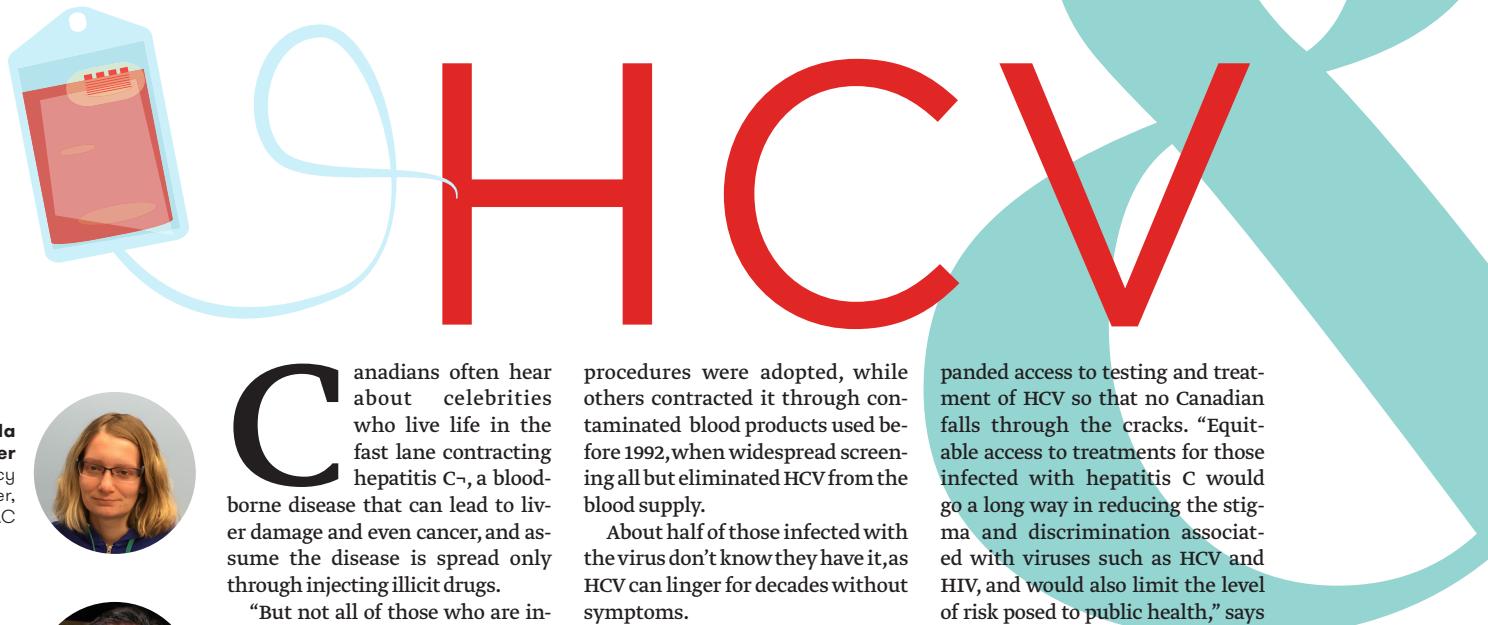


Why Baby Boomers Should Get Tested for **Hepatitis C**



Canadians often hear about celebrities who live life in the fast lane contracting hepatitis C, a blood-borne disease that can lead to liver damage and even cancer, and assume the disease is spread only through injecting illicit drugs.

“But not all of those who are infected with the virus have engaged in high-risk behaviour,” says Dr. Morris Sherman, a Hepatologist and Chairperson of the Canadian Liver Foundation. “People born between 1945 and 1965 are five times more likely to have the disease regardless of their actions.” In fact, about 75 percent of the 250,000 Canadians infected with the hepatitis C virus (HCV) were born during that time.

Dr. Sherman and other experts suspect that some of these baby boomers contracted the disease through medical equipment used before universal infection control

procedures were adopted, while others contracted it through contaminated blood products used before 1992, when widespread screening all but eliminated HCV from the blood supply.

