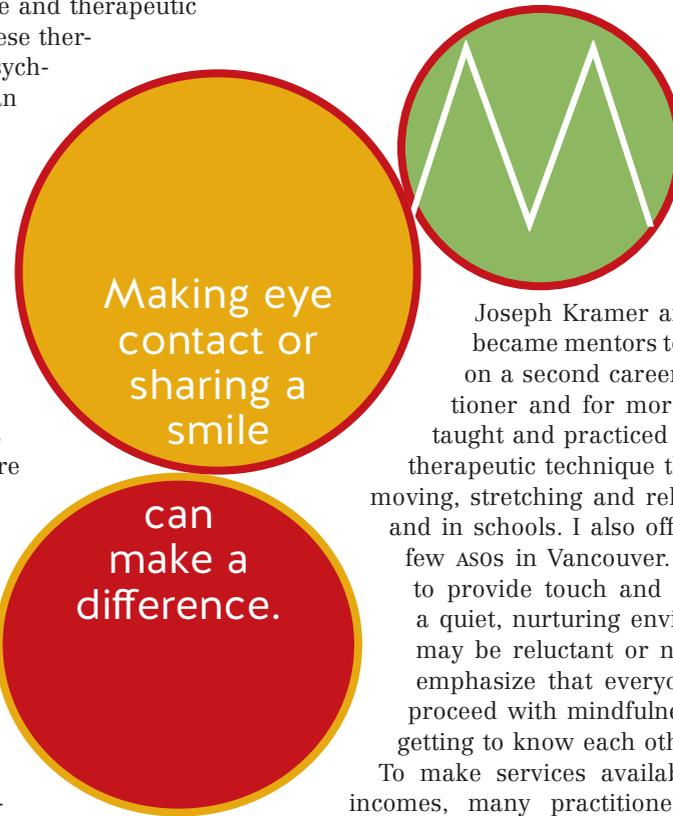
Another friend, Joel Nim Cho Leung, who lives on a small budget, goes for massages regularly as a preventive measure. “I feel less depressed and more relaxed and nurtured,” he says. “The only problem is that there are often waiting lists at my local ASO. This shows that there is a real need among people living with HIV.”

There are also people who have seen a need and formed groups that offer creative solutions in the form of workshops.

After my partner died, I was fortunate to find one such group in Vancouver, called Men in Touch. A friend had recommended the retreat—a safe, nurturing environment where I did not have to be sexual or look my best. A man named Sequoia started the group in the late '80s, bringing men together at retreats in the city to nurture each other through dialogue, movement, breath and sensual but not sexual massage. In the '80s and early '90s, many of the participants were living with HIV, in various stages of disease. There was a lot of laughter and tears at those memorable retreats. Today Sequoia has opened his practice to women and also works one on one with people who are dealing with sexuality and intimacy challenges.

Similar groups and workshops are available to women and men in various cities. One of the first was The Body Electric, created in the early '80s by Joseph Kramer, a teacher in the San Francisco Bay area. He developed it after noticing that people were shutting down emotionally and sexually, especially during the height of the AIDS epidemic. People were overwhelmed and frightened about losing friends and becoming infected and dying. The workshop, now delivered in the United States, Canada and Australia, brings people together to honour each other (there are groups for people of all gender identities and sexual orientations). Over the course of a weekend, participants gradually work toward experiencing intimacy and sensual erotic tantric massage in a safe, caring environment. I have participated in two

workshops and used to co-host a monthly group in my studio. Many participants are HIV-positive guys, some with obvious symptoms of AIDS. It is a powerful experience to nurture and care for people regardless of their health status or sex appeal.



