

Disclosure: Risks and Ramifications

By Alan Franciscus
Editor-in-Chief

Hepatitis C (HCV) is a highly stigmatized disease. Revealing a diagnosis of HCV can cause anxiety on a number of levels. The ramifications of this disclosure can impact medical, marital, family, insurance and other area of one's life.

Common feelings that people experience when considering disclosing their HCV status include:

- Fear of disclosure to family and friends as well as disclosure in the employment environment
- Fear of seeking medical treatment and having HCV documented in their medical records
- Fear of denial of health and life insurance
- Fear of infecting loved ones
- Fear of dying
- Fear of being viewed as a disease rather than as an individual
- Fear of losing control over bodily functions and life
- Fear of losing employment

Most of these issues can be helped by telling family, friends or business acquaintances and seeking either professional or peer support. However, people have to be careful who and what they tell people because of potential consequences in their personal and business life.

FAMILY AND FRIENDS

Telling family and friends about HCV status is important but can be difficult if not properly thought through.

People should be advised to wait until they feel that they have enough facts and that they are emotionally ready before divulging their status. Most likely the first people they will tell would be their spouse or significant other because of potential risk of exposure and

because of the need for emotional support. Another reason to tell family and friends is the need for help, support and understanding.

However, people should be cautious and think carefully about who they tell. Try to identify the potential problems that might arise by disclosing this information. Telling loved ones can be a traumatic experience for the person disclosing and for the person that is receiving the news.

A newly diagnosed person should consider the situation carefully because a family member or loved one may have a difficult time with the diagnosis. Furthermore, they may need emotional support that the newly diagnosed person is unable to provide.

Some questions that newly diagnosed people should ask themselves:

- Are you ready to take on the emotional issues that are the consequences of telling people you have HCV?
- Do you have enough facts to answer basic questions to alleviate others fears?
- Do you trust the person you are confiding in?
- Will this help you or will this bring you more problems?
- Will keeping this information a secret create more problems than disclosing it will?

Having support from family and friends is extremely important so they can share their fears and feel supported. Some preparation with facts and educational materials may help in the process.

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Iron: Too Much or Not Enough?

By Lucinda K. Porter, RN

Last year I wrote an article about hereditary hemochromatosis (HHC) - a genetic disorder that results in excessive absorption of iron. The symptoms of iron overload vary among individuals and may include chronic fatigue, joint pain, abdominal pain, and weight loss. Depression, impotence, loss of libido and amenorrhea (unexpected stopping of menstrual cycle) are also symptoms of iron overload.

The symptoms of HHC are similar to a myriad of other conditions, so it is important that one has a thorough medical evaluation if HHC is suspected, especially in the presence of another liver disease, such as chronic hepatitis C virus (HCV) infection.

Inevitably, when I write an article about another condition that may have an impact on HCV infection, I get a flurry of questions from patients. Since the symptoms of HHC are similar to those often in patients with chronic HCV infection, patients want to know if they have it. The obvious response to this concern is that if you have any questions about this or other health issues, talk to your doctor (or nurse practitioner /physician's assistant).

To satisfy my own curiosity, I searched the literature for statistics on the number of HCV patients with HHC but did not find any actual figures. Based on clinical observation, the literature, and logic, I would boldly guess that the odds of having both diseases are low, but not rare. In her book, *Hepatitis and Liver Disease*, Melissa Palmer, MD states that "many people with chronic hepatitis C (especially men) have increased iron loads in their blood." One of the risks of being informed is that we sometimes make changes based on insufficient information.

Avoiding iron is not a reasonable response to concerns about iron overload, because the result could be iron-deficiency anemia. The symptoms of anemia are also similar to HCV infection. Fatigue, apathy, feeling cold, and reduced ability to concentrate are common complaints. There are many causes of anemia. For instance, the anemia associated with the use of ribavirin is called hemolytic anemia. The cause of this condition is not related to loss of iron, thus

supplementing with iron is not recommended. If you are anemic, your doctor can tell you if it is due to iron deficiency. It is important to assess your situation first and make a well-reasoned dietary plan with your physician or other expert. If you have regular complete blood counts (CBC) and the results are normal, then presumably your iron intake is adequate.

