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A Guide to AIDS Research and Counseling

Biomedical Methods for Preventing the Sexual Transmission of HIV

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Despite several decades of rigorous clinical trials, no single biomedical, behavioral, or structural HIV prevention intervention alone has proven sufficient to address the growing HIV pandemic. Instead, combination prevention packages of partially effective interventions address both the biological and behavioral factors associated with transmission as well as the structural determinants—social, economic, political, or environmental factors—that can aid or impede the success of HIV prevention programming. This article reviews the latest research regarding biomedical HIV prevention approaches, in particular, sexually transmitted infection (STI) control, male circumcision, microbicides, the prophylactic use of HIV antiretroviral drugs, and HIV vaccines.

Physical Barrier Methods

Male and Female Condoms. Male condoms, used correctly, are between 85 percent and 95 percent effective in preventing HIV. While no study has directly assessed the HIV prevention efficacy of the female condom, several clinical trials have demonstrated its capacity to bar genital secretions containing HIV, and researchers generally consider it to be as effective against HIV as the male condom.

Cervical Barriers. Though originally developed as contraceptives, cervical barriers such as the diaphragm may also protect against HIV acquisition. The only randomized controlled trial examining this question, however, found no additional protective effect from the combination of a diaphragm, lubricant gel, and condoms compared with condoms alone. These findings highlight the importance of integrat-

ing behavioral interventions with biomedical interventions. Adherence to diaphragm use was lower than expected, and participants in the diaphragm group used condoms less than participants in the condom-only group. The results may indicate that the diaphragm was effective, compensating for unprotected sex among women whose partners did not use condoms, or they may suggest that women in the condom-only group were more likely to report higher condom use than women in the diaphragm group. What we still do not know is whether the woman-controlled and discreet diaphragm is as protective as condoms.

STD Control as HIV Prevention

Sexually transmitted infections (STIs) have a well-established synergistic relationship with HIV infection. Co-infection with HIV and an STI can increase the probability of HIV transmission, acquisition, or both. Researchers have examined various STI-related HIV prevention strategies, including improved management of curable STIs, presumptive STI treatment (treatment for a presumed infection in a person or a group of people at high risk of infection), and acyclovir suppressive therapy for herpes simplex virus. Only one (in Mwanza, Tanzania) of the nine HIV-related STI treatment trials, however, found a preventative effect on HIV infection.

Trial design and behavioral issues complicate interpretation of these studies. Enhanced prevention services that were offered to control group subjects—for example, improved STI services—limited the studies' ability to detect the effect of the intervention being studied. Adherence rates in the three acyclovir suppression trials were lower than ideal, attenuating the effect of the intervention. Finally, the Mwanza trial was implemented earlier in the HIV epidemic than the five other STI treatment trials. This means that genital herpes may have largely replaced the curable STIs that had been most prevalent at the time of

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Editorial: Make HIV, Not Care, the Exception

Robert Marks, Editor

It is the best of times—and the opposite. As has been true for 25 years, the march of scientific inquiry has created opportunities for both HIV prevention and HIV care. Today, new understandings of the underlying HIV disease process, for example, the role of HIV-related inflammation to undermine organ health in otherwise “well” people with HIV, bolster the argument to treat earlier in the course of HIV disease. At the same time, continually improving medications make treatment more effective and easier to tolerate over time than older regimens. The new slogan is “test and treat,” which means testing more people earlier and more often, and treating people with HIV sooner in the course of disease. While both of these prescriptions have their controversial aspects, it is fair to say that in richer countries, technological advances have improved the quality of life of people with HIV.

Likewise, as lead article authors Sandra McCoy and Nancy Padian demonstrate, improved HIV antiviral drugs hold the promise for effective biomedical approaches to HIV prevention (including both a tenofovir-based vaginal microbicide and pre-exposure prophylactic). Further, at a time when many had despaired that a vaccine—promised since the 1980s—

would ever materialize, there is a glimpse of possibility in clinical trial findings.

Just when medicine may offer the greatest hope, however, a budget crisis, which will endure for years, threatens to undermine these achievements. States and municipalities face deepening cuts in social and health-related services. Federal health insurance reform may eventually reduce skyrocketing health care costs, but the bulk of the savings will not manifest for several years. In the meantime, the crisis threatens the AIDS Drug Assistance Program, one of the dozens of innovations to have come out of the response to AIDS, and encumbers many other care and prevention opportunities.

McCoy and Padian are under no illusion that effective prevention, even efforts fueled by biomedical advances, can be independent of behavioral intervention. The authors of the second article—Matthew Hogben and Sevgi Aral—affirm this insight in their careful review of the data on “risk compensation.” Budget cuts jeopardize a range of behavioral innovations at both the local and state levels at just the time the U.S. Centers for Disease Control’s evidence-based intervention program could otherwise expand access to proven interventions.

For folks at the AIDS Health Project, the prospect of budget cuts has become real. While one can argue the wisdom of some cuts to California’s HIV and other social services, the cut that seems most plausible, while still painful, is the one that makes this issue of *FOCUS* our last one. As difficult as it is to write this sentence, it is hard to argue that *FOCUS*, even after 25 years of service, makes a more important contribution than increased HIV testing, broadly accessible AIDS drugs, and prevention counseling interventions.

The final article in this issue, by James Dilley and me, suggests that instead of eliminating some HIV-related approaches, which have been dismissed as “exceptions” to public health practice, society should embrace these approaches as innovations. At a time when resources are shrinking, we argue for judicious investment.

Page 10 of this issue is an abbreviated list of 25 years of acknowledgments. Along with Helquist and Follansbee and 1,000 authors, *FOCUS* has depended on a couple dozen staff and volunteers. We have also benefited immensely from an inspirational readership. Thank you for your support and engagement, and most of all, your actions on the front lines. We have been honored to serve you. At this moment of ferment, we wish each of you the best in your continued efforts to outmaneuver HIV.

the Mwanza trial and, thus, treatment of curable STIs had less of an effect on HIV incidence in these trials than it had in Mwanza.

Circumcision

An estimated 30 percent to 34 percent of adult men worldwide are circumcised. Male circumcision is practiced for religious, cultural, and medical reasons, and the proportion of men who are circumcised varies in different populations between less than 5 percent and

more than 80 percent. The inner surface of the foreskin has a high concentration of HIV target cells. It is also only lightly keratinized, that is, toughened, so it is vulnerable to micro-tears, is exposed to secretions during sex, and provides a moist environment in which microorganisms may thrive. Uncircumcised men also have higher rates of genital ulcer disease, which is also associated with HIV transmission.

Randomized controlled trials in Africa have found that the combined overall HIV-protect-

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tive effect from male circumcision was 58 percent. In South African and Ugandan trials, there was no evidence for increases in HIV transmission-related sexual behaviors in response to the increased protection from circumcision, while in Kenya circumcised men reported more unprotected sexual intercourse than men in the control group 24 months after adult circumcision. Based on these findings, a WHO/UNAIDS consultation group recommended circumcision as an effective addition, but not as a substitute, to other HIV prevention strategies for heterosexual men in countries with general population epidemics.

Although male circumcision is highly effective for preventing female-to-male HIV transmission, a study in Uganda found that circumcision of HIV-infected men did not impede transmission to female partners. The study also suggested that resumption of sex prior to complete wound healing after circumcision may increase the risk of male-to-female transmission. The data underscore the need for intensive participant counseling regarding abstinence from sex until healing is complete and for adherence to other risk-reduction behaviors. Over time, however, male circumcision may lower HIV rates in women indirectly by reducing prevalence in male partners.

Unlike studies of heterosexual sexual behavior, studies of male-male sexual behavior have found inconsistent results regarding the efficacy of circumcision to reduce HIV transmission. This is due, in part, to the fact that many men who have sex with men engage over time in both insertive and receptive roles. One cohort study of HIV-negative men who have sex with men reported no association between circumcision and HIV seroconversion, even after adjusting for behavioral factors (such as the number of partners) and the presence of anorectal STDs.

Questions remain about whether men in areas that do not traditionally practice circumcision will choose the procedure. In addition, if circumcision makes recipients feel more secure about having unprotected sex, this effect could offset the beneficial effects of circumcision. Health education, including HIV counseling and testing, could reduce this possibility.

Microbicides and Antiretroviral Prevention

Two promising prevention approaches are vaginal or rectal antimicrobial products and the prophylactic use of HIV antiretroviral compounds. Even before there were effective HIV antiviral drugs, researchers hoped to develop

microbicides, chemical gels, creams, films, or suppositories that, when inserted into the vagina or rectum prior to intercourse, would prevent HIV transmission during sex. Randomized trials in the 1990s found that nonoxynol-9, which had been used as a spermicide for decades, was ineffective in preventing HIV and other STDs. Studies over the subsequent decade found no consistently effective microbicide. Research has now moved in three directions: developing longer-acting dispersal methods that may be applied hours or days before sex, composing products from several chemical compounds with different mechanisms of action, and using HIV antiretroviral compounds as the chemical compound. In fact, HIV antiretroviral medication may be the most promising avenue of biomedical prevention.

In light of their incredible success as HIV treatments, researchers are now evaluating HIV antiretroviral compounds for their HIV prevention potential. This potential can be realized in at least two ways: through pre-exposure prophylaxis (PrEP), the provision of oral or topical HIV antiretroviral treatment to HIV-negative people to reduce susceptibility to infection, and through standard antiretroviral treatment to HIV-positive people to reduce their infectiousness. There is a particularly compelling precedent for this approach: short-course zidovudine (ZDV; AZT) and, subsequently, single-dose nevirapine for pregnant, HIV-infected women reduced mother-to-child transmission in non-breastfeeding populations by two-thirds. In addition, although its exact efficacy is uncertain and it has not been the subject of Phase II and Phase III trials, there is evidence that post-exposure prophylaxis (PEP)—a 28-day course of HIV antiretroviral drugs following HIV exposure in the previous 72 hours—reduces HIV transmission rates following needlestick exposure.

If proven safe and effective, PrEP may be more feasible and acceptable than approaches that require taking a specific action prior to sex. As this article goes to press, the iPrEx study of 2,499 transgendered women and men who have sex with men, reported that a daily dose of tenofovir and emtricitabine (Truvada) achieved a 44 percent reduction of new HIV infections compared to the placebo group. In addition, it found 73 percent reduction among participants who took the drug at least 90 percent of days. If the results are duplicated in future trials, researchers will need to examine PrEP's long-term effects, costs, implications for antiretroviral resistance, and methods to promote

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high levels of adherence before there can be broad implementation.

Another promising trial—of 1 percent tenofovir gel—found the microbicide to be 39 percent effective in reducing a woman's risk of becoming HIV infected. In addition, the protective effect increased as use increased; women who used the gel in more than 80 percent of their sex acts had a 54 percent reduction in HIV infections. If other studies confirm these results, the gel will likely become an important tool. Since such antiretroviral treatments are specific to HIV, they may be more successful and more readily expanded than other microbicides to rectal as well as vaginal use among heterosexual couples and men who have sex with men.

Lastly, since increased plasma viral load is highly correlated with increased infectiousness, and antiretroviral treatment reduces both plasma and genital viral load, researchers are studying the role of HIV antiretroviral therapy in reducing transmission from people with HIV to their partners. In 2008, Switzerland's Federal AIDS Commission concluded that HIV-positive individuals do not risk transmitting HIV to HIV-negative partners if

HIV-positive partners have had undetectable viral loads for at least six months, are strictly adhering to an antiretroviral regimen, and are free of any other STDs. In an ongoing, international, multicenter study of mixed-status couples, participants in the intervention arm are receiving oral antiretroviral treatment earlier than clinically indicated (CD4+ cell counts between 350 and 550), while control arm participants receive antiviral treatment according to standard World Health Organization guidelines. Results are expected in 2012.

Vaccines

Initially, HIV vaccine research concentrated on identifying immunogens—parts of HIV that trigger the immune system—that would elicit antibodies at sufficiently high levels to prevent infection. However, these efforts have been thwarted by HIV's high genetic variability and ability to evade host defenses, both of which mean that a particular vaccine is often not able to target a wide variety of viral strains.

Another group of vaccine efforts focused on boosting T-cell responses rather than inducing neutralizing antibodies. While this outcome may not prevent infection, it may reduce the initial viremia—the amount of virus in the blood right after infection—a change that has been correlated with better clinical outcomes and reductions in transmission. In 2007, after 3,000 subjects had been enrolled, an interim analysis revealed that the first T-cell vaccine neither prevented HIV acquisition nor reduced initial viremia despite the T-cell response it induced. Trials of other T-cell vaccines are being examined for their future potential.

Only one vaccine candidate has shown moderate efficacy against HIV infection. This is a "prime-boost" combination of two vaccines: ALVAC HIV vaccine (the prime), and AIDSVAX B/E vaccine (the boost). In a trial conducted in Thailand, the vaccine lowered the rate of HIV acquisition by 31 percent, although there was no reduction, as had been expected, in the post-infection HIV viral load of people who did seroconvert. Further, despite the trial's large sample size, the low HIV incidence among this sample drawn from the general population limited the statistical power of the study, and conflicting results using different analytical methods have raised questions about the interpretability of the results. Regardless of these limitations, the study's findings represent the first hopeful results from a vaccine trial, and research in this area is ongoing.

Conclusion

Many biomedical prevention tools have had disappointing results in randomized controlled trials. However, even a simple and successful biomedical strategy has the potential to alter individual behavior. Thus, all biomedical intervention strategies must include behavioral components to ensure uptake of and adherence to the strategy and to prevent risk compensation. Further, prevention research has shifted toward HIV treatment-related interventions and combination prevention methods. Yet, even if successful, these interventions present challenges related to cost, target group, method of distribution, and long-term side effects that will have to be addressed in future research.

Since even simple biomedical strategies may alter behavior, all biomedical interventions must include behavioral components.

Risk Compensation in the Age of Biomedical Prevention

Matthew Hogben, PhD and Sevgi O. Aral, PhD

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As with all human interventions, HIV prevention interventions may lead to unintended consequences, one example of which is called “risk compensation.” Typically, risk compensation unfolds for individuals who, feeling protected against one health danger after implementing a behavior change, engage in other behaviors that put them at risk for the same or other health dangers. For example, debate around human papillomavirus (HPV) vaccination included fears that young women might feel free from concern about cervical cancer, which is a potential outcome of infection with certain strains of HPV. As a result, they might have more unprotected sex with more partners at an earlier age, putting themselves at risk for other sexually transmitted diseases or pregnancy.

In considering these effects, it is important to distinguish between “disinhibition” and “risk compensation,” which are often used interchangeably but describe two distinct concepts. Disinhibition occurs when people stop trying to avoid a health danger to themselves or others. Classic studies on learned helplessness show that people who believe they are unable to avoid a harm stop trying to do so.¹ Impairment through alcohol or other substance use is another cause of disinhibition in that an inebriated person can tolerate a higher level of sexual risk because he or she does not “care” as much about the potential negative outcome of a risky sexual exposure.

