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# HIV POSITIVE!

*Last updated: 2-23-08*

Welcome to the web home of *HIV Positive!* magazine. The mission of this site is exactly the same as the mission of the print version of *HIV Positive!* magazine: to help you live a long, productive, fantastic life with HIV.

I hope you enjoy the site! *HIV Positive!* magazine is now in its eighth year. We've added content to this site continuously. Browse through the navigation links in the column to the left, and you'll find comprehensive, up-to-date information on almost any HIV subject that comes to mind.

The progress that has been made in HIV treatment during the seven years we've been covering it has been fantastic! HIV is a challenge, no doubt about it. But if you take care of yourself and work with your doctor to keep your virus under control, you can live a long, productive, successful life with HIV. You can do it!

For the latest news, scroll down to "WHAT'S NEW" below.

All the best!

Lance Porter  
Editor-in-Chief  
[lporter@phpubs.com](mailto:lporter@phpubs.com)



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## WHAT'S NEW

*February 21, 2008*

### From The Editor:

There are two "firsts" in this edition of HIV Positive! Magazine—and I think they are very important ones!

The first is an article that starts on page 25 in the printed version of our magazine. The title? "Healthy Aging with HIV." This is the first time we've ever run an article on growing old with HIV. When we started this magazine, eight years ago, such an article would have been out of the question. At that time, people with HIV didn't expect to live long enough to get a senior discount. Now—in the developed world, at least—they do. How far we've come!

In a similar vein, take a look at the red banner that cuts across the bottom of this magazine's cover. It says: "Positive Living with HIV." Until this issue, it said: "Positive Living with HIV/AIDS." We dropped the "/AIDS" part—because it is no longer necessary. HIV doesn't have to progress to AIDS anymore—and, in the developed world, at least—it rarely does. We have the tools to stop it. To have an undetectable viral load is no longer the exception today—it is the rule. Hallelujah!

This doesn't mean the battle is over. There is still no cure for HIV, and no effective vaccine. To celebrate too much right now would be a mistake.

But to ignore the progress we've made would also be a mistake. An article on aging in an HIV publication —and no mention of AIDS on its cover. Who would have thought?

*Please click on the link to read this article: [Healthy Aging With HIV](#)*

Your friend,

Lance Porter

Editor-in-Chief

*February 20, 2008*

We just uploaded the article: FDA Approves Intelence. You can read it on-line by clicking here: [FDA Approves Intelence.](#)

*February 20, 2008*

We just added a new Positive Profile on [Valerie Wojciechowicz](#). Take a look!

*January 23, 2008*

We continue to add updates to the 2008 HIV Activities and Events page, check it out by clicking: [2007/2008 HIV Activities and Events](#).

*December 20, 2007*

We just uploaded a new article titled "Managing the Side Effects of HIV Therapy: KNOW YOUR OPTIONS!" You can read it on-line by clicking here: [Managing the Side Effects of HIV Therapy: KNOW YOUR OPTIONS!](#).

*December 20, 2007*

We just added a new Positive Profile on [Theresa Parrish](#). Check it out!

*December 20, 2007*

We just uploaded a new article titled "What You Should Know about Hepatitis C" You can view it on-line by clicking on the link: [What You Should Know about Hepatitis](#).

*December 14, 2008*

We are currently updating our 2007 HIV Activities and Events page with 2008 information as it becomes available. To view the information, click on the link: [2007/2008 HIV Activities and Events](#).

*November 29, 2007*

Boehringer Ingelheim Pharmaceuticals, makers of Viramune, is now enrolling patients in a clinical study at 18 sites across the United States. The study is intended to compare Viramune (nevirapine) with Reyataz (atazanavir) boosted with Norvir (ritonavir). Both agents will be combined with Truvada (emtricitabine/tenofovir). The name of the study is "NEwArT."

Participants must be over the age of 18. Male patients must have a CD4+ (T-cell) count of less than 400, and females less than 250. The study is seeking participants who have not yet started treatment for their HIV.