Some patients take vitamin supplements and when they do, they want to know if they should take it with or without iron. If you have an iron overload disorder, then naturally you would not want to add additional iron to your diet. Dr. Palmer recommends avoiding iron supplementation and iron fortified foods for those with HCV, especially those with high iron levels or cirrhosis.

If your iron levels are normal, then the issue is should you be concerned about your iron intake. Keep a food and supplement log. Include the use of all supplements. Vitamin C binds with iron and you may absorb twice as much iron with just a glass of orange juice. An intake log can be a useful tool in evaluating the amount of iron in your diet.

The Institute of Medicine recently raised the Recommended Dietary Allowance (RDA) for iron. The reason this was done is to take into consideration vegetarian diets. Iron from plant foods appears to be absorbed at half the amount of iron from meat. Examples of plant foods that are rich in iron are: beans (kidney, pinto, black, etc.), dark leafy greens (spinach), dried fruit (raisins, apricots), nuts, and tofu. Fortified foods, such as cereals are sources of iron.

The following has been excerpted from the Institute of Medicine's report printed in the *National Academies News* on Jan. 9, 2001:

Iron. Iron is vital for transporting oxygen in the bloodstream and for the prevention of anemia. Even more of the nutrient is needed during periods of growth and for the fetus during pregnancy. Women during pre-menopause years also need more, since iron is lost through menstruation.

The report sets the RDA for men and post-menopausal women at 8 milligrams per day, and at

HealthWise

Traditional Chinese Medicine and HCV

By **Liz Highleyman**
Contributing Editor

Traditional Chinese Medicine (TCM) is an ancient healing system that has been practiced for over 2000 years. TCM is based on the premise that various treatments can restore harmony and help the body heal itself; the philosophy emphasizes treating the whole person - body, mind, emotions, and spirit – rather than specific symptoms.

Chinese medicine is based on the idea that illness results from imbalances in yin and yang, the two polar principles that are present to varying degrees in each individual, and disruptions of the flow of vital energy, or qi (also called chi). A wide variety of symptoms can occur when there is a depletion or congestion (interrupted flow) of qi or blood (xue).

TCM employs a variety of techniques including acupuncture, herbal remedies, diet modification, moxibustion, exercise, and massage to restore the body's balance and stimulate the proper flow of qi. TCM recognizes five major organ systems: heart (xin), kidney (shen), liver (gan), lung (fei), and spleen (pi). The Chinese understanding of these organ systems goes beyond the Western view of a specific organ's function.

For example, in TCM the liver system governs the storage of blood (xue), the flow of qi, and the regulation of emotions and temperament. Chinese medicine also recognizes five climactic factors: dampness, dryness, cold, heat, and wind. Dampness is associated with symptoms related to excess fluids (for example, phlegm and edema), dryness is associated with chapped mucous membranes, and heat is associated with inflammatory conditions.

In Chinese medicine, hepatitis is primarily associated with the liver, spleen, and gallbladder, but symptoms related to HCV many involve various other organ systems as well. Common Chinese medicine diagnoses for people with chronic hepatitis C include toxic heat, liver qi stagnation, spleen qi deficiency, and liver yin deficiency.

Progressive HCV complications such as ascites (abdominal fluid accumulation), pruritis (itching), and cryoglobulinemia are associated with their own specific Chinese medicine syndromes. TCM treats

people with HCV by reducing liver inflammation, strengthening the immune system, relieving symptoms and side effects due to conventional drugs, and improving overall health.

Chinese medicine practitioners diagnose illness by feeling the pulses, examining the color and form of the tongue and face, and taking an extensive medical history (including living and work habits, physical environment, and emotional state). Practitioners do not focus on specific symptoms in isolation, but rather look an individual's overall health status and how various symptoms and disease manifestations interact.