Risk compensation, on the other hand, is better characterized as a cognitive process of weighing the risks and benefits of a health danger. The term applies to people who, diminishing their susceptibility to a health danger by adapting a preventive intervention, increase their susceptibility via another behavior because they can still maintain what seems to be the same level of susceptibility. The questions for prevention interventions are the extent to and circumstances under which risk compensation (a) occurs and (b) reduces the prevention effects of the intervention.

Evidence of Risk Compensation

Pre-exposure prophylaxis (PrEP) is a candidate for an intervention where the preventive effects could be undone by risk compensation.

PrEP offers subjects a drug—the HIV antiviral medication tenofovir—prior to possible HIV exposure to create “antiviral drug readiness” should a person be exposed to HIV. Risk compensation in this case might arise if people taking tenofovir, feeling more protected against HIV than if they were not taking the drug, were to increase their number of sexual partners or decrease their condom use. Further, if such behavior then affected community norms, the shift in behavior would be widespread enough to lead to an *overall* increase in the likelihood of HIV exposure and seroconversion within a population. However, a tenofovir PrEP trial among Ghanaian sex workers found no evidence of risk compensation.² These and other data^{3,4} indicate that the beliefs that would lead to risk compensation are not widespread in the populations most affected by HIV.

There is, however, evidence that risk compensation may occur in some subpopulations. In a Dutch study of perceptions regarding HIV antiviral treatment, a minority of the men who believed that their viral loads were low enough that they were highly unlikely to transmit HIV increased their numbers of sexual partners.⁴ The existence of risk-compensating subgroups such as the one in the Dutch study might suffice to keep the epidemic in a steady state or even “refuel” prevalence in the larger population, a point offered in other reviews.⁵

These points all call for a closer look at risk compensation especially in two domains. First, researchers need to *measure* the health outcomes of risk compensation. Only outcome data can demonstrate that what we believe to be risk compensation actually *is* risk compensation. Second, researchers need to elaborate upon and deepen the construct itself, since the term probably represents a more complex set of cognitions and causes of behavior than its current definition suggests. That is, the behaviors called risk compensation occur in complicated historical, social, and ecological contexts. Even though what are identified as “risk compensation” behaviors may appear to be similar across situations, their causes, and therefore appropriate interventions, may be different.

Measuring Risk Compensation

Measurement of health outcomes addresses one important question immediately: are the behaviors we call risk compensation related to factors such as seroconversion that negatively affect a person’s health? That is, in the face of an otherwise effective prevention intervention, do those behaviors still confer risk?

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In Britain, for example, an influential study found that front seat belt use was not associated with reduced injury or death in the period following the introduction of seat belt laws. In fact, pedestrian and cyclist deaths from accidents actually increased.⁶ The study’s author, John Adams, suggests a model of “risk equilibrium” to describe this situation: drivers wearing seat belts felt they could increase driving speed, since they believed they incurred no more risk of dying in an accident.

HIV researchers have made the analogy to condom use.⁷ We emphasize that the strength of the seat belt analysis is its use of outcome data on accidents and deaths. In a model of sexual risk compensation, similar outcome data would be HIV transmission rates and rates of HIV-related illness and death. Accurate infection rate measurement often requires large numbers of participants and significant funding, so researchers often use proxy measurements such as condom use rates or number of partners to gauge the efficacy of the intervention they are testing. Nevertheless, without measurements of relevant outcomes—that is, using only proxy measurements—the actual level of post-intervention risk remains in question. In addition, while mathematical models of risk and behavior can be immensely helpful, they must eventually be validated with data.

The choice of outcomes to measure is important. In the case of the HPV vaccine, because the vaccine is virtually 100 percent efficacious, the recipients will not be acquiring HPV regardless of their sexual activity. Therefore, it would not be helpful to track HPV infection as an outcome in order to gauge the effects of risk compensation. However, changes in behavior might become apparent in rates of other newly acquired sexually transmitted diseases, so outcome measures ought to include acquisition and transmission of infections other than HPV (and possibly selected strains of HPV not covered by vaccines).

Seat belts and driving safety provide a more subtle illustration. As noted above in the British seat belt example,⁶ because the putative outcomes of risk compensation were felt most keenly by cyclists and pedestrians—parties other than those engaging in risk compensation—researchers have to measure outcomes across populations beyond the subpopulations that are targets of intervention. In terms of HIV, the closest analogy is risk compensation (or disinhibition) that results in transmission; that is, the principal harm (HIV infection) accrues to the sex partner, not the HIV-positive

individual. The earlier Dutch example⁴ of the subgroup of men who believed antiviral treatment made them unlikely to transmit HIV, and who also engaged in higher levels of unprotected sex than others, illustrates this point.

Even if researchers are able to address the problems above, other complications remain. For instance, when advances in treatment are matched by technological innovations that facilitate sexual contacts—for example, internet-mediated sex seeking—it becomes hard to disentangle risk compensation from a host of other causes.

Elaborating Risk Compensation: A Typology

The second area in which we take a closer look at risk compensation concerns the context in which it occurs. The contexts in which risk-compensating behaviors unfold may be far more varied than the behaviors themselves. The actual behaviors that provide a measure of risk compensation, if measured adequately and validated through relevant outcomes, will look the same, but we suggest the contexts in which they occur change how we interpret those behaviors. This in turn may influence the best choice (or mix) of interventions.

We have divided the complex mixture of behavior and context into three areas. Together they form what might be called a typology of risk compensation.

Type 1: Prevalence of One Behavior Increases as Risk from Another Behavior Decreases (Classic Risk Compensation). Risk compensation in this area arises from the interaction of a preventive intervention with the individual’s personal level of risk tolerance: the individual “compensates” for the added level of safety by permitting higher levels of other risk up to a consistent tolerance level. In sexual behavior, this is the risk homeostasis hypothesis posited by Eaton and Kalichman.⁸ Note that, at its base, risk homeostasis is centered around a consistent, individual-level construct: the perception of suitable risk. Personality characteristics derived from trait factors and temperament⁹ probably do contribute to risk homeostasis—openness to experience from the five-factor theory of personality is one candidate, as is Kalichman’s work on sensation seeking.^{10,11}

A factor to consider beyond personality is the historical context of the target population’s behavior. Some groups that currently define targets for an intervention group may have valued a given behavior up to the point when a threat was introduced. For example,

There are several varieties of “risk compensation,” and the precise subtype should drive the strategy providers choose from the range of available responses.

consider open sexual expression among gay men during the 1970s and 1980s. Such expression is intrinsically pleasurable, as well as a marker of the assertion of the civil right to *be gay*. The prevalence of such behaviors, for example, multiple sexual partners among young gay men, was reduced in the era of untreatable HIV infection and progression to AIDS (maintaining risk homeostasis is one explanation, differential mortality is another). Upon the introduction of a preventive intervention, however, members of the population may resume the previous prevalence of “risk” behaviors. To continue the example, because the depressed prevalence of sexual behavior was an artifact of the threat to health, any intervention

that reduces the threat of HIV transmission and progression to AIDS also reduces the motivation to take alternative precautions.

Type 2: A Preventive Technique for One Health Threat Replaces a Technique that Had Been Preventing Another Threat. A preventive intervention may remediate only one of a series of related health threats. If that particular threat is most salient to the population, then individuals using the intervention may increase behaviors that confer other risks. This outcome will have the appearance of risk compensation, but it is not. Consider the introduction of hormonal contraception to a population using condoms as contraception. Data generally show that couples in which the woman begins to use hormonal contraception drop off in their use of condoms.¹² Data also show that unwanted pregnancies tend to be a more salient concern than STD acquisition for adolescent and young adult women and possibly for young men.¹³

In the example, the intervention’s success in reducing pregnancy risk results in the perception that condom use is redundant. Since the hormonal contraception is so effective for preventing pregnancy, this perception would be accurate. However, the behavior—sex—is now unprotected against the threat of STD acquisition or transmission. Again, it remains vital to properly define and measure outcomes in this case, since the switch to hormonal contraception from condom use is actually correlated with markers of *lower*

risk—longer relationship tenure, greater trust, and increased monogamy—each of which might mitigate any decrease in condom use in terms of the risk of contracting an STD.

If the greater rates of unprotected sex do not yield greater rates of STD acquisition or transmission, then no empirical case for risk compensation exists. However, in settings where STD/HIV rates are high enough, concurrency and relationship turnover are sufficiently prevalent, and the gap from one relationship to another is short enough,¹⁴ a decrease in condom use may confer additional acquisition risk. Such risk will be likely construed as risk compensation or disinhibition, but would be independent of the individual-level theories discussed above.

Type 3: Intervention for One Behavior Overlooks Another. A preventive intervention may reduce one source of danger in a system, but not others. Individuals who do not understand that there are multiple sources of risk affecting a given outcome may get a false sense of security about their safety and also appear to be engaging in risk compensation. The same interpretation applies for individuals who overestimate the efficacy of an intervention. Even those conducting an efficacious intervention have to balance the goal of convincing people that an intervention is useful enough to implement with the danger of overselling the intervention and leaving the individuals with the impression that it will eliminate risk.

Conclusion

Although risk compensation is not a widespread, population-level phenomenon in terms of sexual risk, it should not be ignored. Those interested in changing public health behavior should at least be aware of the possibility of risk compensation or disinhibition and be prepared to address any negative unintended consequences of their interventions.

Other commentators have appropriately concluded that the prospects of risk compensation should not limit efforts to engage in preventive intervention.⁵ Although “risk compensation” is a defensible phrase for the phenomena outlined in this article, the precise subtype of risk compensation should drive the response. Fortunately, there are a range of responses that could apply, including increasing awareness of the spectrum of risk, ensuring preventive interventions encompass prevention from multiple risk factors and levels, and even preparing secondary interventions to cope with the possible resumption of STD and HIV-related behaviors.

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HIV Exceptionalism as a Prescription for Health Care Reform

Robert Marks and James W. Dilley, MD

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In 1991, health policy scholar Ronald Bayer coined the term “HIV exceptionalism” to refer to the divergence of HIV medical practice from the standards used to control other infectious diseases.¹ In response to fears of stigma, and housing, job, and health care discrimination, HIV-related policies that sought to protect patient confidentiality, address mental health, and avoid extreme measures extended significantly beyond those for other communicable diseases.

In 2006, Bayer (and Amy Fairchild) concluded that new U.S. Centers for Disease Control and Prevention policies heralded an end to HIV exceptionalism. Perhaps most notably, these policies sought to broaden access to HIV antibody testing by “normalizing” the process, that is, by eliminating “exceptional” informed consent procedures for HIV testing and reducing “exceptional” pre- and post-test counseling. In 2007, researchers David Holtgrave and Jean McGuire suggested that such “normalizing” failed to take into account data demonstrating the value of test counseling, including the “exceptional” components Bayer had criticized.²

One of the arguments for “normalizing” HIV testing is that simplified testing procedures are faster and cheaper, qualities that improve access to testing and allow more people to learn their HIV status. This argument presumes that the most significant health effect of testing lies in the test result itself. Although data strongly suggest that people who know they have HIV are more likely to change their behaviors, studies have also demonstrated the value of risk-reduction counseling for HIV-negative clients.^{3,4}

Further, while the CDC’s 2006 guidelines still recommend that counseling accompany HIV testing for HIV-positive people and HIV-negative people at high risk for HIV, “normalizing” approaches jeopardize the innovations of more than two decades of HIV prevention practice. At a time when pressure mounts to find efficiencies in health service delivery, the question remains: do cost-effectiveness studies take into account all the values each service provides?

Exceptionalism vs. Normalism

There are two problems with the exceptionalism-normalism argument. First, it overlooks

the fact that the characteristics that justified HIV disease’s exceptional status 20 years ago—stigma, fear, uncertainty, and confusion—endure today. By failing to explore these implications, routine informed consent procedures infer rather than truly obtain consent. In the best case, a high level of trust between doctor and patient may leave the patient confident that his or her doctor’s mere recommendation affirms that the procedure is useful and safe. Often, however, informed consent is pro forma. Despite its best intentions, routine consent, rather than engaging the patient in his or her care, in effect, undermines the patient’s participation and authority (and might lead to unintended consequences such as underuse, because cursorily informed individuals may not understand their risks and opportunities and may decline testing⁵). “Exceptional” informed consent procedures, which occur during the first part of the HIV counseling session, walk the client through test-related information, cultivating the sort of interactive process that can tailor communication, gauge comprehension, and create a context for care that will extend way beyond the session.

Second, health care outcomes benefit from “counseling,” that is, from the client- or patient-centered interaction that accompanies treatment. In fact, the opportunity to talk to patients or clients may be as valuable as a test result itself, offering what might be the most effective health maintenance intervention: engagement in discussions about the challenges of dealing with health care and risk. Just as the HIV testing session represents the first substantial prevention interaction for many people at risk for HIV transmission, so does any medical test represent a uniquely intervenable moment. It is a time when both individual and provider are poised before decisions that will not only set the course of treatment but also determine whether their future relationship is productive. Conversely, routinized—and truncated—interactions can impede the provider-patient relationship, which one might imagine could result in patients withholding information or dropping out of care.

Normalizing HIV Advances in Care

The main argument for “normalism” is that improved access to testing will increase the likelihood that more people with HIV will learn their status, seek treatment, and change their behaviors. “Improved access,” however, is sometimes code for a different goal: decreasing the personnel time for administering the

7. Weinhardt LS, Carey MP, Johnson BT, et al. *Effects of HIV counseling and testing on sexual risk behavior: A meta-analytic review of published research, 1985–1997*. *American Journal of Public Health*. 1999; 89(9): 1397–1405.

8. FOCUS's *Medical Advisor*, Stephen Follansbee, MD, with whom we planned, in 1996, a book called *The New Bedside Manner*, remains a pioneer in constructing the HIV-related doctor-patient relationship and the community coalitions that are the hallmark of HIV-related care.

9. For example, since 2007, the California Department of Public Health Office of AIDS's protocol differentiates between more and less intensive services for two groups—higher risk and lower risk—as determined by a client assessment form. Lower-risk clients who test HIV-positive automatically shift into more intensive counseling.

Authors

Robert Marks is publications and training manager of the AIDS Health Project and, since 1989, editor of FOCUS. He and Dr. Dilley co-wrote *AIDS Law for Mental Health Professionals* (with Gary James Wood) and co-edited the *AIDS Health Project Monograph Series* and *The UCSF AIDS Health Project Guide to Counseling* (Jossey-Bass).