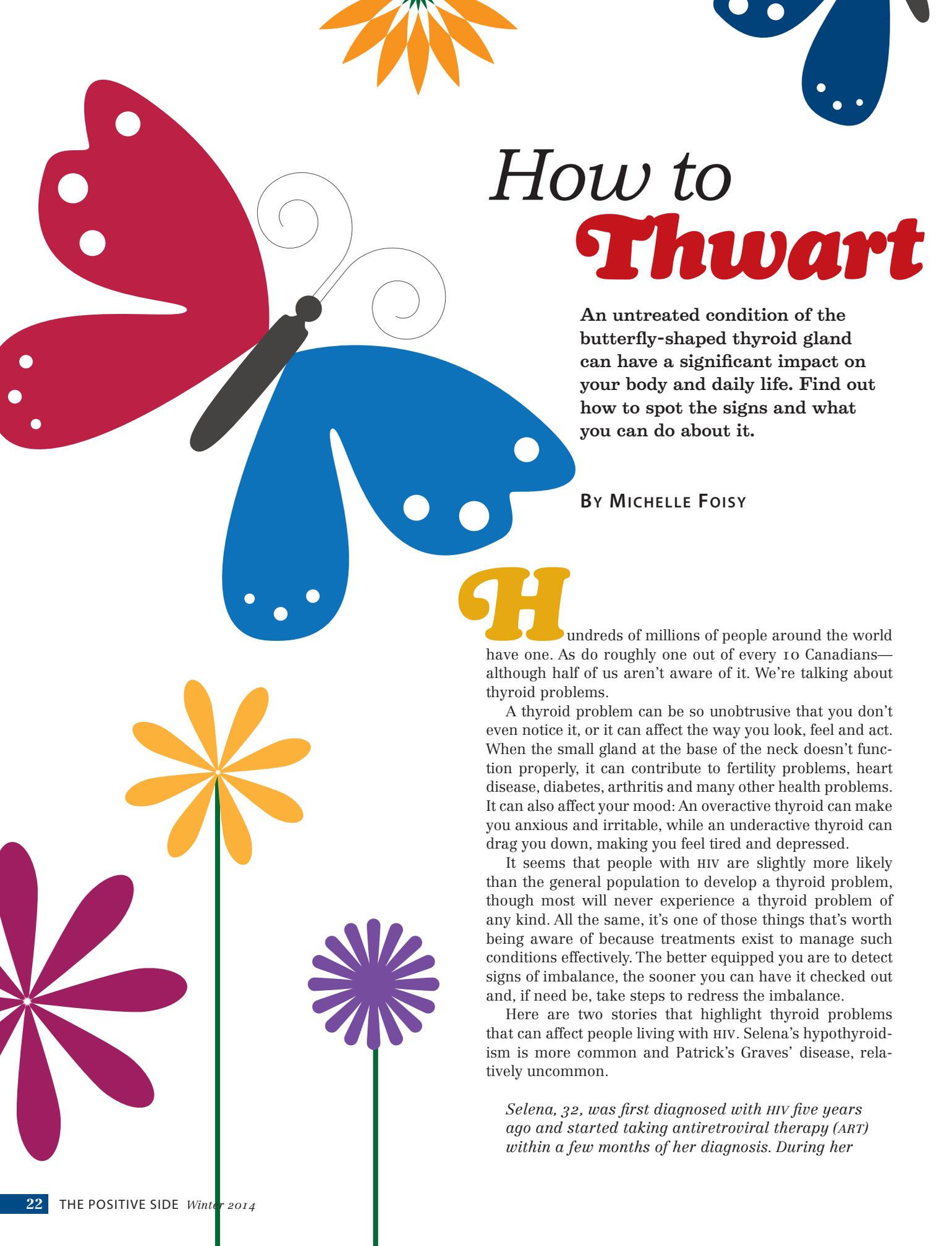
My contact with these groups has encouraged me to continue down this path in search of touch and intimacy. Thanks to

Joseph Kramer and Sequoia, who both became mentors to me, I have embarked on a second career as a massage practitioner and for more than 10 years have taught and practiced Thai yoga massage (a therapeutic technique that combines assisted moving, stretching and relaxation) in my studio and in schools. I also offer free massages at a few ASOs in Vancouver. This has allowed me to provide touch and intimacy to clients in a quiet, nurturing environment. New clients may be reluctant or nervous about touch. I emphasize that everyone involved needs to proceed with mindfulness and caring, slowly getting to know each other and building trust. To make services available to people on low incomes, many practitioners, including myself, offer a sliding scale. And some massage therapists who provide services to people living with HIV charge no fee at all.

If you feel touch deprived, I'd encourage you to seek out opportunities for closeness. Something as simple as making eye contact or sharing a smile, even with strangers, can make a difference. Or try hugging friends more often, even if it feels awkward at first. Another idea to consider is asking someone to come over and cuddle while watching a movie—with no expectation of sex. That sounds like a great evening in my books. Pleasant and non-threatening. Intimate contact, after all, eases life's blows and helps us feel better physically, emotionally and spiritually.

Turcotte tells her clients that it can take time to get over the shock of an HIV diagnosis and to build up their self-confidence, but no matter where a person is in their journey, “every person has the right to be accepted for who they are. Every person has a right to physical intimacy, as well as a healthy and enjoyable sex life.” +

Gordon Waselnuk is a long-term survivor who lives in Vancouver. He has been involved with the HIV community in various capacities for over 20 years, focusing mainly on treatment information and health promotion. Gordon also works as a massage practitioner. Visit his website at www.thai-yoga-massage.ca



How to **Thwart**

An untreated condition of the butterfly-shaped thyroid gland can have a significant impact on your body and daily life. Find out how to spot the signs and what you can do about it.

BY MICHELLE FOISY

Hundreds of millions of people around the world have one. As do roughly one out of every 10 Canadians—although half of us aren't aware of it. We're talking about thyroid problems.

A thyroid problem can be so unobtrusive that you don't even notice it, or it can affect the way you look, feel and act. When the small gland at the base of the neck doesn't function properly, it can contribute to fertility problems, heart disease, diabetes, arthritis and many other health problems. It can also affect your mood: An overactive thyroid can make you anxious and irritable, while an underactive thyroid can drag you down, making you feel tired and depressed.

It seems that people with HIV are slightly more likely than the general population to develop a thyroid problem, though most will never experience a thyroid problem of any kind. All the same, it's one of those things that's worth being aware of because treatments exist to manage such conditions effectively. The better equipped you are to detect signs of imbalance, the sooner you can have it checked out and, if need be, take steps to redress the imbalance.