Chinese medicine is a complete healing system, and TCM practitioners use a variety of different therapies. Acupuncture is based on the idea that qi and xue flow through the body in channels called meridians; each organ system has its own set of channels. An acupuncturist inserts very thin needles into defined acupuncture points on the body to stimulate the flow of blocked qi. Needles are left in place for several minutes, and usually treatments are repeated over a period of time. Some people require only a few treatments, while others may continue acupuncture for months.

Although acupuncture may sound painful, most people report minimal or no discomfort; some feel tingling, warmth, or numbness. Many find acupuncture treatments highly relaxing. Acupuncture is particularly effective for relieving pain, decreasing fatigue, and overcoming addictions. Clinical trials have shown than acupuncture can reduce liver enzyme levels, and many people with HCV report that it relieves symptoms and improves their overall sense of well-being. To prevent the spread of blood-borne infections, needles used for acupuncture should be properly sterilized; most practitioners today use disposable needles.

Acupressure works similarly to acupuncture, but points are stimulated with finger pressure rather than with needles. Chinese herbalists typically use various herbs together to enhance their actions. Whole herbs may be used to make teas, and many processed formulations are available. These include tonic or

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Disclosure

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DISCLOSURE IN A BUSINESS ENVIRONMENT

Disclosing HCV status in a business environment should be a carefully thought out process.

The Americans with Disability Act offers many protections from a legal standpoint, but there could be other less obvious acts of discrimination. The Americans with Disability Act (ADA) allows for certain protections from discrimination in the work place. ADA describes disability as a physical or mental impairment that substantially limits one or more of the major life activities of an individual.

A recent court ruling limited the reach of the Americans with Disability Act by ruling that a disability cannot be measured solely on the ability to do certain tasks at work, but must also be permanent or long lasting. It is unclear exactly how this will impact ADA in the long run, but before disclosing a medical status to an employer an individual would be well advised to consult with the ADA or a benefits counselor.

A person that is designated as disabled is entitled to protections from any practices in the workplace that could affect wages, benefits, application procedures, job assignments, promotions, etc.

But just because someone has HCV does not automatically mean that they are entitled to these benefits. For example, if a person has asymptomatic HCV disease they are not automatically entitled to protections. However, they may be entitled to benefits and protection if they are experiencing HCV treatment side effects.

In addition, one cannot be terminated from

employment just because they have HCV. Furthermore, employers with 15 or more employees must provide reasonable accommodations-the key is 'reasonable' and the accommodations must not cause undue hardship on the employer. These accommodations could include time off for doctors appointments, providing additional unpaid leave or job restructuring, and granting a flexible working schedule.

All this is well and good, but an employer can make it difficult to pursue these benefits. The entire issue of disclosure in the work place must take into consideration discrimination that may not be so apparent. For instance, someone with HCV could be perceived as being chronically fatigued and may be passed over for job promotions. Another potential problem is discrimination from co-workers because they fear exposure to HCV.

Questions someone should ask themselves when considering disclosing HCV status at work:

- How will it affect the day-to-day working environment?
- How will it affect future promotions?
- How will it affect working relationships with coworkers?
- Is it really necessary to disclose at this time?

On the other hand, if someone is experiencing symptomatic disease, it could be beneficial to talk with their employer about their HCV status so that the employer can make certain accommodations. This may be particularly important for someone that is considering HCV therapy because there is a possibility they will experience moderate to severe side

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Chinese Medicine

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strengthening formulas, regulating or decongesting formulas, and purging formulas. For example, a formula called xiao chai hu tang (containing bupleurum and other herbs) is used to reduce liver heat. Studies done in China suggest that bupleurum can help lower liver enzyme levels, repair liver damage, and reduce hepatitis symptoms in people with HCV. However, bupleurum formulas have been associated with serious side effects in people taking the herb with interferon. Schisandra (also known as wu wei zi) is another herb traditionally used in Chinese medicine to treat liver conditions.

Chinese dietary therapy is used to restore bodily balance. For example, cooling foods are generally recommended for people with excess heat conditions, and warming foods are prescribed for people with cold conditions. Often Chinese medicine practitioners use dietary therapy to prevent severe symptoms by correcting minor problems (such as deficient or stagnant qi) at early stages.