James W. Dilley, MD, executive director of the AIDS Health Project, has been executive editor of FOCUS since 1985. He is a clinical professor and vice-chair of the UCSF Department of Psychiatry and chief of psychiatry at San Francisco General Hospital. He has published widely on HIV and mental health, and is principal investigator in studies of PCC.

test. The health care system has two problems with this provider “time.” First, it is often unreimbursed. A test process that can take five minutes of provider time costs less than one that takes 20 minutes. Second, medical and nursing school curricula do not emphasize the skills of client-centered counseling that are essential to informed consent and, more significantly, to risk-reduction counseling.⁶

The first of these problems can be resolved, in part, by recognizing that the expense related to counseling those at highest risk for HIV is money well spent. Some commentators believe the data do not support test counseling except as a link to medical care and partner counseling services for HIV-positive clients. As Holtgrave and McGuire point out, however, there have been few systematic studies of test counseling, and the oft-cited 1999 review article,⁷ which found mixed results, is out-of-date and flawed.²

In fact, counseling can reduce risk and save money. Two studies—Project RESPECT³ and Personalized Cognitive Counseling (PCC)⁴—both randomized and controlled, include clearly defined and standardized counseling methods and incorporate long-term follow-up. Both protocols include the three key CDC-endorsed approaches to test counseling: informed consent, risk assessment, and results disclosure. Both studies of HIV-negative participants found significant reductions in the highest risk behaviors—for example, unprotected anal sex with partners of unknown serostatus—and follow-up evaluation showed the preventive effects of both protocols were sustained over time. These data contradict the assertion that counseling itself, has no significant preventive effect. Holtgrave and McGuire suggest that the question is not whether we should implement testing alone versus counseling and testing, but how can we ensure adherence to the “client-centered counseling standard,” which is responsible for preventive effects?²

The New Bedside Manner

If there is a clinical achievement comparable to the revolutionary virological feats of isolating the “AIDS virus” and developing HIV antibody and viral load tests, it is the evolution of a “new bedside manner.”⁸ Early on, HIV workers recognized the primary importance of the provider-patient coalition, a recognition that quickly fueled other breakthroughs. Many of the advances we now take for granted—including clinical trials networks (crucial to the

timely assessment of new treatments), research funding and treatment activism, and the activation of families and communities to support people living with serious illness—can all be attributed in part to the “exceptional” ways that providers, patients, and communities worked together to respond to HIV. Thus, this partnership has served not only the emotional interests of individual patients, but also the prevention and care goals of the community.

As we embark on “health insurance reform,” we risk mistaking “efficiency” for “efficacy”—for example, quicker, more accessible testing for the benefits of test counseling—based on characterizing the provider-patient coalition as a primarily “technological” alliance. While new ways of delivering services can indeed uncover valuable efficiencies, short-term gain—cheaper and faster—can compromise long-term goals and ultimately cost society more.

There has been no golden age of medicine, of a “normal” against which one ought to measure the “exceptional.” Indeed, it is arguable that the epidemic represents a failure of the prior approach to medicine—call it the “silent treatment”—in which the marginalization of gay men, as well as their health concerns, led to a reticence among providers to talk about gay health-related issues. It is not that any doctor could have said to his or her patient in 1978, “You can get an unknown, deadly virus by having unprotected anal sex.” It is, instead, that “exceptional” doctors, after affirming the “normality” of the full range of sexual activities and desires, might have spent time talking about anal sex, sexually transmitted diseases, and the protective value of the sorts of behaviors that evolved into the ubiquitous “safer sex guidelines” 10 years later.

Conclusion

The problem is neither “exceptionalism” nor “normalization,” but the expectation that HIV care must be one or the other. A healthy system would allow these two tendencies to interplay and balance each other. Some creative adaptations, which respond to both patient and system needs, do exactly this: triage assigns intensive counseling only to HIV-positive and “higher-risk” HIV-negative people; “opt-out” allows repeat testers, who may have already had the counseling they need, to abstain from counseling.⁹ It is within that laboratory of such creative approaches that the next revolution in clinical care will evolve. Talk is not cheap. There is less evidence, however, that medicine without talk is effective.

Twenty-Five Years of Thanks

FOCUS

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Twenty-five years of *FOCUS* has generated 25 years of thank you opportunities. During this period, we published 260 issues and more than 500 articles. Many of those articles were written by more than one author, so more than 1,000 people donated their time and effort to narrate the evolution of the epidemic, the places where medicine, mental health, and counseling intersect, and the skills that frontline providers need to navigate the complex landscape these intersections form. We offered authors no monetary compensation, tight deadlines, and more editorial input than they might have wanted. They stuck with us—some even agreeing to write for us more than once—and we are profoundly grateful.

We have also been the beneficiaries of financial support from loyal subscribers, the California Department of Public Health's Office of AIDS, the California Department of Mental Health, and the San Francisco Department of Public Health. We must especially thank the following people:

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- Lastly, a heartfelt "Thank you" to all our loyal readers and supporters. We honor all who have succumbed to and triumphed over HIV during the past 25 years and the providers who have stood by them.

***FOCUS* will continue to live on at AHP's web site, which hosts a searchable topic index and free,**

downloadable PDF copies of all past issues. There you can find every author and his or her contribution. To access this archive, go to: www.ucsf-ahp.org/HTML2/services_providers_publications_focus.html.

We have created in this issue a visual index of all 260 issues. Click on any of the covers arrayed over the next 13 pages and a PDF of the issue will either download or open in your browser.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 1 December 1985

Where Is AIDS Going? AN EPIDEMIOLOGIC UPDATE

Where is AIDS going? This special issue of *FOCUS* provides a comprehensive review of the current state of the epidemic. The authors discuss the global distribution of the virus, the impact of the epidemic on different populations, and the challenges facing researchers and public health officials. The issue includes a special section on the epidemiology of AIDS in the United States, as well as a review of the latest research on the virus and its transmission.

DECEMBER 1985 VOL. 1

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 2 July 1986

AIDS Antibody Testing: Evaluation and Counseling

Guidelines for the use of AIDS antibody testing are provided. The authors discuss the importance of accurate testing and the role of counseling in the testing process. The issue includes a review of the latest research on antibody testing and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 2, Number 1 February 1987

Educating Youth About AIDS

Strategies for educating youth about AIDS are discussed. The authors review the latest research on youth education and provide guidelines for developing effective programs. The issue includes a review of the latest research on youth education and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 2 January 1986

The Psychosocial Challenges of AIDS and ARC

The psychosocial challenges of AIDS and ARC are discussed. The authors review the latest research on the psychological and social impacts of the disease and provide guidelines for developing effective interventions. The issue includes a review of the latest research on the psychosocial challenges of AIDS and ARC and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 9 August 1986

AIDS and Substance Abuse: Issues for Health Care Providers

Issues for health care providers regarding AIDS and substance abuse are discussed. The authors review the latest research on the relationship between the two conditions and provide guidelines for developing effective interventions. The issue includes a review of the latest research on AIDS and substance abuse and a discussion of the challenges facing researchers and public health officials.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 4 March 1987

Ethical Issues in the AIDS Epidemic

Ethical issues in the AIDS epidemic are discussed. The authors review the latest research on the ethical challenges facing researchers and public health officials and provide guidelines for developing effective interventions. The issue includes a review of the latest research on ethical issues in the AIDS epidemic and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 3 February 1986

Understanding ARC: The Broader Spectrum of AIDS

Understanding ARC and the broader spectrum of AIDS are discussed. The authors review the latest research on the relationship between the two conditions and provide guidelines for developing effective interventions. The issue includes a review of the latest research on ARC and the broader spectrum of AIDS and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 10 September 1986

The Paris AIDS Conference: Psychosocial Research

The Paris AIDS Conference and psychosocial research are discussed. The authors review the latest research on the psychological and social impacts of the disease and provide guidelines for developing effective interventions. The issue includes a review of the latest research on the Paris AIDS Conference and psychosocial research and a discussion of the challenges facing researchers and public health officials.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 5 April 1987

Whether to Take the Test: Counseling Guidelines

Guidelines for counseling individuals about whether to take the AIDS test are provided. The authors review the latest research on the psychological and social impacts of the test and provide guidelines for developing effective interventions. The issue includes a review of the latest research on whether to take the AIDS test and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 4 March 1986

Treatment and Prevention of AIDS

Treatment and prevention of AIDS are discussed. The authors review the latest research on the effectiveness of various treatments and prevention strategies and provide guidelines for developing effective interventions. The issue includes a review of the latest research on treatment and prevention of AIDS and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 11 October 1986

A Constant Increase: AIDS in Ethnic Communities

The constant increase in AIDS in ethnic communities is discussed. The authors review the latest research on the relationship between the disease and ethnic identity and provide guidelines for developing effective interventions. The issue includes a review of the latest research on AIDS in ethnic communities and a discussion of the challenges facing researchers and public health officials.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 6 May 1987

Psychoneuro-immunology and AIDS

The relationship between psychoneuro-immunology and AIDS is discussed. The authors review the latest research on the psychological and immunological impacts of the disease and provide guidelines for developing effective interventions. The issue includes a review of the latest research on psychoneuro-immunology and AIDS and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 5 April 1986

Social, Psychological, and Ethical Aspects of AIDS in Children

Social, psychological, and ethical aspects of AIDS in children are discussed. The authors review the latest research on the psychological and social impacts of the disease on children and provide guidelines for developing effective interventions. The issue includes a review of the latest research on AIDS in children and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 2, Number 1 November 1986

AIDS-Related Suicide: A Dilemma for Health Care Providers

The dilemma of AIDS-related suicide for health care providers is discussed. The authors review the latest research on the psychological and social impacts of the disease and provide guidelines for developing effective interventions. The issue includes a review of the latest research on AIDS-related suicide and a discussion of the challenges facing researchers and public health officials.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 7 June 1987

Learning to Care: Health Care Workers Respond to AIDS

How health care workers respond to AIDS is discussed. The authors review the latest research on the psychological and social impacts of the disease on health care workers and provide guidelines for developing effective interventions. The issue includes a review of the latest research on learning to care for AIDS patients and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 6 May 1986

Pain Management in Terminal Disease

Pain management in terminal disease is discussed. The authors review the latest research on the effectiveness of various pain management strategies and provide guidelines for developing effective interventions. The issue includes a review of the latest research on pain management in terminal disease and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 2, Number 2 December 1986

Attitudes and Trends: Public Perception of AIDS

Public perception of AIDS and related attitudes and trends are discussed. The authors review the latest research on the psychological and social impacts of the disease and provide guidelines for developing effective interventions. The issue includes a review of the latest research on public perception of AIDS and a discussion of the challenges facing researchers and public health officials.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 8 July 1987

Transfusion-Associated AIDS: Past, Present, and Future

The past, present, and future of transfusion-associated AIDS are discussed. The authors review the latest research on the relationship between the disease and blood transfusion and provide guidelines for developing effective interventions. The issue includes a review of the latest research on transfusion-associated AIDS and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 1, Number 7 June 1986

The Impact of AIDS on Women

The impact of AIDS on women is discussed. The authors review the latest research on the psychological and social impacts of the disease on women and provide guidelines for developing effective interventions. The issue includes a review of the latest research on the impact of AIDS on women and a discussion of the challenges facing researchers and public health officials.

FOCUS A REVIEW OF AIDS RESEARCH

Volume 2, Number 3 January 1987

Treatment of AIDS/ARC Patients on an Inpatient Psychiatric Unit

The treatment of AIDS/ARC patients on an inpatient psychiatric unit is discussed. The authors review the latest research on the psychological and social impacts of the disease and provide guidelines for developing effective interventions. The issue includes a review of the latest research on the treatment of AIDS/ARC patients on an inpatient psychiatric unit and a discussion of the challenges facing researchers and public health officials.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 9 August 1987

The Washington AIDS Conference: Reflections of the Epidemic

Reflections on the Washington AIDS Conference and the AIDS epidemic are provided. The authors review the latest research on the psychological and social impacts of the disease and provide guidelines for developing effective interventions. The issue includes a review of the latest research on the Washington AIDS Conference and a discussion of the challenges facing researchers and public health officials.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 10 September 1987

New AIDS Prevention Strategies for the I.V. Drug User

Jack B. Sheik, ICOW and Bernard M. Bosman, MD

This column has a high density of original research and study material on HIV, AIDS, and related issues. There are general issues that address broad health care concerns as well as specific topics.

Abstracts
The editorial board continues to expand the number of abstracts included in this column. The abstracts are selected from the peer-reviewed literature and are intended to provide a concise summary of the research findings. The abstracts are organized by topic and are intended to provide a concise summary of the research findings.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 3 April 1988

AIDS and Spirituality

By Richard Dunphy, SJ

The issue of living with AIDS presents spiritual, psychological, and spiritual needs. It is important for health care providers to be sensitive to the full spectrum of these needs. For many people, spirituality is an important part of their lives. This column provides a forum for the discussion of these issues.

When spiritual needs are ignored, they may be ignored, or they may be ignored out of respect.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 12 November 1988

The HIV Testing Debate

Peter Colburn, PhD, MPH and Robert Marks

The issue of HIV testing has become a major public health concern. This column provides a forum for the discussion of these issues.

The key to managing the debate about testing is to know the kind and cost of serological testing.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 11 October 1987

Group Work with People with ARC: A Conceptual Framework

William R. Vitello, PhD, LICSW

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 6 May 1988

Whether to Take Experimental Drugs: Counseling Issues

William J. Woods, PhD

This column provides a forum for the discussion of these issues.

Without continuing the treatment approach and knowing individuals' social and cultural values, individuals should not try HIV.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 4, Number 1 December 1988

Black Gay & Bisexual Men Coping with More Than Just A Disease

Vickie M. Myers, PhD and Susan D. Cochran, PhD

This column provides a forum for the discussion of these issues.

There is evidence that gay and bisexual men are coping with more than just a disease.

DECEMBER 1988 VOL. 4

FOCUS A GUIDE TO AIDS RESEARCH

Volume 2, Number 12 November 1987

The Impact of HIV Infection on Childhood Health Programs

William A. Smith, MD and Cary R. McDowell

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 7 June 1988

The Impact of AIDS-Related Deaths and Illnesses on Gay Men in New York City

John L. Martin, PhD, MPH

This column provides a forum for the discussion of these issues.

Direct mortality and morbidity among gay men with AIDS suggest that the impact of AIDS on this population is more than just a disease.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 4, Number 2 January 1989

Overstating the Risk of AIDS: Scapegoating Prostitutes

Julie E. Cohen, PhD

This column provides a forum for the discussion of these issues.

There is evidence that prostitutes are being scapegoated for AIDS.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 1 December 1987

Integrating AIDS Prevention Into Clinical Practice

Michael Blomqvist, MD, ICOW

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 8 July 1988

AIDS Dementia Complex: Diagnosis and Management

James W. Dickey, MD, and Alicia Rocchini, PhD

This column provides a forum for the discussion of these issues.