Here are two stories that highlight thyroid problems that can affect people living with HIV. Selena's hypothyroidism is more common and Patrick's Graves' disease, relatively uncommon.

Selena, 32, was first diagnosed with HIV five years ago and started taking antiretroviral therapy (ART) within a few months of her diagnosis. During her



a Thyroid Problem

last visit to the HIV clinic, she reported feeling fatigued and sluggish and had gained 10 pounds over the past several months despite a stable diet. Blood tests confirmed that she had an underactive thyroid (hypothyroidism), which may have been due to HIV or to the HIV medications she was taking. To treat the condition, her doctor prescribed a thyroid hormone supplement. After two months, Selena felt more energetic and had even started working out. Her subsequent blood tests showed that her thyroid had stabilized.

When Patrick, 40, was diagnosed with HIV, his immune system was very suppressed. He had a CD4 count of 50, so he started HIV treatment immediately. He responded extremely well to treatment and his CD4 count rapidly increased to 300 within a year. However, 19 months later, he was experiencing new symptoms: He felt hot all the time and was “sweating like a machine.” He was irritable and shaky and, despite drinking no coffee, his heart was racing like he was “on a bad caffeine trip.” Over the past year he had made great strides to gain weight but more recently had been shedding pounds despite eating all the time. Based on Patrick’s description of his symptoms and the results of a blood test, his doctor diagnosed him with a type of overactive thyroid (hyperthyroidism) known

as Graves’ disease, likely triggered by the strong immune response he had to his HIV treatment. Patrick was prescribed an anti-thyroid medication and another drug to slow his heart rate and decrease the tremor. After a couple of months on these meds, his thyroid levels stabilized and he felt much more like his old self again.

HOW IT WORKS

The thyroid gland is a small butterfly-shaped gland that sits in the front of the neck, just below the Adam’s apple and above the collarbone. It produces the thyroid hormones thyroxine (T₄) and tri-iodothyronine (T₃), which affect a person’s metabolism. They control how our bodies store and use energy and they help regulate our mood and weight.

The release of thyroid hormones into the bloodstream is a complex process, controlled by several glands and hormones in the body. One of these hormones—thyroid stimulating hormone (or TSH), produced by the pituitary gland, a tiny gland attached to the base of our brains—regulates the amount of hormones the thyroid releases into the bloodstream.

When a person does not produce enough thyroid hormone and their metabolism slows down as a result, as Selena’s did, they are said to have an underactive thyroid, or hypothyroidism. Hypothyroidism can be tricky to recognize because many of the symptoms are not specific to

thyroid disease and can be caused by other conditions that people living with HIV may have.

The most common symptoms of hypothyroidism, which generally develop slowly over time, are fatigue, weight gain, dry skin, and hair on the head that is dry, thinning or falls out easily. Other symptoms include feeling cold easily, a slow heart rate, brittle fingernails, a hoarse voice, numbing or tingling of the hands and/or feet (a pins and needles sensation), constipation, a decreased ability to sweat, depression and memory problems. Some people also develop a visibly enlarged thyroid, called a goiter.

On the other end of the spectrum, some people, like Patrick, produce too much thyroid hormone due to an overactive thyroid, or *hyperthyroidism*. Instead of slowing down as it does with hypothyroidism, the body's metabolism speeds up. Hyperthyroidism is usually associated

with an enlarged thyroid and can cause a rapid heart rate, weight loss, tremor, anxiety and increased appetite. Other symptoms include bulging eyes, heat intolerance, warm moist skin, excessive sweating, heart palpitations, muscle weakness and frequent bowel movements.

WHO GETS THYROID DISEASE

Anybody can develop a thyroid problem, but women are much more likely than men and older adults are more likely than young people to develop one. People with HIV may also have somewhat higher rates of thyroid abnormalities than the general population, due to changes to the immune system caused by HIV or due to certain infections and cancers. Antiretrovirals and medications used to treat certain illnesses that are more common among people living with HIV, such as hepatitis C and tuberculosis, can also affect a person's thyroid function (see "Medications that Can Affect the Thyroid" for a list of some meds to watch for).

Infectious diseases specialist Dr. Stephen Shafran, from Edmonton's University of Alberta Hospital, says, "Overall, thyroid disease is not very common in people living with HIV, perhaps because thyroid disease is much more common in women than men, and in Canada the ratio of HIV infection for males to females is approximately 3:1." He also notes that in his HIV practice, he sees more *hypothyroidism* than *hyperthyroidism*.

CAUSE AND EFFECT

The most common cause of hypothyroidism is called Hashimoto's thyroiditis, an autoimmune disease that involves the body's own immune cells damaging the thyroid. Iodine deficiency, thyroid surgery, radiation therapy to treat cancers of the head and neck, and other endocrine disorders are usually considered in the diagnosis of hypothyroidism. For people who have more advanced HIV, doctors might also check for infections or cancers that can invade the thyroid.

Although uncommon, people with HIV can develop a form of hyperthyroidism called Graves' disease one to three years after starting ART due to a strong immune response. As a result of starting HIV treatment, Patrick's immune system improved, but because his response to the medication was so strong, he also produced antibodies that caused his thyroid to become overactive and produce too much thyroid hormone.

