

HOT

NEWSLETTER
AUGUST 2021

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Weight Gain/loss &
HIV

PG.2

Why can't I shift this
weight since living
with HIV?

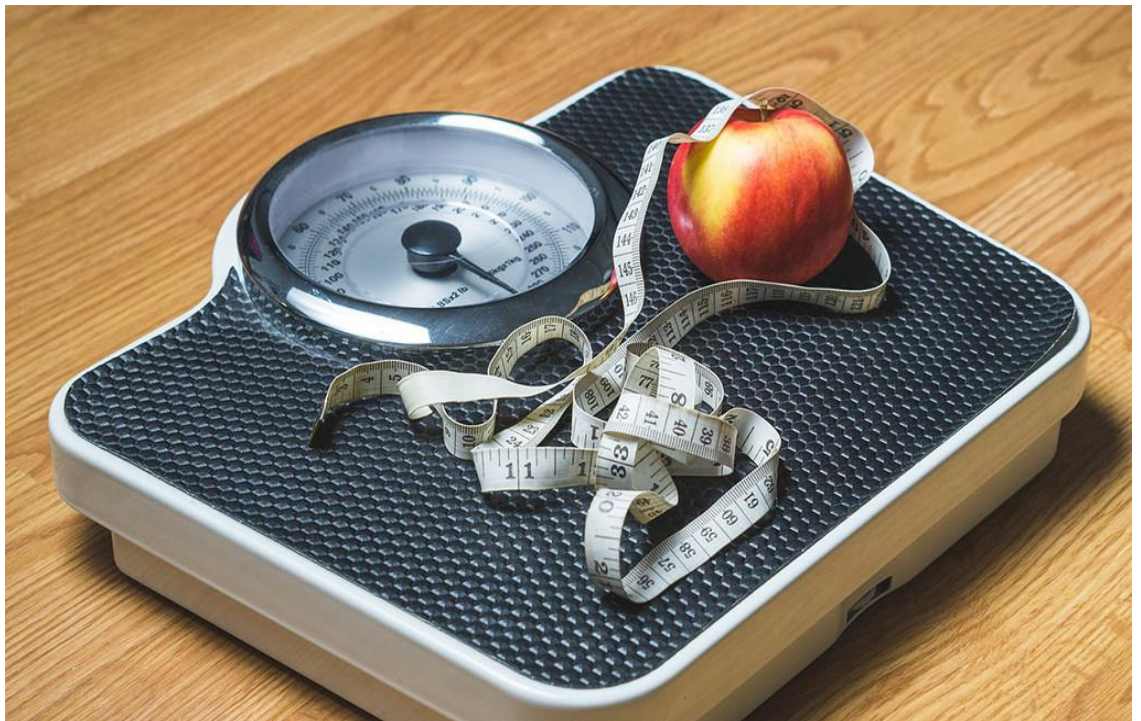
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Work Puzzle

Pet of the Month

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Invitation to contribute
to newsletter



WEIGHT GAIN/LOSS & HIV

Living with HIV brings multiple issues we have to navigate and maintaining healthy weight seems for some of us to be one of them.

We may find ourselves wondering if others living with HIV face this and what was their experience. If anyone wants to share we would welcome your story. See last page to contact...

It's bad enough facing this virus but we don't want to add chronic illnesses to that list like diabetes, chronic obesity, high blood pressure, cardiovascular disease, High blood sugars or cholesterol, chronic depression and so on.

It's an important topic to discuss and just as important to understand why, how, and most importantly what can we do about it.

The following article may shed some light on to questions we want answers to in relation to weight loss/gain and HIV.

*Article sourced from POZ magazine last reviewed June 1st 2021





Weight Gain/loss and HIV

WHY CAN'T I SHIFT THIS WEIGHT SINCE LIVING WITH HIV?

While wasting syndrome was a hallmark of AIDS in the early years of the epidemic, today undesired weight is a more common problem among HIV-positive people on antiretroviral treatment. Like the general population, many people living with HIV have lifestyle risk factors, such as not eating a healthy diet or getting enough exercise. Not precluding that factors related to HIV and its treatment also contribute to weight gain and fat buildup.

Who is at risk for weight gain?

A study in the USA found that more than half of HIV-positive people struggle with being overweight or obesity.

Women with HIV tend to put on more kilo's than men, as do black people compared to white people – meaning black women are particularly prone to weight gain. The fact that white men have been overrepresented in clinical trials of new HIV drugs may help explain why there was a delay in recognizing treatment associated weight gain as a concern.

Some studies suggest older people with HIV are more likely to experience weight gain, but even adolescents starting antiretroviral can gain more weight than expected. People who start treatment with a low CD4 count or a high viral load may also be more likely to gain weight.

What types of weight gain do people with HIV experience?

People living with HIV can experience different kinds of weight gain and fat buildup. Visceral fat accumulates deep within the belly surrounding the internal organs. The buildup of internal fat pushes up against the abdominal wall, resulting in a hard belly. Subcutaneous fat – which is soft and pinch able – accumulates beneath the skin, often around the belly, hips and thighs.

