



# PARTNERSHIP PROJECT

HIV ADVOCACY & SERVICES SINCE 1995

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OREGON HIV/AIDS CASE MANAGEMENT



**Thank you to all who came out to support Partnership Project and EMO's HIV Day Center on April 25th for our 5th Annual Dining Out for Life. It was a very successful event!! We don't have a final amount to announce yet but we believe we will surpass what we raised last year! Thank you!!**

**Next Meeting  
May 14th**

**INFORMED DECISION  
MAKING FOR THE HIV  
CLIENT**

**9-10:30 A.M.**

**800 NE OREGON**

**Ask Devon -This month Katelyn Hayworth, OSU/OHSU Pharm D Candidate 2013 wrote this article**

### **New Horizons in Chronic Hepatitis C Treatment**

Studies have shown that patients with HIV and hepatitis C virus co-infection typically have lower responses to hepatitis C treatment than patients with hepatitis C infection alone. There are many hepatitis C virus (HCV) genotypes with types 1, 2, and 3 being the most common in the United States. Currently there are two approaches for the treatment of chronic HCV infections which are based on the HCV genotype. Patients with HCV genotype 2 or 3 can receive what's known as **dual therapy** (pegylated interferon + ribavirin) for 48 weeks. HCV genotype 1 is less responsive to dual therapy, however patients with HCV genotype 1 (but, without HIV) have shown improved response rates with **triple therapy** (pegylated interferon + ribavirin + new HCV protease inhibitor). Currently, there are trials investigating the use of *triple* therapy to improve HCV cure rates among patients with HIV coinfection.

#### **What is dual therapy?**

Dual therapy consists of treatment with pegylated interferon and ribavirin. Pegylated interferon is a once weekly injection that can be given at home. Ribavirin is taken by mouth twice daily. Patients with HIV and HCV co-infection should receive dual therapy for 48 weeks.

#### **What is triple therapy?**

Currently, triple therapy consists of treatment with pegylated interferon and ribavirin plus a third drug known as an HCV protease inhibitor. There are two protease inhibitors approved by the FDA for the treatment of HCV infection, boceprevir (Victrelis®) and telaprevir (Incivek®). These medications are currently in phase 2 trials investigating their efficacy in the treatment of HCV infection among patients with HIV. There is also a third protease inhibitor, Simeprevir which has not yet been approved by the FDA for treatment of HCV. However, it is currently being investigated in a phase 3 trial for the treatment of HCV in patients with HIV.

*Continued on next page*



## ASK Devon continued

Drug	Hepatitis C Virus Genotype	Dosage Form	# of doses	FDA approved for co-infection?	Currently available?	Must be given with
Boceprevir	1	Pill	3/day	No	Yes	Ribavirin, Pegylated interferon Food
Telaprevir	1	Pill	3/day	No	Yes	Ribavirin, Pegylated interferon Food (20 grams of fat)
Simeprevir	1	Pill	1/day	No	No	Ribavirin, Pegylated interferon
Pegylated Interferon	1, 2, 3, 4	Injection	1/week	Yes	Yes	Ribavirin (+/- HCV protease inhibitor)
Ribavirin	1, 2, 3, 4	Pill	2/day	Yes	Yes	Pegylated interferon (+/- HCV protease inhibitor)

### Can these medications be taken with anti-retrovirals?

Ribavirin increases the risk of adverse effects when given with zidovudine (AZT) or didanosine and these combinations should be avoided if possible.

Telaprevir and boceprevir may interact with HIV protease inhibitors, non-nucleoside reverse transcriptase inhibitors as well as maraviroc, elvitegravir, and cobicistat. Not all side effects are fully known but your doctor and pharmacist will help you choose the right option.

Studies are still being completed investigating the potential for drug interactions between simeprevir and antiretrovirals. However, early data suggests there is less potential for drug interactions with simeprevir than the other HCV protease inhibitors.

### Are there side effects?

Some of the most common side effects associated with dual therapy include fatigue, depression, fevers, stomach upset, weight loss, rashes, hair loss, anemia, muscle aches and pains. You will need regular monitoring to ensure your therapy is working and to avoid toxicity.

Triple therapy can increase the risk of side effects such as anemia, rash and gastrointestinal upset and itching.



For more information about Hepatitis and Hepatitis Awareness Month go here

<http://www.cdc.gov/hepatitis/HEPAwarenessMonth.htm>



This column is provided as a public service by Attorney Sarah Patterson ( [www. Sarahpattersonlaw.com](http://www.Sarahpattersonlaw.com)), by Email :[Sarah@sarahpattersonlaw.com](mailto:Sarah@sarahpattersonlaw.com), (503) 281-4766. Sarah is a lawyer in private practice and represents claimants with HIV and AIDS in Social Security and SSI disability cases and is not associated with the Social Security Administration.

## Updates on Post Traumatic Stress Disorder

If PTSD interferes with ability to work, Social Security disability may help.

Post Traumatic Stress Disorder (PTSD) is an “anxiety disorder triggered by exposure to a traumatic experience such as physical or sexual assault, exposure to disaster or accidents, combat or witnessing a traumatic event.”<sup>1</sup> The National Institute for Health estimates it affects 7.7 million adults.

The definition of Post Traumatic Stress Disorder (PTSD) has been updated after a decade-long revision of the Diagnostic and Statistical Manual (DSM-V) of the American Psychiatric Association. The fifth edition was published in May of this year. These are the first changes since the condition was identified in 1980.

In the DSM-V, PTSD is in a new chapter on Trauma and Stress Related Disorders. It includes a sharper definition of traumatic events – now specifically including sexual assault, and a new recognition of the cumulative effect of trauma on people like first responders or police.

Whatever the cause, when the PTSD causes “clinically significant distress or impairment in the individual’s social interactions, capacity to work or other important areas of functioning,” Social Security regulations become relevant. For Social Security disability eligibility, the intrusive thoughts and reactions must interfere with the ability to work.

Much of the research on this illness has come out of the Veterans Administration Medical Facilities, because of their deep experience in dealing with combat trauma. There are now over 200 specialized VA centers for PTSD treatment. Iraq and Afghanistan war vets have shown up on the doorsteps of VA health centers steadily since 2001 - and about one third have been seen for mental health issues.

It is important to remember that applicants may be eligible for both VA benefits and Social Security disability benefits. Although the common understanding of this illness is that it affects only combat veterans, it impacts many victims outside of the military arena. It can be a factor with victims of violent crimes or sexual abuse. A mugging, rape or even a terrifying burglary can trigger the illness.

The terminology of the DSM differs from that of Social Security regulations, and it takes careful work to develop the evidence to clarify the severity and functional impact of PTSD, and win Social Security benefits.

We work with your client’s medical providers to get details - not just a diagnosis. As always, Social Security wants to know the underlying symptoms and clinical findings that are the basis for the diagnosis, and the functional impairments that preclude working.

### E-mail Newsletters

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The editor is Julia Lager-Mesulam.

Comments/questions about this publication should be directed to:

Julia Lager-Mesulam at [lagermes@ohsu.edu](mailto:lagermes@ohsu.edu),  
or call (503) 230-1202, FAX (503) 230-1213,  
5525 SE Milwaukie Ave. Portland, OR 97202

**This issue, and issues from Feb 2002 on, can be found electronically at <http://www.oregon.gov/DHS/ph/hiv/services/news.shtml>**