For more information, go to [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

*October 31, 2007*

Want to be part of a new book? Sebastian St. Troy is working on a book called "The Conversation" about the experiences people go through when they disclose their HIV status. You can either participate anonymously or under your real name. Access the questionnaire by clicking [here](#).

*October 22, 2007*

We just uploaded the article: "Buyer Beware! Internet Scams Targeting People with HIV." You can read it on-line by clicking here: [Buyer Beware! Internet Scams Targeting People with HIV](#).

*October 22, 2007*

We just uploaded the article: "Overcoming Addiction." You can read it on-line by clicking here: [Overcoming Addiction](#).

*October 22, 2007*

We just uploaded a new ASO Spotlight on [AIDS Support Network of San Luis Obispo](#) and a new Positive Profile on [Marc Slattery](#). Check them out!

*August 15, 2007*

We just uploaded the updated version of the article: "How to Pay for HIV Treatment." You can read it on-line by clicking here: [Paying for Treatment](#).

*August 15, 2007*

We just uploaded the current HIV/AIDS Hotlines information. You can check it out on-line by clicking here: [HIV/AIDS Hotlines](#).

*August 15, 2007*

We just uploaded the current state-by-state - 2007 Annual ADAP Criteria and Formularies. You can read it on-line by clicking here: [ADAP Criteria and Formularies](#).

*June 20, 2007*

#### *Lexiva Approved for Pediatric Patients*

The U.S. Food and Drug Administration (FDA) has approved a liquid formulation of the popular protease inhibitor Lexiva (fosamprenavir) for HIV patients aged two to 18 years of age.

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The new oral suspension, used in combination with other HIV

meds, provides a welcome alternative for the treatment of children with HIV - a patient population with comparatively fewer treatment options than adults. Lexiva is a product of GlaxoSmithKline, which currently manufactures five of the twelve medications approved for the management of HIV in patients under 18.

*June 13, 2007*

We just uploaded a new article titled "The Importance of Adherence." You can read it on-line by clicking here: [The Importance of Adherence.](#)

We just uploaded a new ASO Spotlight on [In This Together](#) and a new Positive Profile on [Gary Revolution](#). Check them out!

We just uploaded a new article titled "Eating Healthy On A Budget." You can read it on-line by clicking here: [Eating Healthy On A Budget.](#)

*May 15, 2007*

We have just added a new page to our website titled "2007 HIV Activities & Events", which you can find in our side-bar menu on the left, or click here to access it: [2007 HIV Activities & Events.](#)

*April 20, 2007*

The April/May 2007 issue of *HIV Positive!* magazine is titled "Our 7th Annual TREATMENT GUIDE for People Living with HIV", to view the most up-to-date information regarding HIV medications, please click here: [Review of HIV Medications.](#)

We just uploaded a new article titled "GlaxoSmithKline Introduces Patient Support Cards for People Taking Lexiva." You can check it out by clicking here: [GlaxoSmithKline Introduces Patient Support Cards for People Taking Lexiva.](#)

We just uploaded a new article titled "Keeping Your Weight Up." You can read it on-line by clicking here: [Keeping Your Weight Up.](#)

*April 17, 2007*

Bristol-Myers Squibb has just unveiled the winners of their Reyataz "Fight HIV Your Way" Photography Contest. All the winning photos can be seen at [reyatazphotocontest.com](http://reyatazphotocontest.com).

*February 28, 2007*

We just uploaded a new ASO Spotlight on [Birmingham AIDS Outreach](#) and a new Positive Profile on [DeAndre Roberts](#). Check them out!

*February 27, 2007*

We just posted a new article from our February/March 2007 edition. You can read it on-line by clicking here: [FDA Approves New 300 mg Single Capsule Formulation of Reyataz](#).

*February 26, 2007*

We just uploaded an important new article titled "Living with HIV." Check it out at [Living with HIV](#).

*December 27, 2006*

We just uploaded a new "Positive Profile" on Terry D. Johnson. Take a look at [Terry D. Johnson](#).

*December 26, 2006*

We just uploaded a new "ASO Spotlight" on Piedmont Care, Inc. Take a look at [Piedmont Care, Inc.](#).