Direct mortality and morbidity among gay men with AIDS suggest that the impact of AIDS on this population is more than just a disease.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 4, Number 3 February 1989

Methadone Treatment and HIV Infection

Steven L. Baril, MD

This column provides a forum for the discussion of these issues.

Methadone patients will probably benefit from continuing methadone treatment.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 2 January 1988

Homophobia, AIDS, and the Health Care Professional

John David Engler, PhD and Glen Margn, MSW, DPH

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 9 April 1988

Psychotherapy and the AIDS-Anxious Patient

Charles R. Targatz, MD and C. Richard Filmer, PhD

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 4, Number 4 March 1989

Talking About AIDS with Young Children

Janice Querkow, MS and Sylvia Villarreal, MD

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 3 February 1988

Heterosexuals and AIDS: What is the Risk?

Nancy Fallon, PhD

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 10 September 1988

Families in Crisis: Coping with AIDS

Colleen McEvoy, MSW

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 4, Number 5 April 1989

Medical Aspects of Hemophilia and AIDS

Margaret V. Kapri, MD

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 4 March 1988

The Impact of AIDS on Medicine

Charles E. Lewis, MD

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 11 October 1988

Communicating about AIDS

Mark Hershman, PhD

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.

FOCUS A GUIDE TO AIDS RESEARCH AND COUNSELING

Volume 4, Number 6 May 1989

HIV Infection among Prisoners

July Greening

This column provides a forum for the discussion of these issues.

Nothing about HIV or AIDS should be kept in secret. It is a disease that we should be able to discuss openly.





AIDS Counseling and Prevention among Bisexual Men

Joy F. Paul, PhD
This article discusses the unique challenges of counseling and preventing HIV infection among bisexual men. It explores the complexities of their sexual behavior, the need for tailored counseling approaches, and the importance of addressing both their heterosexual and homosexual partners. The author emphasizes the role of the counselor in providing non-judgmental support and education to help these men make informed decisions about their sexual health.



Diet, Immunity and Nutritional Therapies

Mary Fenton, MEd, RD
This article explores the relationship between diet, immunity, and nutritional therapies in the context of HIV infection. It discusses how a balanced diet can support the immune system and potentially slow the progression of the disease. The author reviews various nutritional interventions and their effectiveness, highlighting the importance of individualized care and ongoing research in this field.



Psychiatric Aspects of Pain and HIV Disease

William Breitbart, MD
This article addresses the complex psychiatric issues associated with pain and HIV disease. It discusses the impact of chronic pain on mental health, the role of psychological interventions, and the need for a multidisciplinary approach to patient care. The author highlights the importance of recognizing and addressing the emotional and psychological suffering of patients with HIV-related pain.



Primary Medical and Emotional Care for HIV Infection

Lisa Caplan, MD, MPH
This article discusses the integrated approach to caring for patients with HIV infection. It emphasizes the need for both medical and emotional support, highlighting the role of primary care physicians and mental health professionals. The author discusses the challenges of managing the physical and psychological aspects of the disease and offers strategies for providing comprehensive care.



Evaluating AIDS Prevention Programs

Deborah Rugg, PhD
This article provides a framework for evaluating AIDS prevention programs. It discusses the importance of using rigorous methods to assess the effectiveness of these interventions and the role of researchers, practitioners, and community members in the evaluation process. The author outlines key considerations for designing and implementing valid evaluation studies.



Treating HIV Disease with Chinese Medicine

Qingxi Zhang, MD and David Zaslavski
This article explores the use of traditional Chinese medicine (TCM) in the treatment of HIV disease. It discusses the theoretical basis of TCM, its potential benefits for managing symptoms and improving quality of life, and the need for further research to establish its efficacy. The authors provide insights into the integration of TCM with conventional medical approaches.



Counseling Mixed Antibody Status Couples

Tom Catalano, MA, MFCC and Michael Heiliger
This article addresses the unique challenges of counseling couples with mixed HIV antibody status. It discusses the emotional and practical issues that arise from the uncertainty of the results and the need for sensitive and effective communication. The authors provide guidance for counselors working with these couples to help them navigate their complex situation.



AIDS Prevention Challenges for Colleges and Universities

Richard P. Keeling, MD
This article discusses the specific challenges of implementing effective AIDS prevention programs on college and university campuses. It addresses issues such as student behavior, campus culture, and the role of higher education in promoting health and safety. The author offers strategies for creating a supportive environment for risk reduction.



The Homosexualization of AIDS

Walt Odets, PhD
This article discusses the historical and cultural context of the term 'homosexualization of AIDS.' It explores how the disease has been stigmatized and associated with the gay community, and the impact of this on public perception and policy. The author argues for a more inclusive and accurate understanding of the disease's transmission and prevention.



Report from the Fifth International Conference

This article provides a summary of the key findings and discussions from the Fifth International Conference on AIDS. It highlights the global impact of the disease, the progress of research, and the challenges that remain. The authors discuss the importance of international collaboration and the need for continued efforts to reduce the burden of HIV/AIDS.



Caring for Homeless People with HIV Disease

Steven R. Lane, MD, MPH and Richard N. Levine, MD
This article addresses the urgent need for care and support for homeless individuals with HIV disease. It discusses the barriers to accessing medical and social services and the role of community-based organizations. The authors call for increased attention and resources to address the health and social needs of this vulnerable population.



What's Housing Got to Do with It?

Mindy Thompson Fulbright, MD and Robert F. Fulbright, MD
This article explores the connection between housing and HIV risk. It discusses how unstable housing conditions can increase vulnerability to infection and hinder access to care. The authors advocate for housing as a critical component of a comprehensive approach to HIV prevention and treatment.



Pregnancy and HIV Infection

Laurie B. Haver, RN
This article discusses the implications of HIV infection during pregnancy and childbirth. It covers the risks to the fetus and the mother, the importance of prenatal testing, and the options for reducing the risk of vertical transmission. The author provides information for healthcare providers and expectant mothers.



Looking Ahead: HIV Risk Reduction

Jeffrey A. Katz, PhD
This article offers a forward-looking perspective on HIV risk reduction strategies. It discusses emerging research, technological advances, and the need for continued education and behavioral change. The author emphasizes the importance of staying informed and taking proactive steps to protect one's health.



Challenges Facing Women with HIV

Dorine J.D. Benson, MFCC and Catherine Meier, MA
This article addresses the unique challenges and experiences of women living with HIV. It discusses issues such as stigma, discrimination, and the impact of the disease on their lives. The authors provide support and resources for women and their families, highlighting the need for gender-sensitive care.



AIDS and Issues of Partner Notification

Rolyn A. Melnick, RN, JD
This article discusses the ethical and legal issues surrounding partner notification for individuals with HIV. It explores the balance between public health and personal privacy, and the role of healthcare providers in facilitating safe and effective communication. The author provides guidance for navigating these complex situations.



Update on HIV Transmission

Alan R. Lifson, MD, MPH
This article provides an update on the latest research regarding HIV transmission. It discusses the relative risks of different sexual practices and the effectiveness of various prevention methods. The author emphasizes the importance of consistent and correct use of protective measures to reduce the risk of infection.



Group Support for Caregivers

Kay Powers, LCSW and Cathy Cassel, LCSW
This article discusses the benefits of group support for caregivers of individuals with HIV. It explores how sharing experiences and resources can reduce isolation and improve coping skills. The authors provide information on how to find and participate in such support groups.



AIDS and the Meaning of Natural Disaster

Alan Berke
This article explores the symbolic and practical connections between AIDS and natural disasters. It discusses how the disease has been perceived as a 'natural disaster' and the impact of this perception on public policy and community response. The author calls for a more holistic and compassionate approach to both natural and human-made crises.



Managing HIV Exposure in Health Care Settings

Jill Louise Gerberding, MD, MPH
This article provides practical guidance for managing HIV exposure in healthcare settings. It discusses the importance of infection control, the use of personal protective equipment, and the role of staff education. The author offers strategies for minimizing risk and ensuring the safety of both patients and healthcare workers.



The New Health Care Paradigm

Jonathan Mann, MD, MPH
This article discusses the emerging 'new health care paradigm' and its implications for HIV care. It emphasizes the shift from a purely medical model to one that incorporates social, psychological, and community factors. The author calls for a more patient-centered and holistic approach to healthcare.

DECEMBER 1990 VOL. 6

FOCUS

A GUIDE TO AIDS RESEARCH AND COUNSELING

Volume 8, Number 4
March 1991

AIDS HEALTH PROJECT

Hispanic Culture: Effects on Prevention and Care

Barbara V. Marin, PhD

Cultural differences must be considered when developing AIDS prevention programs for Hispanic populations. Only those strategies that respect and incorporate Hispanic culture will be effective in reaching the Hispanic population. This article discusses the cultural differences between Hispanic and Anglo-American cultures, and the implications for AIDS prevention and care. It also discusses the importance of family in Hispanic culture and the role of the community in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 8 Number 3 December 1990

Organizing Drug Injectors

Samuel K. Friedman, PhD

Drug injectors are widely recognized as being among the most vulnerable to HIV infection. This article discusses the challenges of organizing drug injectors for HIV prevention and counseling. It explores the role of community-based organizations and the importance of providing culturally sensitive services.

FOCUS

A Guide to AIDS Research and Counseling

Volume 8 Number 7 June 1991

Grief Counseling for Gay Men

Thomas Kauf, MS

More and more often, researchers are recognizing that complications related to major loss have the characteristics of grief. This article discusses the importance of grief counseling for gay men and the role of therapists in providing support and resources.

FOCUS

A GUIDE TO AIDS RESEARCH AND COUNSELING

Volume 8, Number 5
April 1991

AIDS HEALTH PROJECT

Counseling Gay Couples

Robert Paul Cabot, MD

The relationship between partners in a gay or lesbian couple is often unique and complex. This article discusses the challenges of counseling gay couples and the importance of providing culturally sensitive services. It explores the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 8 Number 12 November 1990

Moral Development and HIV Prevention among Adolescents

Mark Hausman, PhD

Adolescents are at high risk for HIV infection. This article discusses the role of moral development in HIV prevention and the importance of providing culturally sensitive services. It explores the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 7 Number 8 July 1990

Financial Loss and Benefits

John Farley

Of the many stresses that people with HIV disease face, perhaps none has received less attention than the impact of financial loss and the psychological consequences of this loss. This article discusses the importance of providing support and resources.

FOCUS

A GUIDE TO AIDS RESEARCH AND COUNSELING

Volume 8, Number 3
May 1991

AIDS HEALTH PROJECT

The Therapist and the Dying Client

Jeremy S. Gates, PsyD and Michael D. Knox, PhD

Psychologists with the dying are especially challenged when clients are HIV-positive. This article discusses the challenges of counseling dying clients and the importance of providing culturally sensitive services. It explores the role of the therapist in providing support and resources.

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A Guide to AIDS Research and Counseling

Volume 8 Number 1 December 1990

HIV-Related Gynecologic Conditions: Overlooked Complications

Carole Marie, MD and Michelle Wilson, MS

A genital chlamydia infection in a woman with HIV disease is associated with an increased risk of complications. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

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A Guide to AIDS Research and Counseling

Volume 7 Number 9 August 1990

Language, Conceptions of AIDS, and Mental Health

Robert Hanks and James W. Gilley, MS

Language reflects our understanding of the world. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

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A GUIDE TO AIDS RESEARCH AND COUNSELING

Volume 8, Number 1
June 1991

AIDS HEALTH PROJECT

Approaches for Promoting Safer Sex

Deborah A. Cohen, MD, MPH

Research has shown that increased condom use can reduce the risk of HIV infection. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 7 Number 2 January 1990

Psychotherapeutic Principles and AIDS Counseling for Drug Injectors

William C. Gahan, PhD, Sandra G. Gorman, MS, MEd, and Richard C. Emling, PhD

Drug injectors are at high risk for HIV infection. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 7 Number 10 September 1990

Integrating Community-Based and Hospital-Based Case Management

Debra Wolf, PhD, MS and Kathy Mullen, MSW

Integrating community-based and hospital-based case management can improve the care of people with HIV disease. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

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A GUIDE TO AIDS RESEARCH AND COUNSELING

Volume 8, Number 2
July 1991

AIDS HEALTH PROJECT

The Vaccine Quest

Allen L. Guldstein, PhD and Paul H. Naylor, PhD

The quest for an AIDS vaccine is a complex and challenging task. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

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A Guide to AIDS Research and Counseling

Volume 7 Number 4 March 1990

The African-American Experience with HIV Disease

Michael E. Myers, Jr., MD

The African-American experience with HIV disease is unique and complex. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 7 Number 11 November 1990

Sexual Behavior

Scott E. Mendenhall, PhD

Sexual behavior is a complex and challenging task. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A GUIDE TO AIDS RESEARCH AND COUNSELING

Volume 8, Number 7
August 1991

AIDS HEALTH PROJECT

Telephone Counseling for People with HIV

Doug Conway and David Patisso

Telephone counseling can be an effective way to provide support and resources. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 7 Number 5 April 1990

Beyond the Urban Epidemic

Scott Gable, MS

HIV infection is not limited to urban areas. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 8 Number 6 October 1990

Ethical and Legal Issues of Vaccine Clinical Trials

Donna Oswald, PhD

Vaccine clinical trials raise ethical and legal issues. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 8 Number 10 September 1991

Hope and Apprehension

James O'Brien, MS, Michael Inghart and Robert Taylor

Hope and apprehension are complex and challenging emotions. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 7 Number 9 July 1990

Managing Grief in AIDS Organizations

Kyle Johnson, LL.M.

Managing grief in AIDS organizations is a complex and challenging task. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

FOCUS

A Guide to AIDS Research and Counseling

Volume 8 Number 9 August 1991

Behavioral Theories and Relapse

David Wilson, PhD

Behavioral theories can help us understand relapse. This article discusses the importance of providing culturally sensitive services and the role of the therapist in providing support and resources.

DECEMBER 1991 VOL. 7

DECEMBER 1992 VOL. 8

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 1 Spring 1993

Reaching the Hip-Hop Generation

Patrick McLaughlin and Ivan Irving

To identify effective communication strategies for delivering substance abuse and other "prevention" behavior messages to African American, inner-city teenagers, Minneapolis Education Community, 1991.

substance-using behaviors, hip-hop role models, gang culture, sex cultures, age, different attitudes toward prevention efforts and needs are very different from those assumed by researchers. One strategy where children can be very hard, discuss about using sex and other behaviors are made much more than measurement, cultural strategies.