A number of medications can also affect the thyroid, which is yet one more reason for people to talk to their doctors and pharmacists about all the drugs they're taking.

PINPOINTING THE PROBLEM

Diagnosing a thyroid problem is key to feeling better and preventing other problems from ensuing. Had Selena's hypothyroidism gone undiagnosed, her lack of energy and weight gain would have likely continued to take a toll on

Medications that Can Affect the Thyroid

Medication	Effect
ritonavir (Norvir, also in Kaletra) heart drug amiodarone (Cordarone) hepatitis C drug interferon-alfa (Pegasys, Pegatron) TB drug rifampin (Rifadin, Rifater) anti-seizure medications carbamazepine (Tegretol), phenytoin (Dilantin) and phenobarbital anti-manic drug lithium (Carbolith) hyperthyroidism medications* methimazole (Tapazole) and propylthiouracil (Propycil)	hypothyroidism
d4T (stavudine, Zerit)	a mild form of hypothyroidism that causes either very mild symptoms or no symptoms at all
efavirenz (Sustiva, Atripla) heart drug amiodarone (Cordarone) hepatitis C drug interferon-alfa (Pegasys, Pegatron) iodinated contrast dye (sometimes used in imaging tests) hypothyroidism medication* levothyroxine (Synthroid, Eltroxin)	hyperthyroidism

* When the dose of a medicine used to treat hyperthyroidism is too high, it can lead to hypothyroidism. On the flip side, when the dose of a medicine used to treat hypothyroidism is too high, hyperthyroidism can result.

her quality of life and sense of well-being. As for Patrick, if his Graves' disease had gone undiagnosed and untreated, he could have developed more serious complications, such as heart disease and bone loss, down the road.

Luckily for both of them, the diagnosis of thyroid disease is generally based simply on symptoms, a physical exam and blood tests. Blood tests that reveal a low level of thyroxine and a high level of TSH indicate hypothyroidism. And blood tests that reveal high levels of thyroxine and low levels of TSH indicate an overactive thyroid. (To sort out more complex cases, other tests such as a thyroid scan or a thyroid biopsy may be ordered.)

OFFSETTING THE IMBALANCE

Dr. Shafran notes that treating an underactive thyroid tends to be more straightforward than treating an overactive one: "Hypothyroidism is easy to manage with the drug levothyroxine [Synthroid, Eltroxin], which is available in many strengths." On the other hand, he says, "managing hyperthyroidism tends to be more complex and patients should be treated by an endocrinologist—a doctor who specializes in treating hormone problems." In cases of hyperthyroidism, two types of medicine are usually prescribed: an anti-thyroid drug and a heart drug called a beta-blocker, to control uncomfortable symptoms like a rapid or irregular heartbeat and shakiness. Sometimes, radioactive iodine is prescribed to destroy the overactive thyroid gland. Most patients who receive radioactive iodine subsequently become hypothyroid and then require levothyroxine therapy.

To treat hypothyroidism, levothyroxine is the most commonly prescribed medication (see "Tips for Levothyroxine Users," opposite). To ensure that your treatment is working well, your healthcare team will monitor its effects to make sure your symptoms improve and your hormone levels return to normal. A person's TSH level will usually normalize after several weeks of treatment. If it remains elevated, this indicates that the dose of levothyroxine is too low. The dose may then need to be increased gradually until the TSH normalizes. Patience is needed as it can take several weeks or months to get you on the right dose and for your symptoms to resolve. After your treatment is stabilized, your doctor will probably recommend that you continue taking this dose and that your levels be monitored regularly.

The good news is that thyroid disease is a manageable condition that is fairly simple to diagnose and treat. In terms of prevention, the best thing a person can do to stay healthy is report any unusual symptoms to their healthcare team. For people on ART, there is only a small chance that the thyroid will be affected—most people do just fine. If you have suspicious symptoms or several risk factors, your doctor may screen you for thyroid disease to detect it early. +

Michelle Foisy, PharmD, is a clinical pharmacist with the Northern Alberta Program in Edmonton and a clinical consultant in HIV.

Tips for Levothyroxine Users

Take your dose daily: Take your dose as prescribed every day and avoid missing any. If you do miss one, let your healthcare team know. If you are not taking enough medication, your symptoms may not fully improve; however, if you take too much, this can swing the balance and lead to an overactive thyroid.

How to take your medication: Try to take levothyroxine at around the same time each day. Unless your doctor or pharmacist suggests otherwise, it is best to take it first thing in the morning with a full glass of water on an empty stomach (about 30 to 60 minutes before eating). If a morning dose is not convenient, try taking it at bedtime instead. Discuss the best way to take all of your medicines with your doctor and pharmacist to avoid any interactions with foods or other medicines.

Keep an eye out for side effects and drug interactions: Levothyroxine usually causes few or no side effects provided you are on the correct dose and your healthcare team is monitoring you regularly. If you experience any symptoms—such as heart palpitations, excessive sweating, rapid weight loss or restlessness—be sure to let your healthcare team know, as this may indicate that your dose is too high.