About half of those infected with the virus don’t know they have it, as HCV can linger for decades without symptoms.

Advocates push for wider access to hepatitis C screening

Many health care providers are encouraging boomers to get tested. A blood test looks for antibodies to the virus and if the result is positive, a second test is ordered for confirmation.

Advocacy groups are lobbying policy makers to revise screening guidelines to include routine testing for all boomers, rather than just for individuals traditionally considered at risk — intravenous drug users, former prison inmates, people

who received blood products before 1992, and those who emigrated from countries where HCV is more prevalent.

“We’ve been taking steps to make that happen,” says Dr. Sherman. He notes that, among other initiatives, advocates sent a letter to Jane Philpott, the former Minister of Health. “We’re looking for a comprehensive response.”

The Canadian Treatment Action Council (CTAC) is also calling for ex-

Amanda Fletcher
Policy Researcher,
CTAC



Dr. Morris Sherman,
Chairperson,
Canadian Liver Foundation



Shelina Karmali
Executive Director,
CTAC



**SOME TESTS MEASURE YOUR KNOWLEDGE,
OTHERS CAN SAVE YOUR LIFE.**



#ThisIsYourWarning

To learn more about hepatitis C visit liver.ca/ThisIsYourWarning



Living Longer and Better with New **HIV Treatments**



When HIV/AIDS first made news in the early 1980s, mortality rates were high.

Then the first antiretroviral drugs were developed in the late 1980s and early 1990s. While they increased life expectancy in people with HIV by suppressing the virus, they were also very toxic. “The trade-off was that people survived, but with a lot of toxicities,” says Dr. Cécile Tremblay, Principal Scientist and Full Professor, Department of Microbiology, Infectious Disease and Immunology at Université de

Montréal.

To avoid these toxicities, some early treatment paradigms delayed antiretroviral therapy in HIV positive patients (with no AIDS defining symptoms) until their T-cell counts dropped below a certain level. However, as these people aged, researchers noticed an earlier onset of age-related comorbidities, such as cardiovascular disease, diabetes, and osteoporosis — believed to be caused by the underlying inflammation from ongoing viral replication and weakened immune system.

Safer and less toxic therapies

Today’s treatments aim to limit these toxicities. “The idea is to hit as soon as you possibly can with the safest, simplest to take drugs,” says Linda Robinson, HIV Clinical Pharmacist Specialist at Windsor Regional Hospital

As Dr. Tremblay explains: “The new classes of drugs we’ve developed in the last 10 years are quite safe, tolerable, and don’t have these



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long-term toxicities. The mode of intake is typically one pill — combining three antiretroviral drugs — once a day. And, from what we know right now, they are even more effective at controlling the virus.”

That’s good news for Canadians living with HIV that are over age 50,

Kate Murzin
Health Programs Specialist, Realize



Dr. Cécile Tremblay
Principle Scientist, Full Professor,
Department of Microbiology,
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Linda Robinson
HIV Clinical Pharmacist
Specialist, Windsor
Regional Hospital



which makes up an estimated 50 percent. “This is the first generation to grow into older adulthood living with HIV and the general public may not be aware of how things have changed since early in the epidemic,” says Kate Murzin, Health Programs Specialist at **Realize**, a national charitable organization that applies a rehabilitation lens to the challenges facing adults aging with HIV.

With the right treatment regimen and proper adherence, people living with HIV can keep the virus at undetectable levels, avoid ever developing AIDS in their lifetime, and look forward to a life expectancy close to that of the general population.

Social and peer supports

In addition to therapies to prevent disease and disability from HIV, there are resources to address the social needs. Peer support groups, community-based exercise and wellness programs, and social activities — all with the unique needs of aging adults with HIV in mind — are popping up in front-line HIV organizations. In addition, these front-line organizations offer access to information and research.

By taking advantage of these resources and information, people living with HIV can empower themselves to have better informed conversations with their clinicians on developing a treatment plan that will help minimize the risk of age-related comorbidities — enabling them to live long, healthy lives.

Anne Papmehl

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