

## BEYOND HIV: CARING FOR THE WHOLE YOU

People with HIV can now lead full, long lives thanks to advances in treatment and care. But they still face other health challenges, from additional infections to aging, depression or heart disease. That's why it's important for you (and your health care provider) to consider the health of your whole body, realizing that treatment may be needed for concerns beyond HIV.

### WHAT ARE SOME OF THE OTHER MEDICAL ISSUES I NEED TO KNOW ABOUT?

- **Cardiovascular disease:** Risks to heart health, including elevated cholesterol and triglyceride levels, may be greater among HIV-positive people taking certain meds. Other factors may be to blame as well, including poor diet, smoking or getting too little exercise.
- **Diabetes:** Left unmanaged, high blood glucose (sugar) levels can lead to serious health problems. One study found diabetes to be four to five times more likely to occur in positive men on HIV meds than among HIV-negative men.
- **Hepatitis:** Hep C, common among positive people, is a major cause of liver-related death. Hep A and B can also cause serious liver complications for those with HIV. Your doc should check for these infections; if you're negative for hep A and/or B, get vaccinated.
- **Kidney problems:** HIV, cardiovascular disease, diabetes and certain meds can put a strain on your kidneys. Prevention, beginning with regular monitoring (lab tests), is the best medicine.
- **Mental health:** People with HIV can face a variety of mental health challenges, including depression. Left unchecked, depression can lead to low self-esteem, difficulty functioning at home and work, abuse of alcohol or other drugs, and poor HIV treatment adherence.
- **Human papillomavirus:** HPV is the most common sexually transmitted infection (STI) in the United States. It can cause genital warts or more serious pre-cancerous or cancerous lesions. Regular cervical Pap smears (for women) and anal Paps (for both sexes) are strongly recommended.
- **Non-AIDS-related cancers:** Typical AIDS cancers, such as Kaposi's sarcoma (KS), are less likely today due to potent HIV drug therapy. But non-AIDS-related cancers—including anal, liver and lung cancer—are on the rise. Your doctor needs to be on the lookout for them all.
- **Pregnancy and family planning:** HIV treatment has allowed many positive men and women to enjoy the time and health they need to start families. And it's also very effective at reducing the risk of mother-to-child HIV transmission during childbirth. Working closely with a supportive health care provider is especially important when you are planning a family.

### QUICK TIPS

Just as lab tests such as the CD4 count, viral load and chemical screen are important for everyone with HIV, so are screenings that look out for your whole health.

#### ■ MAMMOGRAMS

There's no evidence that breast cancer is more common among positive women, but as people with HIV are living longer, such cancers are a growing risk. Mammograms are recommended annually for women older than 50 and every year or two for women between 40 and 50 years of age.

#### ■ STD CHECK

Syphilis, chlamydia, gonorrhea and herpes screenings are recommended when starting HIV care and, depending on the patient's sexual practices, regularly thereafter.

#### ■ COLON SCREENINGS

Colon cancer checks are recommended for everyone. High-risk patients, including HIV-positive people with compromised immune systems, should have a yearly fecal occult blood screening and sigmoidoscopy, as well as a colonoscopy every five to 10 years.

#### ■ BONE DENSITY

We gradually lose bone mineral—the stuff that keeps the skeleton hard—as we age, ultimately leading to an increased risk of serious fractures. HIV meds and the virus itself may accelerate the weakening of bone. DEXA scanning can help determine whether you suffer from early mineral loss (osteopenia) or require treatment for more advanced disease (osteoporosis).

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