To prevent drug interactions, make sure your healthcare team has a complete list of all of the medicines you take, including vitamins, herbs and complementary therapies as well as other prescription and over-the-counter medicines.

Levothyroxine should be taken at least four hours before or four hours after taking other drugs that interfere with how well it gets into the bloodstream. These include cholestyramine, calcium, magnesium and aluminum salts (found in antacids and supplements), iron supplements, sucralfate (Sulcrate) and dietary fibre supplements.

The scoop on ritonavir: The HIV medication ritonavir (Norvir)—used to boost other protease inhibitors and also found in Kaletra—can speed up the clearance of levothyroxine from your body. To offset this interaction, higher doses of levothyroxine may be required. Your doctor and pharmacist can ensure that you are on the correct dose of levothyroxine based on the way you respond to thyroid treatment.

Pregnancy planning: If you are planning to become pregnant or you are pregnant, your doctor should monitor your thyroid hormone levels more closely. He or she may recommend adjusting your dosage.

A word of caution: Although there is a lot of hype about the use of levothyroxine to speed up metabolism and help you lose weight, this is not recommended and can be dangerous. Too much thyroid hormone can cause heart palpitations and lead to bone loss.



afford it or see one in the public health system if that's an option. In the right hands, cognitive behavioural therapy (CBT) can probably be helpful, too. The real issue is not so much which technique you use as how comfortable you feel with the therapist and how much you can really be yourself and be listened to. And, of course, yoga, meditation, any mindfulness practice can be wonderful.

Seeing your healthcare provider is an OK place to begin, as long as the doctor is open-minded and can listen to you. Medical training often gives psychology short shrift, so many doctors are not well-equipped to handle these issues. If you don't get help within the medical system, don't think you're alone. Just keep looking.

As far as anti-anxiety medications go, they can deal with the symptoms but not the causes. That doesn't mean we shouldn't deal with the symptom, too. (If you broke your leg and were in severe pain, it would be important to relieve your pain *and* deal with the broken leg.) So, in principle, I'm not against anti-anxiety meds, but they're overused. They are very difficult to get off when you've been on them for a long time and they can give the impression that you've dealt with an issue when you haven't.

Two classes of drugs commonly prescribed for anxiety are benzodiazepines and antidepressants called SSRIs (selective serotonin reuptake inhibitors). Benzodiazepines should only be for very short-term use, in the case of extreme difficulty functioning. If somebody's going through a terrible panic attack, a short course of SSRIs is better, but they don't solve the underlying problem either. They can calm you and help you cope so you can deal with the unresolved issues. [Note: These two classes of drugs interact with many antiretrovirals, especially protease inhibitors and, to a lesser extent, non-nukes. A lower dosage of anxiety medication is usually prescribed for people on these HIV meds.]

Dr. Maté is the author of *In the Realm of Hungry Ghosts*, *When the Body Says No* and other bestselling books. Visit drgabormate.com

Feeling Anxious?

INTERVIEWS BY PAULINE ANDERSON AND DEBBIE KOENIG

GABOR MATÉ

Physician, Vancouver

Anxiety manifests itself in any number of ways. It can manifest as panic—feeling terror or a loss of control. It can manifest as anger—toward fate, the medical profession, a partner or oneself. Anxiety can also show up as physical feelings—a rapid heart rate, dry mouth and abdominal upset. Some people address it head-on, but most of us try to soothe, suppress, escape or sedate it. To avoid feeling anxious, some people might drink alcohol or do drugs. It's well known that stress has a big impact on the immune system and can increase a person's susceptibility to illnesses, so it's important to deal with anxiety and what lies behind it.

Being diagnosed with HIV is a huge deal, so why wouldn't someone with HIV be anxious and scared? Stigma can add to this, and some HIV medications can cause anxiety. The natural dynamic is to think that all of our anxieties are due to HIV. However, when you ask people, "When in your life

were you not anxious?" many will say that they've always been anxious. So the sources of anxiety for people with HIV are many, and you need to tease them out.

For example, if you're using drugs, what are the drugs doing for you? A person might say, "The drug makes me feel better—it helps me escape or it takes away my bad thoughts." Then the next question is: "Why do you have bad thoughts? Why do you have a need to escape?" When exploring these questions, people realize that their anxiety is the result of emotional baggage they've carried from a young age.

It's important to talk about your anxiety, so you're not alone with it. Spend time with people who have gone through similar experiences. Support groups, where you can talk to people at different stages in their relationship to HIV and their anxiety, are really valuable. They allow you to see your issues from a different angle and that it's possible to come to a better place. See a private therapist if you can

CLAUDIA MEDINA

Person living with HIV, Toronto

Since becoming HIV positive 19 years ago, I have dealt with my fair share of life's unexpected curve balls, including bouts of depression. But I didn't start having anxiety until my depression worsened a few years ago. Now, my anxiety and depression seem to go hand in hand. To really tackle these issues, I've taken a leave from my job providing support to women living with HIV in prisons.

As with anyone, I think that stress is at the root of my anxiety. I tend to catastrophize things. For example, if something happens that shouldn't really be a big deal, I make a huge issue of it and I become anxious about everything.