*November 27, 2006*

A new study shows that people who test positive for HIV can now expect to live for about 24 years after the diagnosis. A 1993 estimate of life expectancy for an HIV-positive person without symptoms was just seven years. The more than three-times

increase is due to the introduction of effective HIV-fighting medications in the mid-1990s.

*November 23, 2006*

#### Light to Unite

Bristol-Myers Squibb Company is collaborating with the National AIDS Fund to launch the 2006 "Light to Unite" campaign in support of World AIDS Day. In an effort to raise awareness of the devastating impact of the HIV/AIDS epidemic in overlooked and underserved communities throughout the United States, BMS and the National AIDS Fund are encouraging everyone to visit [www.LightToUnite.org](http://www.LightToUnite.org). For each virtual candle lit through December 1, 2006, BMS will contribute \$1 to the National AIDS Fund, up to \$100,000.

*October 29, 2006*

Bristol-Myers Squibb has been granted approval by the FDA for a new 300 mg single capsule formulation of their popular protease inhibitor, Reyataz (atazanavir). This is the first available one capsule, once-daily protease inhibitor dosing option for use with zidovudine in HIV combination. The new Reyataz 300 mg capsule can replace two Reyataz 150 mg capsules in appropriate patients. One less pill to take!

"Bristol-Myers Squibb is committed to helping lead the development and production of innovative once-daily HIV medicines," said Anthony Hooper, president, US Pharmaceuticals, Bristol-Myers Squibb Company. "With the Reyataz 300 mg single capsule formulation approval, we now have one-pill, once-daily options available in three HIV drug classes, as part of combination therapy."

Bristol-Myers Squibb will continue to produce the currently available Reyataz 200 mg, 150 mg and 100 mg capsules.

*September 28, 2006*

We're constantly adding new AIDS Service Organizations to our "ASO Listings" page. To find an ASO in your area, click [here](#).

*Sept 22, 2006*

#### "Fight HIV Your Way" Photography Contest

Bristol-Myers Squibb has just launched the 2006 Reyataz "Fight HIV Your Way" photography contest. You can enter online

through November 15, 2006 at [www.reyataz.com/photo](http://www.reyataz.com/photo).

Anyone whose life has been touched by HIV - including patients, friends, family and caregivers - is encouraged to send in a photograph, along with a few words (50 or less) of explanation. The winning 101 photographs will be published in a limited edition hardcover book, *In Their Own Way: A Collection of Personal Photography on Fighting HIV*.

One grand prize winner will be honored at the gala opening for the "Fight HIV Your Way" photography exhibition in New York City, and their photograph will be prominently displayed in the hardcover book. After the initial opening in New York, the exhibition will travel to major cities which may include San Francisco, Miami, Dallas, Atlanta, Chicago and Philadelphia. Fifty second place photographs will also be showcased in the traveling exhibition. All 101 winners will receive a copy of the book.

Additional details are available at [www.reyataz.com/photo](http://www.reyataz.com/photo), including judging guidelines and instruction for mail-in entry.

*Sept 13, 2006*

We just uploaded a new article on biotech firm Gilead Sciences. Take a look at [Corporate Focus: Gilead Sciences](#).

*Sept 12, 2006*

We've just updated the ADAP Qualifying Criteria and Formularies for all 50 states. For the latest ADAP information, click [here](#).

*Sept 7, 2006*

The CDC HIV/AIDS Hotline (800 342-2437) is now part of CDC-INFO (800 232-4636). Calls to the HIV/AIDS Hotline are already being forwarded to CDC-INFO, which provides English, Spanish and TTY services, 24 hours a day, seven days a week. As of January, 2007, the old HIV/AIDS Hotline number will no longer be in service. Call 800 CDC-INFO instead.

For updated hotlines in all 50 states, click [here](#).

*July 17, 2006*

We just uploaded an article on pharmaceutical giant Bristol-Myers Squibb. Take a look at [Corporate Focus: Bristol-Myers Squibb](#).