In fact, prevention is such an important concept in traditional Chinese medicine that in the past wealthy Chinese paid their doctor as long as they stayed well, and stopped paying him if they became ill. Moxibustion involves applying heat to different areas of the body by burning the herb moxa (also known as mugwort). T'ai chi and qigong combine aspects of both exercise and meditation to promote the healthy

flow of qi. These gentle, non-strenuous, low-impact exercises that are good for people experiencing fatigue or muscle and joint pain. Traditional Chinese medicine has a long history and is used widely in large parts of the world. Many Western health-care providers are not very familiar with TCM, but - despite the shortage of Western-style controlled clinical trials - are increasingly open-minded about its benefits. Many people use Chinese medicine as a complementary therapy along with conventional treatments. TCM tends to be beneficial for chronic, long-term conditions such as pain and fatigue, and is useful for relieving many of the side-effects of pharmaceutical treatments. People interested in Chinese medicine should contact a knowledgeable and experienced practitioner, and should tell their Western medicine doctor about any alternative or complimentary therapies they are using or considering.

Sources: Misha Ruth Cohen, Robert Gish, and Kalia Doner. *The Hepatitis C Help Book: A Groundbreaking Treatment Program Combining Western and Eastern Medicine for Maximum Wellness and Healing.* St. Martin's Griffin, New York. 2000. *Understanding Chinese Medicine.* Health World Online. www.healthy.net/clinic/therapy/Chinmed/specifics/underst.asp.

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Some Foods to Avoid

By Alan Franciscus
Editor-in-Chief

People with chronic infections including HIV, HBV and HCV or people who have compromised immune systems, children and the elderly are at the greatest risk for developing serious illness due to food poisoning.

Since May 1999, 37 people with Salmonella poisoning from clover sprouts have been diagnosed in California with one case resulted in death. Since March 1999, approximately 101 people in Colorado became ill after eating clover sprouts.

In addition, 85 people developed Salmonella food poisoning resulting from alfalfa sprout consumption in California, Oregon and Washington. Not everyone exhibits symptoms with Salmonella, but the most common symptoms include diarrhea often with blood, abdominal cramping, nausea and fever.

In the most severe form, the infection spreads through the bloodstream, which can be life threatening. It is treated with standard prescription antibiotics. The infection is due to stool contamination of the sprouts or other food.

Scientists are experimenting with a variety of measures to kill the Salmonella bacteria on the sprouts. The combination of chemical treatment with calcium hypochlorite and irradiation may provide some benefit. Agricultural practices would also help. One possibility would include mandatory HACCP, Hazard Analysis and Critical Control Point, programs for growers.

Raw sprouts can also carry E. Coli 0157, another bacterium that can be lethal. Since 1995, there have been 10 documented outbreaks of food poisoning from raw sprouts in the US alone that were due to either Salmonella or E. Coli 0157. E. Coli 0157 is lethal for 3-5% of children who develop the complication of HUS, hemolytic uremic syndrome. (HUS occurs when the kidneys fail and red cells in the blood burst open.) E. Coli 0157 has been linked to undercooked hamburgers and raw, unpasteurized (not heated) fresh fruit juice. Contaminated raw radish sprouts accounted for the worst documented outbreak of E. Coli 0157 infection in Japan in 1996, when 9,000 people were ill and 17 people died.

One of the reasons for the increase of cases of food-borne illnesses has been due to the importation of raw fruits and vegetables from outside the U.S.

Anyone with liver disease or a chronic illness should avoid raw or undercooked oysters. Oysters are filter-eaters and live in the same waters as the *Vibrio vulnificus* bacterium, according to the U.S. Food and Drug Administration.

Consumption of the bacterium is not a threat to healthy people, but if you have a chronic liver, stomach, blood or immune disorders, you are at a greater risk to serious illness. In fact, 40 percent of the *Vibrio vulnificus* infections from raw oysters are fatal.

The old wives' tales that suggest raw oysters are safe if eaten with hot sauce or liquor are just plain wrong. In fact, the FDA suggests that people who drink alcohol regularly (as little as 3 drinks a day) should consider not eating raw oysters at all.