When I feel rushed, I get overwhelmed. My most stressful times are

Support groups allow you to see your issues from a different angle and that it's possible to come to a better place.

in the morning when getting ready for work. If I know I have to be somewhere at a certain time, I get the sweats. Some of my anxiety has to do with being around people or having to socialize. And part of my anxiety relates to worrying about my son, who is 20 years old and is now dealing with his own life issues.

But I've developed some tools to manage my anxiety. Using these strategies has really helped me hold things together over the last two years.

If I start to feel anxious, I take a few moments to "talk myself down." I try to

think logically and remind myself why I'm feeling this way, that this feeling will pass, that I'm going to be OK.

Another helpful tool for me is deep breathing—taking slow, measured breaths instead of short, shallow ones. When doing these exercises, it's important to use the diaphragm and to let your chest and tummy move in and out.

Meditation also helps relieve my anxiety. I have a 10-minute recorded meditation exercise saved on my phone that I listen to. It's all about emptying your mind of thoughts and worries and stresses.

One thing I plan to get back to doing during my time off work is a regular exercise routine. Physical activity boosts those all-important endorphins (the brain's "feel-good" chemicals) and makes me feel rested and at ease. I've also noticed a big difference in the last few weeks (since my leave started) as a result of being in my own comfortable surroundings, taking long walks, getting a lot of rest and meditating on my rooftop surrounded by nature.

TASLEEM KASSAM

Naturopathic doctor, Calgary

Although being HIV positive can understandably set you up for feeling anxious, the flip side is that it might force you to take good care of yourself, which can go a long way toward relieving stress and anxiety.

A cornerstone of mental health is proper digestion, as well as good overall health. There's a strong connection between the gastrointestinal (GI) tract and the nervous system, which probably explains the terms "gut feeling" and "having butterflies in your stomach." About 95 percent of the "feel-good" hormone serotonin is made in the gut, but our natural gut flora is constantly being challenged by the processed and genetically modified foods we eat. To help replenish good gut microbes, I recommend probiotics, such as lactobacillus (*Acidophilus*). Look for Good Manufacturing Practice (GMP) certification to ensure the highest-quality probiotic supplements. Glutamine, an amino acid that acts as a building block for proteins, can

help get the digestive lining back on track, too.

Another tip for keeping anxiety at bay is to avoid foods that you have been diagnosed as having a sensitivity to, as some food intolerances may affect mood. It's also important to get enough magnesium (magnesium deficiencies are common among people living with HIV), which the body needs to produce serotonin, among many other things. Foods that are natural sources of magnesium include wild halibut, leafy greens, black beans, and pumpkin and squash seeds, but it isn't always easy to get enough from our diet. The most easily absorbed and best tolerated magnesium supplement is magnesium glycinate. I recommend taking 300 to 600 mg a day at bedtime, along with a B-complex vitamin. [Because magnesium can interact with some antiretroviral drugs, such as atazanavir (Reyataz), elvitegravir (in Stribild) and dolutegravir (Tivicay), as well as many antibiotics, talk to your pharmacist and doctor before taking these supplements.]

If you find your anxiety to be more related to the change of season, you may be low in vitamin D, in which case it's important to have your vitamin D levels monitored and to supplement if necessary. Fish oil may also have a positive effect on your mood and help lower your anxiety levels. Make sure to tell your doctor and pharmacist about any vitamins and supplements you take.

And, of course, it's important to control life stressors as much as possible. Stress increases one's cortisol level, decreasing levels of serotonin and another neurotransmitter, dopamine, which in turn raises anxiety levels. Unfortunately, we tend to run ourselves ragged on the stress front, to the point where even getting good-quality sleep can be challenging.

Physical activity helps metabolize stress hormones. In my view, simply walking or doing a gentle yoga class is better than extreme body-blasting workouts. Over-exercising can add to your stress by increasing cortisol levels, and it can also be hard on your body. +



The Music Man

Virtuoso cellist **Robert Bardston**, a long-term survivor in more ways than one, hits a high note.

By JENNIFER MCPHEE

Wearing a traditional African gown and hat, professional cellist Robert Bardston walks the audience through the chapters of his fascinating life story, stopping to play Bach's Suites for Solo Cello or to sing Negro spirituals that reflect his outlook at the time. Bardston, 63, spent three months reliving his life to create "Music and Musings from the Life of a 27-Year Survivor," a mix of music and personal anecdotes that he first performed at the 2012 International AIDS Conference in Washington, D.C., and then later at venues in Canadian cities. Looking back on his life opened wounds but also relieved pain and boosted his self-image. "It was cathartic and it made me grow up," Bardston says. "And the audience reaction made me realize how special my life has been."

Born in 1950 in the projects of Louisville, Kentucky, Bardston's life began amid tragedy. When he was nine months old, his father, a baker and amateur musician, was shot to death in an alley after a night of gambling at a local bar. In an obvious act of racism, police chose not to investigate. The family's financial troubles became worse after his father's murder. "We were very poor—and besides, entertainment venues were restricted to whites only—so we had to learn how to entertain ourselves at home," Bardston says. "I sang spirituals constantly. It was my world."