*July 13, 2006*

#### FDA Approves New Combination Drug

The Food and Drug Administration has just approved the first single tablet, once-a-day complete HIV regimen. The long-awaited combination of Sustiva (efavirenz) and Truvada (emtricitabine/tenofovir) is called "Atripla." It is expected to be available within seven business days.

*June 26, 2006*

#### FDA Approves New HIV Drug

The US Food and Drug Administration (FDA) has just approved a new HIV drug call "Prezista." The new drug is made by Johnson & Johnson. It is a protease inhibitor, and it intended to be used with a low dose of Norvir (ritonavir) and at least two other drugs for the treatment of patients who have failed other regimens.

Prezista is an exciting new option for those who are resistant to existing HIV drugs. In trials, 70% of patients who had tried other therapies improved when they added Prezista and Norvir to their regimen compared with just 21% who took Norvir and other protease inhibitors.

*June 1, 2006*

#### Scientists believe they have traced the origin of HIV to wild chimpanzees in Cameroon

An international team of researchers led by Dr. Beatrice Hahn of the University of Alabama at Birmingham recently announced that have traced the origination of HIV to wild chimpanzees in a corner of Cameroon, Africa. The scientists hired trackers to collect the fresh feces of wild apes from the jungle floor. Then they tested them for SIV antibodies. SIV, or Simian Immunodeficiency Virus, is the ape version of HIV. Genetic analysis showed that chimp communities near Cameroon's

Sanaga River carry viral strains most like the HIV-1 virus largely responsible for the worldwide epidemic. Presumably someone in rural Cameroon was either bitten by a chimp or cut themselves while butchering one for "bushmeat," and became infected. Then that person passed the virus on to someone else. The first person known to be infected with HIV was a man from Kinshasa in the nearby Congo, who had his blood stored in 1959 as part of a medical study, decades before scientists knew the AIDS virus existed.

*April 28, 2006*

Bristol-Myers Squibb and Gilead Science just announced that they have submitted a new drug application to the FDA for the first one-pill, once-a-day, complete HIV regimen.

The new drug, which has been in the works for some time, combines 600 mg of Sustiva, 200 mg of Emtriva, and 300 mg of Viread into one pill. It is the first and only product that contains a complete Highly Active Antiretroviral Therapy (HAART) multi-drug "cocktail" in a single once-daily tablet.

The FDA is expected to approve the new drug promptly because all three of its ingredients are popular, thoroughly tested, and recommended by the US Department of Health and Human Services (DHHS) as "preferred" treatments for patients who have never taken HIV medicines before.

The new drug is the result of a first-of-its-kind cooperative agreement between two rival drug manufacturers. BMS and Gilead will split revenues from the new drug. Sustiva will continue to be available individually from BMS, while Emtriva, Viread and Truvada - a combination of Emtriva and Viread - will continue to be available from Gilead.

*April 17, 2006*

We just uploaded a new "ASO Spotlight" on Friends For Life, an exceptional ASO located in Memphis, TN. Take a look at [Friends For Life](#).

*April 15, 2006*

We just uploaded an article on pharmaceutical giant Abbott Laboratories, makers of Norvir and Kaletra. Take a look at

[Corporate Focus: Abbott Laboratories.](#)

*April 13, 2006*

Truvada shows promise for preventing HIV infection

No vaccine for HIV is yet in sight, but two drugs already widely used for the treatment of HIV infection may also prevent it. The two drugs are Viread (tenofovir) and Emtriva (emtricitabine) which are available in combination as Truvada.

According to the CDC, six macaque monkeys were given Truvada and then challenged with a combination of monkey and human HIV viruses, administered in rectal doses to imitate how the virus spreads in gay men. Despite 14 weekly injections of the virus, none of the monkeys became infected. All but one of another group of monkeys that didn't get Truvada did get infected, usually after just two exposures.

Furthermore, four months after the test was over, the monkeys were still free of the virus, showing that Truvada really stopped transmission, rather than just keeping the virus below the level of detection.

Tests of Viread (tenofovir) as a preventative in humans are already underway, and one such study will immediately be switched to Truvada. Viread is also being tested in a microbicide gel that women can use vaginally to try to prevent the transmission of HIV.