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 2 Spring 1993

HIV and Chronic Mental Illness

Deby Isaac, DSW and Patricia Sullivan, MA

For the individual with a chronic and severe mental illness, coping with day-to-day life can present as seemingly difficult tasks. When infected with HIV, additional physical and emotional stresses

HIV-related risk severely increase if someone is at high risk for contracting HIV disease by sexual contact. Factors to consider include: these individuals have sexual feelings are often sexually active, and some are often sexually abused. The sexually ill, especially the large number who are sexually abused, have made the most vulnerable to infection.

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 3 Spring 1993

Duty To Protect: The Gay Community Response

Craig Cunningham, MA and Michael W. Johnson, EdD

Respecting the confidentiality of information obtained from clients is a primary obligation of counselors. The maximum

prevent the threatened danger, these states allow disclosure of this information. In the risk of HIV infection a certain extent in which confidentiality can be broken between a counselor and client is a third party in that danger of HIV infection. Researcher should be aware of the legislation that allows physicians

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A Guide to AIDS Research and Counseling
Volume 9 Number 4 Spring 1993

The New AIDS Definition: TB, Pneumonia, Cervical Cancer

Alan L. Glick, MD

Effective January 1, 1993, the Centers for Disease Control (CDC) added

opportunistic, non-infectious cause that occurs after exposure to HIV, and is reported by reaction to a specific organism. Invasive (PNI) neoplasia also occur. Since HIV infection causes a decrease in the number of CD4 and several health studies that have been published in the past year. The number of HIV-related deaths has been published each year since 1987.

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 5 Spring 1993

A Framework for Hope

John E. Barkman, PhD

Hope is a loaded word among AIDS caregivers. We sincerely wish to encourage hope in people with HIV disease and yet we often feel ambivalent about providing it. Why the ambivalence?

hope means beyond the sociological of such, caregivers are at a loss to know how to be helpful. The article discusses the nature and dilemma of providing hope in the context of HIV disease and in the context of contracting opportunistic infection. It also provides a theoretical search for concepts that have been published in the past year. The number of HIV-related deaths has been published each year since 1987.

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 6 Spring 1993

Treatment of Mood Disorders

John E. Barkman, PhD

HIV-infected people need all of their coping and adjustment skills to maximize themselves and the quality of their daily lives. HIV disease—acute and chronic—can impact a person's coping skills

because of losing physical strength, immune, and neuronal and hormonal changes and the increasing dependence on others as their progresses. Despite these situational factors, it is crucial that clinicians avoid stigmatizing diagnostic progress as undesirable responses in the treatment their patients. This article reviews four specific issues in mood disorders—acute and chronic—and offers a theoretical search for concepts that have been published in the past year. The number of HIV-related deaths has been published each year since 1987.

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A Guide to AIDS Research and Counseling
Volume 9 Number 7 Spring 1993

Counseling for HIV-Infected Adolescents

Alan L. Glick, PhD

Teenagers are not simply "little adults" or "teenage adults"; adolescence is a

where is crucial to therapeutic success. Following support is especially challenging since teens may not conceptualize as serious figures and feel that they have been forced into talking with them about substance use. This article reviews four specific issues in mood disorders—acute and chronic—and offers a theoretical search for concepts that have been published in the past year. The number of HIV-related deaths has been published each year since 1987.

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A Guide to AIDS Research and Counseling
Volume 9 Number 1 Spring 1993

Report from the International AIDS Conference: AIDS Treatment after Berlin

Stephen J. Lehmann, MD and James W. Coffey, MD

The medical world is divided into factions as a "Berlin" but manageable

between the group randomized to ZDV and the group receiving placebo. Of note, there were significant increases in T helper cell counts in the ZDV-treated group that did not translate into increased life expectancy or a prolonged period of health. In addition, in this ZDV-treated progression to AIDS—defined as the onset of opportunistic infections—was from 1.2 years

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A Guide to AIDS Research and Counseling
Volume 9 Number 2 Spring 1993

Women and HIV Clinical Trials

Fabrizia J. Kelly PhD, MSW

Women's participation in clinical trials is essential. Factors such as age and weight affect drug metabolism. It is important to determine that female-specific factors—hormones, percentage of body

part, that establish an important caring relationship with participants. Patients frequently experience a sense of anxiety in these studies. Their actions of providing and receiving that care are not and should be studied. This article examines the barriers to women's participation in clinical trials and reviews the literature on the medical and health practitioners, as well as researchers.

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A Guide to AIDS Research and Counseling
Volume 9 Number 3 Spring 1993

Serving HIV-Affected Poor Families

Robert Kuhn, PhD, MPH and Carl Swartz, PhD

Analysis of AIDS care in the United States today shows the fastest growing population with AIDS to be women, U.S. drug and women, African American, Latino, and individuals exposed to HIV through

because it requires an extraordinary response on the part of the extended family and broader social networks. African American and Latino communities. It also affects some progressive communities. In fact, some HIV-related families are headed by women living at the extreme end of the economic and social spectrum. In some families it is especially relevant to the family dynamic. Women, particularly

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 4 Spring 1993

HIV Disease in Print

PREVIOUS CONTENTS

DECEMBER 1993 VOL. 9

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 8 Spring 1993

Health Care Reform and AIDS

Sharon W. Berlin, PhD

The ability of people with HIV infection to acquire health insurance will be determined from state to state, from jurisdiction to jurisdiction within states, and from risk to risk within the jurisdiction.

have seen in HIV disease, the world's most complex public health problem. The results of these studies and the actual contributions have been published. To avoid the loss of written surveys, researchers indicated some life history information and focus groups to have large individual regions to aid war efforts. The research findings from the study have been published elsewhere. 7-7 Two

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 9 Spring 1993

Report from the AIDS Conference, Part 1: Prospects for a New Strategy for HIV Treatment

Donald Rubin, PhD

Findings from the 1993 International

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 1 April 1993

Rational Suicide: Then and Now, When and How

James A. Schulz, MD

The issue of rational suicide has long

attracted attention to the issue of the desire to bring about a self-determined, dignified, and non-violent death. The controversy revolved in reaction to the present terms of medical, ethical, and religious debates. The need is apparent from articles published in this section since years ago. This is the last issue of this journal.

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A Guide to AIDS Research and Counseling
Volume 9 Number 2 May 1993

Supporting Uninfected Gay and Bisexual Men

Daniel Miller, MD and Thomas Anson, MS

Gay and bisexual men who are not infected with HIV have nevertheless been heavily affected by the epidemic. This is

background. Health professionals have worked throughout the epidemic to assist HIV and bisexual men experience high HIV-related distress. Many authors described the difficulties of the "seronegative" population. They are not and include panic, anxiety and generalized anxiety. Similarly, appropriate health care services are needed.

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A Guide to AIDS Research and Counseling
Volume 9 Number 3 May 1993

Brief Psychotherapy and HIV Disease

John Decker, PhD

Over the past few years, as more people have engaged in therapy and as resources have placed limits on mental health services

have done. The therapist's role is to help clients acknowledge and understand thoughts and feelings associated with these structural aspects of brief psychotherapy. Brief psychotherapy to assist some approaches in analysis therapy appear in the writings of Sandra Fennell and Otto Rank (1932) and from Abraham Maslow (1958). These theorists recommended a more

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A Guide to AIDS Research and Counseling
Volume 9 Number 4 May 1993

Creative Clients and HIV Disease

Lee Kuhn, PhD

André Tzucchi, a writer and visual artist, interviewed two dozen HIV-infected artists and found that some received more of their diagnosis stress, as a response to

clients who identify as artists and those who do not. The diagnosis that start a kind of healing process to one client and a source of further despair in another in order to better understand these two processes. It is important to understand some of the challenges that artists face in response to HIV disease. What are your clients like before such a diagnosis?

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A Guide to AIDS Research and Counseling
Volume 9 Number 5 June 1993

Recognizing Denial Among HIV-Infected Clients

John Dwyer, PhD, MSW

Denial has been variously defined as a healthy reaction to a disease, an unconscious process of active coping, a stage in the dying

This article examines different ways of conceptualizing and identifying denial in clients with HIV disease. It presents examples of how denial can be overlooked and suggests that better assessment of denial can inform clinical practice. Recognizing Denial. Recognizing that denial is at work can help the clinician understand the client's

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A Guide to AIDS Research and Counseling
Volume 9 Number 6 June 1993

The Myth of Invulnerability: Lesbians and HIV Disease

Carolee Weisman

Do lesbians get HIV disease? The answer is yes. But for how long, and how often, has been largely unexplored. Many

well as their members and clinicians to remain unexamined about the issue of lesbians and HIV disease. The data on HIV-related transmission rates in men and men, bisexual, and young women, the myth of the "lesbian" population's perceptions of risk. With this issue and vaginal intercourse are related to HIV infection, and "lesbian" of most women—lesbians

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 7 June 1993

Report from the AIDS Conference, Part 2: Prospects for a New Strategy for HIV Treatment

Donald Rubin, PhD

Findings from the 1993 International

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 8 June 1993

Report from the AIDS Conference, Part 3: Prospects for a New Strategy for HIV Treatment

Donald Rubin, PhD

Findings from the 1993 International

FOCUS

A Guide to AIDS Research and Counseling
Volume 9 Number 9 June 1993

Report from the AIDS Conference, Part 4: Prospects for a New Strategy for HIV Treatment

Donald Rubin, PhD

Findings from the 1993 International

FOCUS

A Guide to AIDS Research and Counseling

Report from the AIDS Conference Care and Prevention: Hand in Hand

Some data came from Baltimore, Japan...
Thomas Coates, PhD

FOCUS

A Guide to AIDS Research and Counseling

HIV Disease in Print

At this issue, we continue our tradition of featuring the best research and...
Thomas Coates, PhD

FOCUS

A Guide to AIDS Research and Counseling

AIDS and Boundaries: Instinct versus Empathy

There is a need for clear boundaries...
Thomas C. Ruffin, PhD

FOCUS

A Guide to AIDS Research and Counseling

Rethinking HIV Prevention Strategies for Gay Men

As the 1993 National Gay and Lesbian...
Rosa S. LaBe, PhD

FOCUS

A Guide to AIDS Research and Counseling

Why Are Latino Gay and Bisexual Men at Risk?

Latinos are a diverse and a half from the...
Francisco J. Gonzalez, MS

FOCUS

A Guide to AIDS Research and Counseling

Shame, Gay Men, and HIV Disease

Shame is a powerful emotion...
Stephanie Baker, MSW, LICSW

FOCUS

A Guide to AIDS Research and Counseling

Gay Men, Sexual Risk and Therapy

When it is almost therapy that facilitates...
James M. Fabian, LICSW and Tom Hart, MDC

DECEMBER 1994 VOL. 10

FOCUS

A Guide to AIDS Research and Counseling

HIV Disease and Reproductive Counseling

Adolescent females and women continue...
Ann Barth, MSW, MDC, CHW

FOCUS

A Guide to AIDS Research and Counseling

Hospice: A Place for Healing and Dying Well

The European Chronic Renal Care (ECRC)...
Barbara E. Hines, MD, MSW and Stephen M. Weiss

FOCUS

A Guide to AIDS Research and Counseling

Depressive Disorder and HIV Disease: An Uncommon Association

Among patients with HIV infection...
Julia C. Ruffin, PhD and Robert H. Swenson, PhD

FOCUS

A Guide to AIDS Research and Counseling

Supportive Counseling for HIV-Infected Drug Using Women

Women are more vulnerable and vulnerable...
Gillian Walker, MSW

FOCUS

A Guide to AIDS Research and Counseling

Sleep Disturbance and HIV Disease

When people are sleeping, we usually...
Audrey Smith, MS

FOCUS

A Guide to AIDS Research and Counseling

Communities of Caring: Integrating Mental Health and Medical Care for HIV-Infected Women

Models of women's health care delivery...
Kimberly Harris, PhD and Debra Williams, LICSW

FOCUS

A Guide to AIDS Research and Counseling

HIV Disease in Print

It is notable that many...
James M. Fabian, LICSW and Tom Hart, MDC

DECEMBER 1995 VOL. 11

FOCUS

A Guide to AIDS Research and Counseling

HIV and Dying: The Challenges of Caring

In August 1993, I began doing HIV work...
Ad Ross, LICSW

FOCUS

A Guide to AIDS Research and Counseling

Treatment of Cognitive Impairment

Through a variety of mechanisms, HIV...
Fouquier Joffe, PhD, Mark Lewis, MD and Alicia Bonaventura, PhD

FOCUS

A Guide to AIDS Research and Counseling

Returning with AIDS: Supporting Rural Emigrants

The majority of the 22,000 people with...
Michael Sheffell, MSW

FOCUS

A Guide to AIDS Research and Counseling

Negotiating Sex: Skills From the World of the Sexually Different

Almost any description of so-called...
Cian Rubin, MS

FOCUS

A Guide to AIDS Research and Counseling

Living with Therapy

Writing from my experience of 18 years...
Michael Sheffell

FOCUS

A Guide to AIDS Research and Counseling

Substance Use, HIV, and Gay Men

In the mid 1980s, longitudinal efforts...
David L. Vlahov, MS, PhD

FOCUS

A Guide to AIDS Research and Counseling

Serostatus and Counseling

Traditional notions of seropositivity and...
Steven Bell, LICSW

DECEMBER 1995 VOL. 11

FOCUS

A Guide to AIDS Research and Counseling

Volume 11 Number 2 August 1996

Power Imbalances and Therapy

Karl Knorr, PhD

Therapist working with a Latino client, a heterosexual therapist working with a gay client, or a heterosexual therapist working with a transgender client. This is particularly true with issues of race, class, and acknowledgment of when therapists are in power and privilege.

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A Guide to AIDS Research and Counseling

Volume 12 Number 3 March 1997

A Gestalt Perspective on Working with People with HIV Disease

Stephan Sabat, MEd, LSW

Increasing aware of their thinking for a drink, feeling more and more, choosing the words, getting a drink, drinking it, and watching the drink. If the person were distracted and unaware of his mind on his body and unable to get a drink, or if no drinks were available, then the need for a drink would remain intact.

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A Guide to AIDS Research and Counseling

Volume 12 Number 4 September 1996

Risk Appraisal and HIV Prevention

Mark E. Haines, PhD

Devoting heavily on traditional public health approaches—health fairs, TV, radio, and other mass media—has not worked. New approaches are needed to reach those who are most at risk.

people who participate in either HIV risk reduction or risk reduction.

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A Guide to AIDS Research and Counseling

Volume 12 Number 5 May 1997

Decision-Making Theory and HIV Disease

Robert L. Minton, PhD and John S. Dumas, PhD

Part of the problem of HIV disease is having to make increasingly difficult decisions about medical treatment when

decisions may mean freedom and death, or they may mean a lifetime of living with HIV disease. Clearly, making such a decision is not a simple matter.