By the time he was six, Bardston sang solo as the opening act for travelling gospel quartets. By age nine, he was conducting his church's male choir. And at 18, he became the first

black member of a professional symphony orchestra in the southern United States.

Bardston's passion for music led him to Montreal in 1970, where a Canadian professor offered him a full scholarship to McGill University after watching him audition in Louisville. This professor became Bardston's mentor, pairing him with a talented pianist for a whirlwind of concerts that lasted until Bardston completed the first of his five degrees (including a doctorate) in cello performance and won a fellowship to study anywhere he wanted in Europe. Bardston chose to study under master cellist André Navarra in Germany. Life in Europe was mesmerizing, Bardston recalls—"like diving into a cultural pond that I didn't know existed."

It was also a catastrophe. He felt completely ill-prepared to compete against a group of world-class cellists in a class led by one of the world's greatest cello pedagogues, where lessons were often taught in Navarra's native French and all the other students spoke several languages (a skill Bardston has since acquired—he is now fluent in French and German and speaks Italian as well). Although he didn't realize it at the time, he was also subconsciously stripping himself of all African-American traits in an effort to fit into the whiter-than-white classical music community.

On top of all this, he was constantly subjected to racism in Germany, and, perhaps even more significantly, he was battling untreated schizophrenia, a cruel disease that preyed on his insecurity. "The most horrifying

experience is to play a concert and hear a voice constantly saying: 'You're stupid. No one wants to hear you anyway. They're all making fun of you. Why are you such a fool to think you could play a classical instrument?'"

After suffering a confidence breakdown, Bardston left Germany 18 months into his fellowship and returned briefly to Montreal before following a high school crush on a whim to a hippie commune in Washington, D.C. The people there gave him what he desperately needed: acceptance, empathy and understanding. "It was pure therapy for me" he says. "It changed my life. It set me on the road to finding myself and finding out what I could offer the world." It also gave him the confidence to return to music. One night in Washington, he attended a performance of his former teacher, André Navarra, who told him that he really should be in Germany. "With that one line, everything changed," Bardston says. "I packed my clothes and went back."

This time, he practised vehemently until he reached the level of Navarra's class. Suddenly, accolades began to come his way and he performed live on CBC television and radio in 1980. Bardston was recognized for his lyrical approach and his detailed knowledge of the cultural and historical context of the music he played.

Bardston credits his older sister Lois for his pursuit of perfection. "It all started at a little red table at home," he recalls, "where we played school, long before I ever went to school." Lois, the "teacher," taught Bardston and his two cousins about striving for excellence. "She was a tough taskmaster," he laughs. "We called her the Warden. She was a benevolent controller who insisted on being your best at all times. Her high standards influenced my music and other facets of my life, too."

Upon completing his fellowship with Navarra he returned to Montreal where he met and fell in love with the young ambitious filmmaker Claude Lavoie, on Valentine's Day in 1985. (Lavoie eventually made an award-winning documentary about Bardston called *Robert Bardston: Le fils du barde (The Bard's*



PHOTO: COLIN WAY

Son.) The same year, Bardston won an artist-in-residence post at Medicine Hat College, in Alberta. Unfortunately, it was also the year that Bardston and Lavoie were diagnosed with HIV. “I completely rejected the doctor telling me that I was going to die in five years,” Bardston says. “I thought he was crazy. A gay disease? Whoever heard of a disease that attacked only one part of the population?”

Bardston, in a classic state of denial, immersed himself in his music to keep it that way: “I had the perfect distraction from HIV. I was living the life I had always wanted: I had a position at a post-secondary institution. I was playing around the country as a soloist. My students were winning major competitions, so I felt like I had really offered

something. And, on the domestic side, I had a partner who loved me and I loved him to the nth degree.”

All this changed when Lavoie grew sick and passed away in 1999. Although they had separated by then, they were still close. In fact, days before his death, Lavoie tried to give Bardston a book of photographs of their years together, but Bardston brushed him off in anger. “I have enormous regrets,” Bardston says. “I regret that when he was trying to make that final loving statement of his life to me, I was too afraid to think of him dying to return that generosity.”

After Lavoie’s death, Bardston’s own health, both physical and emotional, began to fail and so did a promising new relationship. Though

he found himself in one of the most artistically productive periods of his life, he sank into severe depression and self-destructive patterns. Twice, he attempted suicide. After the second attempt in 2010, Bardston spent five months in the hospital, at which point he began taking antidepressants and other mood stabilizers. A friend, Dr. Hank Hak, began coming to the hospital for music lessons, which helped bring Bardston back to life. “That was a (re)turning point in my life,” he says. “Music made the difference.”

After his recovery, Bardston made a conscious decision to use his time and talents to advocate for others living with HIV and mental health issues. He created Music and Musings and was recently invited to perform at a conference in Edmonton hosted by several HIV groups. On weekends, he leads discussion groups in Medicine Hat that give people a chance to talk openly about living with mental health issues. And he is co-chair of the Canadian HIV/AIDS Black, African and Caribbean Network, made up of organizations dedicated to ending the AIDS epidemic among African, Caribbean and Black populations in Canada.