Those with liver disease and who are exposed to *Vibrio vulnificus* bacterium have 200 times greater risk of dying from the exposure than those without liver problems. The FDA states that oysters should be steamed 4 to 9 minutes in a steamer. Shucked oysters should be boiled for at least 3 minutes until the edges curl, fried in oil for at least 3 minutes at 375 degrees, broiled 3 inches from the heat for 3 minutes or baked Rockefeller style for 10 minutes at 450 degrees.

Peg-Intron in Short Supply

By Alan Franciscus
Editor-in-Chief

Schering Plough recently announced supplies of Peg-Intron are in short supply and people that now enroll in the Peg-Intron Access Assurance Program will be placed on a wait list. According to the press release, people that have already registered with the Access Assurance Program will be guaranteed an uninterrupted supply of Peg-Intron. In addition, Schering has set up an independent medical review board to review individual urgent medical requests for Peg-Intron therapy. Schering expects the delay in availability of product to ease up in April 2002.

Source: company press release

Iron

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18 milligrams for pre-menopausal women.

Pregnant women should consume 27 milligrams a day, which usually requires taking a small supplement since it is difficult to get that much iron through diet alone. The RDA for women who breast-feed and are not menstruating is 9 milligrams a day; for adolescents who breast-feed, it is 10 milligrams daily. Human milk only provides enough iron for infants until they are 6 months old, so the report recommends that older infants – those between the ages of 7 months and 12 months – who are breast-fed be given foods or formula containing additional iron; older infants receiving formula also should be given iron-fortified formula or foods.

Oral contraceptives reduce menstrual blood losses, so women taking them need less daily iron. Post-menopausal women who are on hormone replacement therapy should consume more iron because the therapy often causes periodic uterine bleeding.

Because the absorption of iron from plant foods is low compared to that from animal foods, vegetarians need to consume twice as much iron to meet their daily requirement. The bottom line is that if you have concerns about your iron intake, talk to a professional. Assessing for the presence of iron-deficiency anemia or iron overload is a simple matter. The future of your health is worth it.

Suggested reading: Dr. Melissa Palmer's Guide to Hepatitis and Liver Disease, by Melissa Palmer Avery Publishing Group, New York 2000

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Osteoporosis and Viral Hepatitis

By Alan Franciscus
Editor-in-Chief

Metabolic bone disease (osteopenia and osteoporosis) is a common complication of chronic liver disease with a reported prevalence of osteoporosis ranging from 20% to 50%. At AASLD 2001, investigators from Canada reported the prevalence of bone disease in adults with end stage liver disease. 120 adult patients with chronic end stage liver disease were evaluated (44 females and 76 males). Osteoporosis was found in 47 patients (39%), osteopenia in 42 patients (35%) and normal bone mineral density in 31 patients (26%). Liver disease was classified into four categories: chronic viral hepatitis, alcoholic liver disease, cholestatic liver disease, and liver disease of other etiologies. The results demonstrated that metabolic bone disease was found in 91% of the patients with viral hepatitis, metabolic bone disease was found in 69% of patients with alcoholic liver disease, metabolic bone disease was found in 76% of patients with cholestatic liver disease, and metabolic bone disease was found in 66% of patients with liver disease of other etiologies.

On multivariate analysis, viral etiology was found to be a strong predictor of bone disease. Patients with viral liver disease are 5.4 times more likely to have bone disease when compared to those with non-viral liver disease ($p=0.04$).

Bone disease is common in both males and females with chronic liver disease (74%). The risk for developing osteoporosis is significantly higher in the viral disease subgroup. It is important for clinicians to adopt strategies for early detection and treatment of bone disease in patients with liver disease. Further studies are needed to clarify the pathogenic (the origin and development of disease) mechanisms of bone disease in different etiologies of liver disease.

Disclosure

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effects that may require a work schedule change, a change in job responsibilities or other accommodations. Employees that feel they are being discriminated against or are not being given reasonable accommodations can start a grievance process. For more information about ADA call 1-800-949-4232. Some states offer broader protections than the ADA. Contact your local disability office.

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