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A Guide to AIDS Research and Counseling

Volume 12 Number 12 October 1997

Report from the 3rd AIDS Impact Conference: Culture, Community, Empowerment

Peter Agopian, PhD

If there had been more control of the 1997 AIDS Impact Conference in Baltimore, this

will, disarticulation arising from the damage HIV has inflicted on individuals for prevention, support and care, and dissemination through others by those who seem more concerned to establish the credibility of a "warrior of HIV prevention" than in making us reexamine and globally to see what we already know

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A Guide to AIDS Research and Counseling

Volume 12 Number 11 December 1996

Report from the XI International Conference on Psychological Distress and Support

Robert H. Austin, PhD

The XI International Conference on AIDS, which took place in Vancouver in July, included more than 1,000 researchers, practitioners, and students.

areas, practitioners offered a wide range of presentations for depression and psychological distress among people with HIV disease. Building on a report by 70 percent of people exhibiting significant distress among respondents worldwide, higher rates of distress are reported among people with HIV disease, and higher rates of distress are reported among people with HIV disease, and higher rates of distress are reported among people with HIV disease, and higher rates of distress are reported among people with HIV disease.

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A Guide to AIDS Research and Counseling

Volume 12 Number 9 August 1997

Profiles of Hope

Ron Henderson

People with HIV disease and their families are facing many challenges. For some, the challenges are related to the disease itself, such as the physical and psychological effects.

of fear and uncertainty. I have returned well while those of my family have died. For me, the question of fear and grief has been the defining part of living with AIDS. I moved to San Francisco in 1982, the day of the AIDS epidemic. 12 years later, when I felt, it was partly to escape the death and dying, but also to live out the "final year" of my life and part of the Brown River, a river

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A Guide to AIDS Research and Counseling

Volume 12 Number 1 December 1997

Helping Clients with HIV Disease Navigate Managed Care

Debra M. Haines, PhD and David Haines, PhD

The most serious managed care issues concern not only for those who have HIV disease, but also for the health care system

access to people with HIV disease? In a 1997 study, conducted by the Gay Men's Health Crisis in New York, researchers investigated satisfaction for participants enrolled in managed care, government funded, and private insurance plans. Of the 111 HIV-seropositive individuals, 38 percent were African-American or Latino and approximately 30 percent

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Volume 12 Number 12 December 1996

Death Anxiety and HIV Disease

Dennis A. Tompkins, PhD and Edmund C. Oh, MD

An understanding of death anxiety is essential to conducting HIV-related psychotherapy. Of the 100 most common fears of the therapist is the general of death to those with death which blocks

are death phobias, death anxiety is a significant source of distress. Death anxiety, however, is associated with death, fear of death, fear of having someone die, or a heart attack. Being troubled by the death of others, death anxiety is associated with the death of other persons.

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A Guide to AIDS Research and Counseling

Volume 12 Number 10 June 1997

Back to the Future: Survival, Uncertainty, and Hope

Jul Ross, LCSW

When I began to do AIDS work in 1981, I worked as a social worker with Behavioral Medicine and Health, University of

meaning that it is hard to begin and hard to live without it. I have fought to be included in the lives of my family and myself but have been the victim of the will without and give.

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Volume 12 Number 1 December 1997

Counseling in the 21st Century

Richard K. Nelson, PhD

Richard K. Nelson, PhD is the director of the Center for Counseling and Guidance, University of Minnesota, 700 Park Ave SE, Minneapolis, MN 55455. He is also the author of "Counseling in the 21st Century: A Guide to the Future of the Profession," published by Sage, 1997.

of personal, and professional, and societal issues. A new paradigm is emerging in the 21st century. It is a new paradigm in the history of the human condition. It is a new paradigm in the history of the human condition. It is a new paradigm in the history of the human condition. It is a new paradigm in the history of the human condition.

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A Guide to AIDS Research and Counseling

Volume 12 Number 1 December 1996

A New Counseling Model

Edward M. Schultz, MSW

Individuals with HIV disease often have a variety of needs. These needs include emotional, social, and spiritual. A new counseling model is needed to address these needs.

only engaging, although some individuals may have a variety of needs. These needs include emotional, social, and spiritual. A new counseling model is needed to address these needs.

FOCUS

A Guide to AIDS Research and Counseling

Volume 12 Number 2 June 1997

Regaining Lost Abilities: The Prospect of Returning to Work

Michael Bergman, PhD, MEd

While some people with AIDS have managed to work throughout most of the course of their illness, others have entered

been jobs and as the illness became more severe, they were unable to continue. Some have managed to return to work, but many have not.

FOCUS

A Guide to AIDS Research and Counseling

Volume 12 Number 1 February 1997

Antiviral Adherence Dilemmas

Michelle E. Raboin, PhD

There are many reasons why people do not take their medications as prescribed. These reasons include lack of information, lack of motivation, and lack of support.

issues to emerge. The guidelines regarding the initiation of antiretroviral therapy in the increasing data that suggest that those in long-term advanced stage HIV infection, including those with CD4 counts and morbidity and mortality benefits associated with antiretroviral combinations that include two nucleoside analogues and a protease inhibitor or a non-nucleoside reverse transcriptase inhibitor (NNRTI). The discussion of this

FOCUS

A Guide to AIDS Research and Counseling

Volume 12 Number 7 February 1997

HIV-Related Mental Health in Correctional Settings

John G. Raboin, PhD and E. Research Brothers, PhD

HIV seropositive rates for people incarcerated in prisons are 15 to 20 percent higher than rates for other groups. The

issues. This may reflect a general trend, but to be sure you are another group. Additionally, the prevalence of HIV in prisons is higher than in the general population. The prevalence of HIV in prisons is higher than in the general population. The prevalence of HIV in prisons is higher than in the general population.

FOCUS

A Guide to AIDS Research and Counseling

Volume 12 Number 8 August 1997

Substance Use and the Puzzle of Adherence

Andreas E. Bartholomew, PhD

As the importance of substance use across the various health disciplines in public health clinics, physicians' offices, health

This article looks at the extent of substance use and its relation to drug adherence, and the ways in which these factors may be related to compliance with treatment. It also discusses the importance of substance use in the adherence puzzle.

FOCUS

A Guide to AIDS Research and Counseling

Volume 12 Number 9 April 1997

An Tale of Two Epidemics: HIV and Stimulant Use

Michael Cannon, PhD, MSW

The most "serious" and "dangerous" drug use "has" been associated with HIV transmission. But, other drugs are reported,

methamphetamine, cocaine, crack cocaine, and benzodiazepine dependence in these drug use patterns, and a whole range of demographic data, sex, race, and age, mostly western United States, and in parts of the U.S. South, the types of drug use, have had little to do with some individuals—some receiving a diagnosis in a period of time in which they had used heroin, crack, or cocaine.

FOCUS

A Guide to AIDS Research and Counseling

Volume 12 Number 1 February 1997

Psychoneuroimmunology: A Basis for HIV Treatment

Jeffrey M. Lighthart, PhD

What is psychoneuroimmunology? What research reports supporting psychoneuroimmunology? What are the implications of this research?

the science has been for decades in the area of developing new models of health and illness. Psychoneuroimmunology, a hybrid of medical research specialties, started in the mid-1980s, when behavioral scientists (clinical, behavioral, and social) and health care professionals (immunologists, epidemiologists, professional quacks, and social work professionals) came together to address a range of immunological issues.

FOCUS

A Guide to AIDS Research and Counseling

Volume 12 Number 10 September 1997

Negotiating Mental Health Crises

Georgie Harrison, MA

On the edge of the HIV mental health spectrum are crises that require immediate attention. These crises are often related to the physical and psychological effects of HIV disease.

major HIV mental health crisis, negotiating may involve to offer services, including professional, support groups, and self-help with appropriate steps being additional services or services to be offered in the hospital and settings of client care.

FOCUS

A Guide to AIDS Research and Counseling

Volume 12 Number 6 April 1997

HIV Mental Advances and Couples

Robert H. Reissner, PhD

Both partners in a couple are affected by HIV mental health. As a result, the couple has to face challenges in their relationship.

advancements, but of increased attention to the impact of potential loss, extent of anticipated illness, caretaking careers, and feelings of isolation, grief, and rage. While couples who have been together for many years, have had time to learn to cope with the challenges and the impact of HIV disease, couples who have recently been diagnosed with HIV disease, or who have just been diagnosed with HIV disease, are often in a state of crisis.

DECEMBER 1997 VOL. 13

DECEMBER 1996 VOL. 12

Understanding AIDS Bereavement

Peter B. Gaidos, PhD, MPH and Sarah Terhune, PhD

AIDS bereavement, and those who seek to assist them, face an ever-changing landscape of cultural and individual meanings related to the status and role of caregivers of AIDS orphans and the bereaved themselves.

in loss. While these models are helpful in clarifying meanings as to what to expect during the process of grief and in identifying those resources who are sometimes blocked to resolving their grief, several cautions apply to these findings. First, Douglas Cheever and Valerie Jones have emphasized the need for a better picture with greater boundaries, but further a

Harm Reduction in the Rave Community

Karen Henshaw

Over the past 18 to 23 years, a world wide community of people has come together to share an music, dance, and

in groups of individuals working with very small budgets, many cases of these have developed into large parties called "raves" with attendance of more than 10,000. The rave scene as well has seen a great deal of cultural and economic activity, usually requires a ticket and a deposit, and may place between \$100 and \$1,500, or even more, in the hands of individuals at the day of the party. Despite public opinion

Inducing Wisdom: Philosophical Counseling for HIV-Positive Clients

Lee Marshall, PhD

Most people assume as later experience eludes or as unhelpful teaching questions of meaning, purpose, value, and

The counselor can offer a particular philosophical position that suits his or her client's needs, writing an outline ranging from Aristotle to the Heidegger. Or the counselor can employ a specific philosophical orientation, such as Existential, Phenomenological, or Post-Modern. Philosophical counseling in both an early and a later, and a combination, and a further counselor relationship is

HIV, AIDS, and the Distortion of Science

Marie Perle

In the past year, there has been a strange convergence of ideas that HIV does not

is full of controversy and that "weak science" requires an alarm ring. For still others, it remains political and religious beliefs that cause those to question people's behaviors, most notably, scripture and the role of science. In a way that is generally not heard, or provides a critical reading, we can learn spending time with science at the present. This is a good

Latino Gay Men and HIV: Risk Behavior as a Sign of Oppression

Rafael H. Diaz, PhD, George Nove, PhD, and Barbara L. Nove, PhD

The social and racial lives of Latino gay men have been influenced by these oppressive social forces—poverty,

second among Latino men who have sex with men, equaled 45 percent of all reported AIDS cases in Latin America and about 17 percent of all cases of men who have sex with men. A disrupted home life for Latino men contributes only 10 percent of the U.S. population. Two recent studies based on representative samples provide the best understanding of the prevalence of HIV infection among

Responding to HIV Treatment Side Effects and Residual Symptoms

Lee Kaplan, MD, MPH

With the advent of potent HIV antiretroviral therapy, the clinical approach for people

larger a majority remain disease, the long term prognosis of people for whom treatment is working remains unclear.

Other Symptoms and Syndromes
A substantial minority of asymptomatic people who have achieved viral loads and stable or rising CD4 cell counts

Report from the AIV International AIDS Conference Psychosocial Issues of the HIV Pandemic in Africa

Rachel Muganyizi, MSc, BA, David Mills, PhD and Bruce Coombs, MD

HIV is threatening to devastate Africa.

Automatically based on so much to cultural contexts, and by a lack of resources, coping and behavioral support. One of the main aims of voluntary counseling and testing is to help those who have contracted HIV to understand their status and cope with its consequences. It should be noted that individual and cultural contexts play with adjustment. Counseling and

Co-Active Coaching: An Alternative to HIV-Related Psychotherapy

Steven Carlstead, MS, LMFT

Like coaching, or "active coaching," can allow an individual to adjust to an alternate way of understanding one's situation, and

but past and present relationships with others, provides the best for understanding their own actions and thoughts. Other clients, however, choose their own way to be a goal of psychotherapy. The emphasis is on insight, and the counselor can become more of a coach, one in this way, providing advice and support, a sense of self-worth. Co-active coaching can be defined as

African American Ethnographies

Fred Allen Yashinsky, PhD

Volume 13, Number 3, Winter 2000, pp. 239-251.

"Social research" regarding science, in this way, can be a form of resistance, and a way to understand one's situation, and

HIV Incidence Trends among Gay and Bisexual Men

David G. Ostrow, PhD, MD

Despite almost two decades of progress in lowering the rates of HIV infection, rates among gay men, HIV rates have to be

and social opportunity changes that led to these decreases, and to 2000, rates for new HIV and AIDS cases among men of color are most notably associated with HIV prevention.

The Changing Picture of HIV: A Chronic Illness, Again?

Rose Corbett, PhD, Phyllis Green, MSc, PhD, and Fred Teaming, MD, PhD

There is little doubt that in the last five years a substantial change has taken place in the prognosis of HIV infection for those living in developed countries or in the

there was limited opportunity and little hope for people to develop chronic, debilitating illnesses to substantially improve living while they can be implemented on all ongoing basis. As a result, that gay men become much more active, and as more experienced gay men continue to take on the management of their own, there is a continuous need to evaluate their condition. What men who have sex with men are now conditions that are not only chronic, but also progressive.

Alternatives to Male Condoms for Men Who Have Sex with Men

Ron Carlisle, Douglas, PhD

to the early 2000s, an issue as serious as the decline in condom use that has paralleled the increase in HIV infections. They address sexually active men who do not use condoms in a

having little or no access? However, it has proven difficult to increase experimentally developed alternatives to consistently using condoms when they can be implemented on all ongoing basis. As a result, that gay men become much more active, and as more experienced gay men continue to take on the management of their own, there is a continuous need to evaluate their condition. What men who have sex with men are now conditions that are not only chronic, but also progressive.

Gay Men Adapting to AIDS: Twenty Years of Coping

Steven Schwartz, PhD

Cultural influences play a significant role in individual mental health, both at

remembering that the illness could or would not affect them. The safe because I live in a small town... I don't go to the beach... The longer he has HIV, for men who did not engage in these behaviors at all, there is a greater chance these men will have been already been unfavorably treated by AIDS, that was a period of adjustment, and never better from the shocking severity of what was unfolding.

Violence and HIV: Strategies for Primary and Secondary Prevention

Sally James, DPH, MEd

Clinical and epidemiologic observations of the last 10 years have led to compelling evidence that people with HIV and those at

because of their substance poisoning in many situations, has violence in common, with women ranging from 10 percent to 30 percent of women in care to 50 percent based on surveys throughout the world. In the United States during 1998, the National Crime Victimization Survey and the National Longitudinal Study estimated 176,381 and 176,381 victims against women and about 100,000 victims against men by an intimate partner.