Some people living with HIV experience generalized weight gain that involves both visceral and subcutaneous fat and possibly increased lean muscle mass as well (especially people recovering from wasting syndrome).

It appears though that people living with HIV on antiretroviral treatment seem more likely to gain a disproportionate amount of visceral fat. The buildup of visceral fat is sometimes called lipohypertrophy.

Lipodystrophy syndrome can be characterized by an increase in internal abdominal fat along with a loss of subcutaneous fat in the face and limbs (lipoatrophy). Today, lipoatrophy is most often seen among long term HIV survivors who have used older antiretroviral.

What causes weight gain?

In general, weight gain and fat accumulation occur when people consume more calories than they burn. Foods high in fat and sugar contribute to excess weight more than vegetables, whole grains and lean protein. A sedentary lifestyle with little physical activity can also lead to weight gain.

People living with HIV may gain weight as they return to health after starting treatment. HIV infection increases metabolic demands, and stopping viral replication reduces energy expenditure, leading to weight gain if food intake stays the same. Plus, people who feel better tend to eat more.

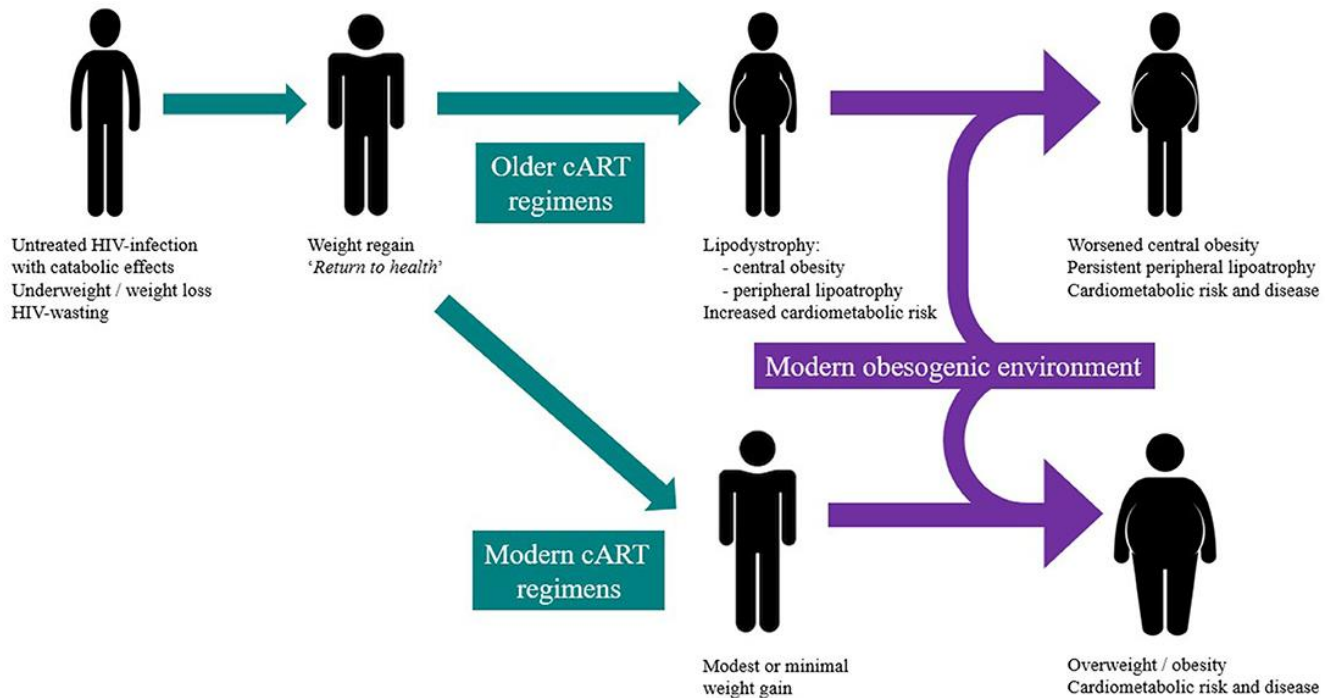
Weight gain can occur even among people who start antiretroviral treatment early and those who switch to newer meds with a fully suppressed viral load and a normal CD4 count. Chronic HIV infection – even if the virus is well controlled with treatment – can trigger persistent immune activation and inflammation that throws off metabolism and leads to fat buildup.

In recent years, there has been a growing recognition that some people gain weight – sometimes several pounds – and put on excess fat after they start antiretroviral treatment or switch their meds.



What HIV medications are linked to weight gain?

People taking any antiretroviral regimen may experience weight gain, but it is more commonly associated with certain drugs. Several studies show that people taking potent integrase inhibitors, such as dolutegravir, are more likely to gain weight. The newer tenofovir (tenofovir alafenamide or TAF) is also frequently associated with weight gain. In part, this is because the older form tenofovir disoproxil fumarate (TDF), is linked to lower blood fat levels and weight loss, so people who switch from TDF to TAF lose this protective effect. Research suggests that people taking both dolutegravir and TAF are most prone to weight gain.



What are the health risks of weight gain?