Whenever possible, Bardston speaks out about the older generation of people living with HIV who survived the horrific predictions of the '80s only to find themselves dealing with painful exclusion and the loss of loved ones as they age. “There is an intrinsic penchant for hopelessness in this age group that requires, and is only relieved by, the empathy of the entire PHA community,” he says. “This generation of long-term survivors needs the acceptance and protection of society to accept and protect itself.” More than anything, he wants survivors like himself to realize they aren’t alone. “My job as an advocate?” he says during Music and Musings. “Simply to share my mantra: I’m here and I’m staying for a while.” +

Jennifer McPhee is a freelance writer who contributes regularly to *The Positive Side*. Her work has also appeared in *Chatelaine*, *The Globe and Mail*, *Childview* and numerous other publications.



Birds of a Feather

When I take pictures of birds, I try to capture something a little different—not just a bird sitting on a branch, but their movement and personality. I took this shot while walking through the Arboretum in Guelph, Ontario. I caught these two dark-eyed Juncos in the split second that they were fighting for a position on the bird house.

When taking pictures, I'm not thinking of HIV. For me, photography is an escape from thinking about HIV. I am online most of my day, writing about it and sharing information as a social media coordinator for PositiveLite.com. Taking pictures is my "me" time—my time for self-care, exercise and sometimes socializing.

After an episode of stress several years ago that caused my CD4 count to drop, I had to leave my job and start treatment. I needed something to do, a hobby. I hadn't picked up a camera for many years but had always liked photography. So I bought myself a good camera and started hiking the trails around Guelph, snapping everything that caught my eye.

Photography gets me out of the house and keeps me grounded, giving me a place in this world. HIV could have made me live in isolation, but taking pictures has become a social activity. I meet other photographers, as well as people who are just curious about what I'm photographing. Most days I head out for one of my hikes, it's five to seven hours before I return, with more than 200 photos on the camera to keep me busy sifting through them and editing them the rest of the night.

This photo was the first of many rewards for me exercising my "me" time. +

—Wayne Bristow

To see more of Wayne Bristow's photos, visit www.flickr.com/photos/55679020@No4/

If you have a photo that you think could be the next Visual AIDS, send it to us along with a brief description of the story behind the image: contribute@positiveside.ca

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ACKNOWLEDGEMENTS: CATIE thanks the many people living with HIV/AIDS who volunteered their stories, making this truly a publication by and for Canadians living with HIV. We would also like to thank our medical and alternative therapy advisors, researchers and contributors for their thoughtful comments and help.

IMPORTANT: 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 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 recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible.

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Production of this magazine has been made possible through a financial contribution from the Public Health Agency of Canada.

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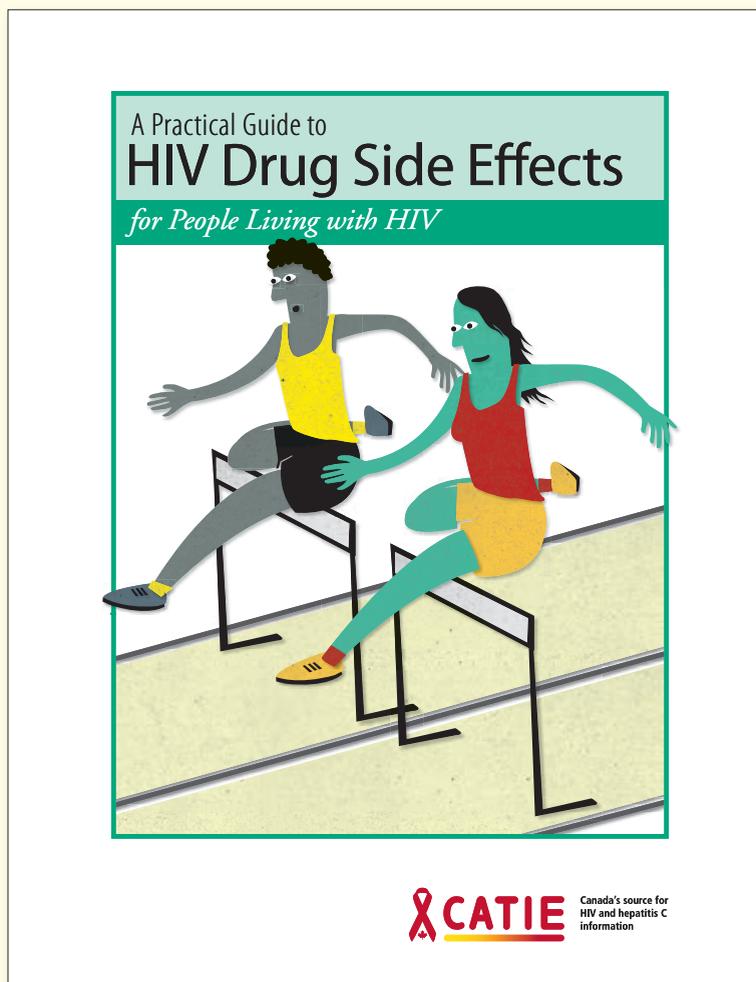
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