Multicultural and Psychosocial Aspects of HIV Treatment Failure

Nev Howard, LSW

Antiretroviral treatment failure is common among people with HIV, more so in an age of

mean significant, but it is also one to why it may be better to use them. The "Case of HIV Treatment Failure," page 9 of this issue of FOCUS. An individual's psychological response to treatment failure may vary based on demographic factors such as race, gender, income, and culture. People experiencing treatment failure represent a subgroup of the already diverse and complex population of people living with HIV. They are a "minority within a

HIV Optimism: Fact or Fiction?

Emmanuel Obasi, PhD, Graham-Birdell, MA, and Lawrence Stein, PhD

When do hope and optimism, that HIV, and disease, should have in common? They all would be like to have a "rock" and, "optimism and" in reality, "optimism and" in reality, "optimism and"

particularly about the use of passive optimism in these regions. Subsequent clinical and observational studies have confirmed that these two strategies can improve clinical outcomes, including longer disease progression, lower hospitalization rates, and lower mortality rates. The HIV-related benefits of hope and optimism are also seen in other chronic conditions. For example, HIV-related benefits of hope and optimism are also seen in other chronic conditions. For example, HIV-related benefits of hope and optimism are also seen in other chronic conditions.

The House Is Burning: An HIV Clinician's View after 20 Years

Stephen Falkenberg, MD

The recent release of national guidelines for the initiation of antiretroviral treatment does more than present a new "tool" for the

may bring the message to disability and death, the number of which rose each year. The NPHV is 1987-1998. With the initiation of HIV came the recognition of the need for comprehensive, as a possible "50/50" tool of the new, and the development and marketing of combination ZDV, AZT. Between 1987 and 1998, treatment deaths of individuals at 1,000 individuals per day were high. In 2000, the first worldwide reversal

African American Churches at the Crossroads of AIDS

Robert L. Minter, D. PhD, DSW

For many African American gay men, the church has been a central institution in their lives, providing a connection to the past as well as a place of refuge during times of crisis. But many churches have not become

attitudes, and especially attitudes. "The is, religiously or socially negative. Factors that contribute to this include, for example, and responsibility, modern social norms and values, and provide evidence and stories that suggest continued support, hope, and community, and enables the religious of faith." Many African American gay men are being more active, and as more experienced gay men continue to take on the management of their own, there is a continuous need to evaluate their condition. What men who have sex with men are now conditions that are not only chronic, but also progressive.

Report from the 5th AIDS Impact Conference: HIV Prevention at the Start of the New Millennium

Scott C. Kalichman, PhD and Eric L. Rosenthal, PhD

The development of safe and effective and preventive practices remains a great

Emergence of HIV has been followed by HIV epidemics within their global communities with rising rates of HIV both in regions with the most established HIV epidemics—Western Europe, North America and Australia—and in regions with accepted epidemics—Latin America, Asia, and Eastern Europe. The situation of HIV has been remarkable, with HIV case HIV infections increasing in Central Africa by more than 50% in countries where HIV was not introduced to them as a virus. An

Personality Disorders and HIV Disease: The Borderline Patient

Michelle Elizabeth Nelson, PhD and Barbara L. Klump, PhD

Mental disorders can impact access to HIV-related resources and affect

and longstanding pattern of instability of mood, identity, and relationships. Identity disturbance leads to feelings of emptiness and loneliness. Impaired responsibility leads to an unmet need to meet the needs of others. The person with personality disorder can be at high risk of HIV infection. Although all personality disorders are associated with high-risk behaviors, borderline personality disorder is associated with the highest risk of HIV infection. Research has found that the



Considering Work: A Client-Focused Model for People with HIV

Priscy Gubbins, PhD, MPH and Betty Kulkowski, MS, CE, AHA

With advances in HIV-related medicine and subsequent improvement in health status, people with HIV face the decision whether to return to work. This

issue is addressed in this issue. The model is a guide to help clients and providers make decisions about work. It is based on the work of Betty Kulkowski and Priscy Gubbins. The model is a guide to help clients and providers make decisions about work. It is based on the work of Betty Kulkowski and Priscy Gubbins.

Frustrated Desire, HIV Prevention, and Gay Culture

Sam Trueman, MD

Since its beginning, much of HIV prevention research has focused on individual risk factors to address the behavior of

sexual activity is a stronger factor than individual behavior in determining disease. This theory about gay sex is not much different from the theory about heterosexual sex. It is based on the work of Sam Trueman.

Comprehensive versus Abstinence-Only Sex Education: What Works?

Andrew Wilton, MS, Mary Jane Buller-Burns, PhD, and Norwella Williams, PhD

The debate over abstinence-based HIV prevention, particularly for people under 20, is a hot one. It is based on the work of Andrew Wilton, Mary Jane Buller-Burns, and Norwella Williams.

While abstinence is a good idea, it is not the only one. It is based on the work of Andrew Wilton, Mary Jane Buller-Burns, and Norwella Williams.

Negotiating HIV-Related Ethical Dilemmas

Doreen M. Hill, PhD

As the epidemic of HIV-related deaths continues to rise, the ethical dilemmas of HIV-related care are becoming more complex. It is based on the work of Doreen M. Hill.

The complexity that arises in HIV-related care is a result of the ethical dilemmas of HIV-related care. It is based on the work of Doreen M. Hill.

Body Image and the Complications of HIV Treatment

Elizabeth Chapman, PhD

Over the past few years, the impact of HIV on body image has become a topic of increasing importance. It is based on the work of Elizabeth Chapman.

Over the past few years, the impact of HIV on body image has become a topic of increasing importance. It is based on the work of Elizabeth Chapman.

Coping with Loneliness and HIV

Ann Roberts, PhD

Loneliness is a common experience for people living with HIV. It is based on the work of Ann Roberts.

Loneliness is a common experience for people living with HIV. It is based on the work of Ann Roberts.

Heating HIV: Mind, Body, and Spirit

Esther Teng, MD

Recently, with the USH inauguration of the National Center for Complementary and Alternative Medicine for the National Institutes of Health, there has been an emphasis on the role of mind, body, and spirit in the treatment of HIV. It is based on the work of Esther Teng.

Recently, with the USH inauguration of the National Center for Complementary and Alternative Medicine for the National Institutes of Health, there has been an emphasis on the role of mind, body, and spirit in the treatment of HIV. It is based on the work of Esther Teng.

Assessing HIV Treatment Adherence among Multidiagnosed Clients

Neil Land, MD and Ann Krasner, MD

Over the introduction of new HIV antiretroviral treatment regimens, many people with HIV have experienced remarkable success. The complexity of

Over the introduction of new HIV antiretroviral treatment regimens, many people with HIV have experienced remarkable success. The complexity of

Easing HIV Provider Burnout: An In Vivo Approach

Wayne H. Smith, PhD

Improved antiretroviral treatment has transformed HIV for many people into a more manageable chronic condition. It is based on the work of Wayne H. Smith.

Improved antiretroviral treatment has transformed HIV for many people into a more manageable chronic condition. It is based on the work of Wayne H. Smith.

Needle Exchange: Friend or Foe

Richard N. Driscoll, PhD

Injection drug use continues to be one of the most serious of HIV transmission risk factors. It is based on the work of Richard N. Driscoll.

Injection drug use continues to be one of the most serious of HIV transmission risk factors. It is based on the work of Richard N. Driscoll.

Protecting Pleasure Is Everybody's Business: Bathhouses and HIV Risk

William Diamond, PhD

Bathhouses that house HIV people continue to be an important part of the HIV prevention landscape. It is based on the work of William Diamond.

Bathhouses that house HIV people continue to be an important part of the HIV prevention landscape. It is based on the work of William Diamond.

Coerced Childhood Sexual Episodes and Adult HIV Prevention

Lee H. Paul, PhD

In this journal of the last decade that influence HIV risk behaviors, HIV prevention researchers have focused attention on the effects of childhood sexual

In this journal of the last decade that influence HIV risk behaviors, HIV prevention researchers have focused attention on the effects of childhood sexual

"Coming Out" is a Dangerous Time: HIV among Young Gay Men

Ann Schiller, Patricia Latham, PhD, and Robert Hoag, PhD

Since 2000, HIV incidence has increased in the United States. It is based on the work of Ann Schiller, Patricia Latham, and Robert Hoag.

Since 2000, HIV incidence has increased in the United States. It is based on the work of Ann Schiller, Patricia Latham, and Robert Hoag.

Report from the HIV International AIDS Conference: The Barcelona Conference and the HIV Prevention Backlash

Patricia Del Rio

In San Francisco and across the United States, HIV prevention programs and research have come under increasing fire

In San Francisco and across the United States, HIV prevention programs and research have come under increasing fire

Talking about Sex in HIV-Related Counseling and Health Care Settings

Candice McLain, MSW and Stephanie A. Sanders, PhD

Talking about sex is an inherent part of the counseling and health care process. It is based on the work of Candice McLain and Stephanie A. Sanders.

Talking about sex is an inherent part of the counseling and health care process. It is based on the work of Candice McLain and Stephanie A. Sanders.

Surfing for Sex

Jonathan Edwards, MS, PhD

Surf is hot. Ten years ago you would have had to head to the beach for this hot sport. It is based on the work of Jonathan Edwards.

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The Promise and Peril of HIV Treatment

Kathleen A. Clancy, MS, FNP

When the use of highly active antiretroviral therapy (HAART) began, treatment was seen as a promise. It is based on the work of Kathleen A. Clancy.

When the use of highly active antiretroviral therapy (HAART) began, treatment was seen as a promise. It is based on the work of Kathleen A. Clancy.

Connecting the Dots: Integrating HIV and Substance Use

Wendy Clark

HIV and substance use are intimately connected, making it particularly important to develop ways of integrating HIV and substance use treatment. It is based on the work of Wendy Clark.

HIV and substance use are intimately connected, making it particularly important to develop ways of integrating HIV and substance use treatment. It is based on the work of Wendy Clark.

Transplantation and HIV: Facing Two Threats to Life

Laurie Carlson, MSN

Thanks to the introduction of antiretroviral treatment, HIV is now considered a chronic illness. It is based on the work of Laurie Carlson.

Thanks to the introduction of antiretroviral treatment, HIV is now considered a chronic illness. It is based on the work of Laurie Carlson.

HIV Prevention Beyond Condoms

Michael Shephard, MA

Efforts to reduce HIV-related deaths through behavioral interventions have been successful. It is based on the work of Michael Shephard.

Efforts to reduce HIV-related deaths through behavioral interventions have been successful. It is based on the work of Michael Shephard.

Clinical Conversations: Brief Psychotherapy Training and HIV

Doreen M. Hill, PhD

Most psychotherapists early in their training are more prepared to deal with the client's story than with the client's story. It is based on the work of Doreen M. Hill.

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DECEMBER 2001 VOL. 17

DECEMBER 2002 VOL. 18

The Role of Housing in Better Care Outcomes for People with AIDS

Stephen P. McChesney, MD

Research has demonstrated that housing conditions can work to the physical and emotional health of people with AIDS, but also to vital goals of providing effective...

Research has demonstrated that housing conditions can work to the physical and emotional health of people with AIDS, but also to vital goals of providing effective...

The Place of Religion and Spirituality in HIV Counseling

Robert H. Hoopes, PhD

After two weeks of extraordinary efforts, a clear message of the study of the HIV test comes into our therapy session: individuals who...

Today, professional counseling, with its empirically based techniques and theoretical models, makes HIV more for individuals of subjective experience. For...

Negotiated Safety Agreements: Do They Protect and How They Protect

Colleen Peck, PhD

In the 1970s and early 1980s, studies investigating gay male couples reported high proportions of negotiated safety...

prevention effects of negotiated safety have been mixed. One study found that it was not only the presence, but also the type, of agreement that was important...

Risk, HIV, and STD Prevention

Paul Chou, MD, MPH

The connections between HIV and other sexually transmitted diseases (STDs) are important both for HIV and STD prevention, especially since STD infection increases the likelihood of HIV transmission...

prevalence of seropositivity, serotype, and self-efficacy are indicators that lead to an increased risk of HIV infection...

Sexual Compulsivity and HIV: Identification and Treatment

Frederick M. Pitt and Jeffrey S. Parnes, PhD

Sexual compulsivity, also known as "compulsive sexual behavior" or "sexual addiction," is a clinical phenomenon characterized by repetitive, compulsive and hedonistic thoughts and behaviors...

person, and encompasses a mixture of low thinking about sex in interacting about a particular sexual partner...

Assertive Case Management for Triply Diagnosed Clients

Ramon Ruiz, MD

Intentional change can occur only through awareness and consciousness. Facilitating awareness and consciousness enables people to understand how their...

interventions that highlight relationship skills building. This article looks at triple diagnosis care through the lens of its ability to help individuals improve their relationship skills...

The Enduring Role of Mental Health in the Experience of HIV

Richard Harding, PhD

Over the course of one decade of HIV prevention and care, we have advanced tremendous changes, new and exciting...

many patients and multiple episodes of depression (Dittus, Spira, Hurlburt, et al.). In fact, mental health and treatment adherence are important factors that...

Applying Motivational Enhancement Therapy to HIV Prevention and Care

Debra Rubin, PhD and Roger Kalfus, PhD

HIV service providers commonly use either one or a combination of counseling approaches to address their clients' needs...

related problems as well as a catalyst for seeking further help. Researchers have more recently, with varying degrees of success, incorporated enhancement therapy...

The Inpatient Visitor to the African Epidemic

Mark G. Wassenaar, PhD

Formed with 13 years of HIV-related mental health experience in New York's outer city and a host of books and articles, I arrived in sub-Saharan Africa in January 2003 committed to assisting the...

of the professional who attempts to contribute to another country. But it was not until...

Harm Reduction in the Era of HIV

Edith Sprague, MD

It's 9:30 AM on a Wednesday last Sunday in Harlem. As you walk west on 125th Street toward Grand Avenue, you see drug dealers and white tents on the sidewalk next to the street...

efforts of the Bureau and an estimated 15,000 new HIV infections in 2003. In fact, people are dying from HIV-related diseases...

Supporting Positive Sexual Health among People with HIV

Rita Qigibing-Gardner, LMSW

Being HIV positive does not mean a person stops being sexual. Today, with the success of HIV medications, most people are living with HIV longer than ever before...

Most people with people with HIV (PW) do not practice safe sex. "Reducing HIV prevalence," including strategies for those at risk of HIV, such as...

HIV Disclosure and Risk Reduction Research: Practical Implications

David W. Pantalone, PhD, Alan D. Pomeroy, PhD, Jon M. Sorenson, PhD

Three emerging individuals, particularly those with HIV, to discuss their HIV status to their partners and to be tested for HIV...

prevention disclosure was positively related to safer sex. Specifically, we studied those who were tested for HIV but not disclosed their status...