Excess body weight, and especially the buildup of visceral fat, is linked with a host of health problems.

Fat, or adipose tissue, is metabolically active and produces hormones and cytokines that can trigger inflammation. Weight gain often goes hand in hand with metabolic abnormalities. Metabolic syndrome is a cluster of conditions including excess abdominal fat, high blood sugar, abnormal levels of cholesterol and triglycerides (dyslipidemia) and high blood pressure (hypertension). People with persistent inflammation and metabolic abnormalities are at greater risk for diabetes, cardiovascular disease, health attacks and strokes.

Visceral fat can accumulate around the heart and inside the liver and other organs. Over time, fat buildup on the liver- non-alcoholic fatty liver disease (NAFLD) or in its more severe form, non-alcoholic steatohepatitis (NASH) can lead to cirrhosis, liver cancer and the need for a liver transplant. Excess weight contributes to other types of cancer as well, including breast, colon, kidney and pancreatic cancer.

Being overweight and obese can contribute to cognitive decline and are implicated in pregnancy complications. What's more, unwanted weight can have a negative effect on self-esteem, worsen depression and leave people less willing to start or stay on antiretroviral treatment.

How do I manage weight gain while on HIV treatment?

Let's start with what not to do: delay or stop HIV treatment. Modern antiretroviral are highly effective and generally well tolerated and keeping the virus under control is the most important thing you can do for your overall health.

Weight gain should be balanced against the many benefits of HIV treatment, including a healthy immune system, longer survival and reduced sexual transmission of the virus.

Lifestyle modifications can often help control weight gain in people living with HIV. Experts recommend eating a balanced diet rich in plant-based foods and low in unhealthy fats, sugars and processed foods. A Mediterranean diet is a good option. You can speak to a HOD dietician to develop a personalized eating strategy to combat weight gain.

Exercise is also key. Aim to move more and sit less through the day. Guidelines recommend at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous activity per week as well as muscle strengthening activities. But any amount of activity is better than none!

Yes I know we are in a lock down but why not kick off your shoes and put on your favorite music to boogie to and bust a move! If you have mobility difficulties, then sit and do the same don't forget to move those legs & arms. Get out in the garden if you are lucky to have one and enjoy the beautiful sunshine and dig, plant & move your body. Put on your masks and try walking every day at least 45 minutes. Online training inside programmes are a good source of motivation and you don't feel alone. Those that had Jane Fonda tapes...lol dust them off and kick those legs. For me it's disco or reggae and I'm off dancing just find what will motivate YOU!

Unfortunately, it can be difficult to lose weight especially to reduce visual fat buildup with changes in diet and physical activity alone. This is where you may need to not only access dietetic support and physical training support at places such as the walking group or group exercise at the Albion Centre but possibly talk to your GP and HIV specialist about medical options to support maintaining a healthy body weight.

Most importantly keep taking your HIV treatment and ask your doctor for recommendations about how to keep your weight under control.





LOSE WEIGHT WORD SEARCH PUZZLE



BEND
BIKE
CLUB
DIET
EAT
FAT
FRUIT
HEALTH
JUICE
POUNDS
PUSH UP
RUN
SALAD
SKIP
SPORTS
STRETCH
THERAPY
TRAIN
YOGA

T	S	T	R	O	P	S	D
H	K	A	W	U	A	I	T
E	I	F	H	L	E	R	B
R	P	S	A	T	A	E	A
A	U	D	I	I	N	K	G
P	O	U	N	D	S	I	O
Y	R	U	N	E	I	B	Y
F	H	C	T	E	R	T	S
B	U	L	C	G	T	A	E
E	C	I	U	J	O	H	T
H	T	L	A	E	H	F	F

The words appear UP, DOWN, BACKWARDS, and DIAGONALLY.
Find and circle each word.



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FEATURED PET OF THE MONTH “BUD” the Rainbow Lorikeet



Hi my name is Bud, I’m a free spirited guy who has had many humans in my life. I chose my new human two years ago and she has a Hen Princess who is my little sister now.

I love to dance and sing often, my human is not so well so some days I am very quiet and sit by my human as they rest.

My favorite food is Cheese, spinach, bacon whatever my human eats.

My favorite pastime is ripping any cardboard, tissue or paper my human leaves around.

I speak human very well and love to wave my foot to say Hello!



THIS IS YOUR NEWSLETTER

We acknowledge the traditional custodians of the land on which we live and work and pay our respects to the elders past and present.

I invite you all to submit your featured pet for our future newsletters. Send photo and brief bio of them to Dianne.Nyoni@health.nsw.gov.au.

As you can see we do not need to identify you so please make this your platform to have a voice?

Email, stories, funny jokes, puzzles, articles of interest and make your voice heard in the HOT Newsletter.

We the consumer advisory group hope you are all doing well in this difficult time of lockdown. We want you to know we are always here for you weather an issue you want us to raise or discuss to inviting you to make this newsletter your avenue to speak your voice.'

You can be de-identified but we would love to know more about you, hobbies interests pets and so on. So come on don't be shy and join in!



HOT Consumer Tick

HOT Consumer Advisory Group