The Elephant in the Room: AIDS Conspiracies in the Black Community

Robert Fulkerson, PhD

There is an elephant in the room in the Black community: it is the widespread belief that the HIV epidemic requires a conspiracy between the worlds of African and African Americans. Yet, few studies have assessed...

It is important to point out that the myth of any of these conspiracy theories may be harmful to the community. What is most alarming is the fact that people believe in them and may be using those beliefs to...

Depression and HIV

Edith Sprague, MD

In the 1980s, a common reaction of both care providers and people with HIV was that depression was not to be expected among HIV-positive people. The thinking was, "Who wouldn't be depressed?" But, while rates of depression among HIV-positive people are higher than those of the general population...

Major depressive disorder is diagnosed when a person experiences at least five of these symptoms—those including the loss of interest in both those diagnosed with HIV and those who are not...

Methamphetamine, the Brain, HIV, and Mental Health

Kristine Lewis, MD

Recreational methamphetamine use is increasing among members of gay communities in the United States. Understanding the drug's neurobiology of brain and its short- and long-term psychiatric consequences...

some absorption of the drug. Methamphetamine is apparently used for longer and more aggressive sexual encounters. Methamphetamine has been associated with other dangerous behaviors such as phorbic acid (PCP) and intravenous drug use that...

Support Groups for People with HIV

J. Marc Mallin, LMSW

Support groups have long been one of the most cost-effective services for people with HIV, and in today's difficult financial climate, they have become even more important. This article reviews some of the best practices for these groups...

When these emerging statistics, a place to safety and public health: the experience of people with HIV and the need for support groups for people with HIV. This experience can offer hope, support, and advice...

Challenging Psychiatry

George Davidson, MD

In the 1980s, a common reaction of both care providers and people with HIV was that depression was not to be expected among HIV-positive people. The thinking was, "Who wouldn't be depressed?" But, while rates of depression among HIV-positive people are higher than those of the general population...

Some able to challenge the (psychological) abnormalities that were responsible for the maintenance of these symptoms...

The Art of Effective Risk Reduction Counseling

Edith Sprague, MD

HIV risk reduction counseling is usually performed in HIV test counseling, pretest/post-test management, and health education. However, not all individuals who are usually not licensed mental health...

client's best, exploring the client's desire and belief and the risk reduction options that are available to the client...

A Shot or a Pill: Exploring Biomedical Approaches to HIV Prevention

Jonathan P. Fisher, MD, MPH, and Susan Fialko, MD

Preventing transmission of HIV through sexual intercourse is the goal of biomedical approaches to HIV prevention. While current approaches are promising, more research...

of the virus and how it enters cells. Biomedical approaches through HIV vaccines, pre-exposure prophylaxis, and the use of microbicides are being explored...

Social Networks, HIV Transmission, and Prevention

Heather Miller, PhD and Alan Wassenaar, PhD

The role of HIV transmission has traditionally been discussed in terms of the individual. However, the role of social networks in HIV transmission is becoming increasingly clear...

networks and "social capital" are important factors in the transmission of HIV. Research is needed to understand how these factors...

HIV Prevention and Care in Incarcerated Populations

Jonathan P. Fisher and Joseph D. Kelly, MD, MPH

The rate of growth in the incarcerated population of the United States increased by 52 percent between 1999 and 2003. This increase has largely been attributed to increased incarceration and...

have been widely. This is especially true since there is a higher prison system, 50 state prison systems, and thousands of county and municipal jails. Prevention interventions or services are needed in these settings...

JANUARY 2004 VOL. 19

DECEMBER 2005 VOL. 20

Cognitive Disorders in the Era of Combination HIV Antiviral Treatment

Thomas D. Marcotte, PhD

Since the beginning of the HIV epidemic, researchers and clinicians have known that HIV can impair the central nervous system, such as the memory of the disease and, over time, may cause changes in thinking, emotions, and behavior. Among these changes are "cognitive impairments," problems with processing, learning, and remembering information. "Dementia," in which a person has severe cognitive impairments that markedly affect activities of daily living, was the most frequent and severe cognitive consequence of HIV. The less severe impairments were more common, including difficulties in remembering things such as appointments, problems in doing more than one task at a time, and slowed thinking. The advent of highly active antiretroviral treatment in 1996 led to a dramatic decrease in both HIV-related cognitive and dementia. But what impact have these treatments had on the cognitive effects of HIV infection? From a 1996, cognitive impairments occurred in approximately 30 percent of HIV-positive people who had no medical symptoms of HIV disease and in 35 percent of people who had AIDS-defining illnesses. At the time, the incidence of dementia had increased at 7 percent per year in people who developed AIDS. Since 1996, the incidence of cognitive disorders has declined substantially, with one study finding a 50 percent reduction. However, HIV-associated neurocognitive problems have not been eliminated. This article from *JAIDS*, a large, six-site study funded by

the National Institutes of Health, suggests that even in the era of combination antiretroviral therapy, between one-third and one-half of HIV-positive individuals may have some form of cognitive impairment. It is not clear whether the improved prognosis of these disorders reflects an increase in the incidence of cognitive impairment or the fact that people with impairments are being better identified. Regardless, even these milder forms may affect medication adherence, vocational abilities, and complex activities of daily living such as financial management and automobile driving.

This article reviews some of the ways that HIV disease affects the brain, the most recent diagnostic criteria for HIV-related cognitive disorders, and the impact of HIV-related treatment on the prognosis of these disorders. The focus is on the impact of HIV infection on the central nervous system, although the role of opportunistic infections and other infections in cognitive impairment is also addressed.

Cognitive Manifestations
HIV-associated cognitive disorders most commonly affect learning, motor abilities, attention, memory, how fast information is processed, and executive functioning (planning, organizing, problem solving, and making decisions). However, the virus affects all critical parts of the brain, including the cerebellum. For example, researchers for the *Large HIV Neurobehavioral Research Program* (HIV-NBRP) reported that people with HIV-related cognitive impairment were more likely to have trouble with memory and organization, and the most common problem occurring in only 13 percent

Racial and Ethnic Disparities in HIV Infection in the United States

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In the 2008 surveillance reports from the Centers for Disease Control and Prevention (CDC), the HIV prevalence rate for Black men was 10 percent, compared with 5 percent for White men and 3 percent for Hispanic men. These rates are twice the rate for White men. Among Black women, the rate was nearly 10 times the rate of White women, and among Hispanic women, the prevalence rate was nearly three times that of White women. These racial differences are behavioral and have been suggested for more than 20 years, yet few studies have been designed specifically to test hypotheses that might explain these disparities.

This article reviews factors identified in the sexually transmitted infection literature to explain the existence of racial and ethnic disparities in HIV, including HIV risk and HIV risk reduction. The researchers are grouped into several categories depending on whether they focus on behavioral, biological, or social explanations of differential rates of HIV transmission and infection. Most of the findings discussed in this review relate to disparities between Black and White Americans because there are many more studies comparing these two groups than studies comparing White people and Latino people in the United States.

Behavioral Explanations
Some observations of the racial and ethnic disparities in the prevalence and incidence of HIV, HIV infections, and AIDS diagnoses in the United States have concluded that these disparities exist because of differences in risk, interventions, and supplies such as

condoms or clean needles have not effectively reached these at greatest risk of infection. Such explanations differ from other terms, such as "risk reduction," which refers to the use of safer sex practices or other means to reduce the risk of HIV infection. In fact, the data suggest that the opposite may be true.

Studies have repeatedly found that White men report much higher rates of HIV-related risk behaviors than do other racial and ethnic groups. For example, among men who have sex with men, White men are more likely to have sex with a partner to report having more than 20 partners, and White men are more likely to have sex with a partner who is not using a condom. A recent study of a representative sample of young adults in the United States found that White men were more likely to be sexually active than Black men, and as HIV-positive men, they were more likely to be using condoms and to have had sex with a partner who was not using a condom. In contrast, Black men were more likely to be sexually active than White men, and as HIV-positive men, they were more likely to be using condoms and to have had sex with a partner who was not using a condom.

All of these data suggest that factors other than behavioral factors are likely to explain the racial and ethnic disparities in HIV and AIDS rates. Recent research has focused on biological factors that may explain differences in HIV and AIDS rates between racial and ethnic groups. For example, Black men are more likely to have a higher CD4 count than White men, and Black men are more likely to have a higher CD4 count than White men. These findings suggest that biological factors may play a role in the racial and ethnic disparities in HIV and AIDS rates.

HIV Epidemic Types and Customized Prevention Responses

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Since the first reported case of AIDS 27 years ago, more than 70 million people have been infected with HIV worldwide, and 21 million have died of AIDS. The first three major epidemics in the United States were the African American injection drug use epidemic, the White men who have sex with men epidemic, and the Hispanic injection drug use epidemic. These epidemics were characterized by high rates of new infections, high rates of progression to AIDS, and high rates of death. The HIV epidemic in the United States is now characterized by a decline in new infections, a decline in progression to AIDS, and a decline in death. This article reviews the characteristics of these epidemics and the implications for customized prevention responses.

Types of Epidemics
HIV infection is spread worldwide, but not everywhere. In some countries, HIV is spread primarily among injection drug users, and in other countries, it is spread primarily among men who have sex with men. In some countries, HIV is spread primarily among injection drug users, and in other countries, it is spread primarily among men who have sex with men. In some countries, HIV is spread primarily among injection drug users, and in other countries, it is spread primarily among men who have sex with men. In some countries, HIV is spread primarily among injection drug users, and in other countries, it is spread primarily among men who have sex with men.

Approximately 1 percent to 7 percent of people who inject drugs are associated with HIV. In the United States, the prevalence of HIV among injection drug users is highest in the Northeast and Midwest, and lowest in the South and West. The prevalence of HIV among injection drug users is highest in the Northeast and Midwest, and lowest in the South and West. The prevalence of HIV among injection drug users is highest in the Northeast and Midwest, and lowest in the South and West.

A Complex Model
The HIV epidemic in the United States is a complex model. It is characterized by a decline in new infections, a decline in progression to AIDS, and a decline in death. This article reviews the characteristics of these epidemics and the implications for customized prevention responses.

A Customized Response
Although only about one-third of the world's population resides in low-income countries, more than 70 percent of all HIV-related deaths occur in these countries. This article reviews the characteristics of these epidemics and the implications for customized prevention responses.

Medical Concerns in HIV-Positive Aging

Mark E. Johnson, MD, and Jonathan L. Aronson, PhD

The management and prognosis of HIV infection have changed dramatically since the introduction of combination HIV antiretroviral therapy in 1996. Thus, the number of older adults with HIV is increasing rapidly because people with HIV are living longer. At the same time, the rates of new HIV cases in older adults remain relatively low. This article reviews the medical concerns in HIV-positive aging.

Epidemiology
While a portion of the increased rate of HIV in older adults results from the greater prevalence of HIV in the young population, the number of new infections in older adults has also risen in recent years. There was an increase in HIV prevalence in the number of older adults living with HIV and AIDS in the United States from 2001 to 2005. People over 50 years old account for 15 percent of newly diagnosed cases of HIV, and 19 percent of all new AIDS cases. Twenty-two percent of those living with AIDS are also in this age group. A variety of possible explanations for these trends, including the fact that HIV-positive people are living longer with the virus, are reviewed. This article reviews the medical concerns in HIV-positive aging.

as the general population. Unfortunately, not few older patients have been followed to extend this prognosis to other patients with HIV. Approximately 55 percent of all AIDS deaths occur in older adults. This article reviews the medical concerns in HIV-positive aging.

Prevention and Testing
Prevention and early diagnosis of HIV infection remain the keys to combating this disease, but older adults are often ignored or forgotten in these critical areas. Prevention campaigns have generally targeted younger people, and many older people do not consider themselves at risk for contracting HIV. Older adults are much less likely to use condoms than younger adults. Many reasons include a number of factors, such as a decline in sexual activity, a decline in sexual desire, and a decline in sexual satisfaction. This article reviews the medical concerns in HIV-positive aging.

Describing and Treating Out-of-Control Sexual Behavior

John Chalkins, PhD

In the early 1980s, a group of psychoanalysts and others who were interested in the clinical presentation of out-of-control sexual behavior in men with HIV infection began to describe this behavior in terms of a "compulsive disorder." This article reviews the characteristics of this disorder and the implications for customized prevention responses.

Compulsive, Impulsive, or Addictive Behavior?
The clinical picture of this phenomenon describes this behavior in terms of a "compulsive disorder," as opposed to "impulsive" or "addictive" behavior. This article reviews the characteristics of this disorder and the implications for customized prevention responses.

Some clinicians have opted to describe out-of-control sexual behavior in terms of a "compulsive disorder." This article reviews the characteristics of this disorder and the implications for customized prevention responses.

The Impact of "Addiction" on the Prognosis
The impact of "addiction" on the prognosis of out-of-control sexual behavior is a complex issue. This article reviews the characteristics of this disorder and the implications for customized prevention responses.

Biomedical Methods for Preventing the Sexual Transmission of HIV

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Despite several decades of rigorous clinical trials, no single biomedical, behavioral, or structural HIV prevention intervention has proven sufficient to address the growing HIV epidemic. Biomedical, behavioral, and structural HIV prevention interventions address both the biological and behavioral factors associated with transmission as well as the structural determinants—social, economic, political, or environmental factors—that can aid or impede the success of HIV prevention programming. This article reviews the latest research regarding biomedical HIV prevention approaches, in particular, recently recommended options (RTI) such as male or female condoms, the prophylactic use of HIV antiretroviral drugs, and HIV vaccines.

Pharmacologic Methods
Male and female condoms, male condoms, and female condoms are between 85 percent effective at preventing HIV. While an early study has also been used to assess the HIV prevention efficacy of partially effective interventions, these studies have demonstrated their capacity to reduce HIV transmission. This article reviews the latest research regarding biomedical HIV prevention approaches, in particular, recently recommended options (RTI) such as male or female condoms, the prophylactic use of HIV antiretroviral drugs, and HIV vaccines.

interventions. Advances in diagnostics are less than expected, and participants in the diagnostic group used condoms less than participants in the control group. The results may indicate that the diagnostic group was offering, compensating for responses and using condoms while participants did not use condoms, or they may suggest that women in the control group were more likely to report higher condom use than women in the diagnostic group. What we still do not know is whether the women in the diagnostic group were using condoms as a positive feedback.

RTI Control as HIV Prevention
Recently transmitted infections (RTI) have a well-established serologic relationship with HIV infection. In addition, use of RTI can increase the probability of HIV transmission, in particular, in the context of a high-risk sexual encounter. This article reviews the latest research regarding biomedical HIV prevention approaches, in particular, recently recommended options (RTI) such as male or female condoms, the prophylactic use of HIV antiretroviral drugs, and HIV vaccines.