*March 11, 2006*

Gilead Sciences, Inc., just announced that the US Food and Drug Administration (FDA) has granted traditional approval status for Viread (tenofovir disoproxil fumarate) as well as the two-in-one combination drug Truvada, which combines Emtriva (emtricitabine) and Viread into a single pill. The FDA previously granted accelerated approval for Viread in October 2001, and Truvada in August, 2004.

"In the United States, Truvada is now the most-prescribed medication of its class," said Kevin Young, Executive Vice President, Commercial Operations, Gilead Sciences.

Department of Health and Human Services (DHHS) guidelines list both Viread and Emtriva as "preferred agents" for patients who have never taken HIV medications before.

*March 10, 2006*

Today is the first-ever National Women and Girls HIV/AIDS Awareness Day.

In 2004, 27 per cent of new AIDS cases in the United States were in women. Women of color - especially African-American women - accounted for the majority of these cases, according to the Centers for Disease Control and Prevention.

Worldwide, 46 per cent of adults living with HIV/AIDS are women, as of 2005. They make up a total of 17.5 million cases - one million more than in 2003.

*February 16, 2006*

Bristol-Myers Squibb has just released new 48-week trial data comparing Reyataz (atazanavir sulfate) with and without ritonavir in treatment-naive patients.

86% of patients in the trial getting Reyataz boosted with ritonavir and 85% getting Reyataz without ritonavir saw their viral load drop to less than 400 after 48 weeks. 75% of the patients in the Reyataz/ritonavir group saw their viral load drop below 50 copies, as did 70% of those taking Reyataz without the boosting agent. CD4+ (T-cell) counts improved by a mean of +189 for those on Reyataz/ritonavir and +224 for those on Reyataz. Adverse events leading to discontinuation were 8% in the Reyataz/ritonavir arms of the study, and less than 1% in the Reyataz arm. Patients in the Reyataz/ritonavir arm of the study showed greater increases in their lipids than those in the Reyataz arm. Increase from baseline for patients taking Reyataz/ritonavir versus Reyataz were, respectively: total cholesterol (15% vs. 6%), fasting LDL cholesterol (23% vs. 16%), HDL cholesterol (30% vs. 29%), and fasting triglycerides (26% vs. -3%).

BMS drew no conclusions from the study, but it seems to suggest that boosting Reyataz with ritonavir produces only a negligible benefit - a benefit which may not be worth risking in light of the side-effects of the boosting agent. Reyataz appears to be effective for treatment-naive patients - and easier on the body - without boosting.

*February 15, 2006*

Virtually everyone who has been on HIV therapy for long is either taking - or has taken - one or more drugs manufactured by pharmaceutical giant GlaxoSmithKline. For the latest news on every drug in their portfolio and a peek at what's in their pipeline, take a look at: [Corporate Focus: GlaxoSmithKline](#).

*February 14, 2006*

We just uploaded a new "ASO Spotlight" on Matthew 25, a unique and effective AIDS Service Organization in rural Henderson, Kentucky. Take a look at [Matthew 25](#).

*February 9, 2006*

*The sooner the better when it comes to starting HIV treatment*

By every measure - rate of deaths, opportunistic infections, and even reported side-effects of HIV drugs - people who start HIV treatment early do better than those who start late. That's the conclusion of a group of researchers at the University of Colorado and the Centers for Disease Control and Prevention (CDC).

This finding contradicts current treatment guidelines, which generally recommend waiting to start treatment until your CD4+ cells (T-cells) drop below 200. Researchers found that patients who started with their CD4+ cells above 350 were at least 60% less likely to develop kidney insufficiency, 30 % less likely to have peripheral neuropathy, and 60% less likely to develop lipoatrophy than patients who started at CD4+ counts below 200.

*February 7, 2006*

We just uploaded a new "Positive Profile" on long-term AIDS survivor Gary Fowler. Take a look at [Gary Fowler](#).

*January 26, 2006*

Data released on trial comparing Viread and Emtriva to Combivir

A clinical trial just published in the New England Journal of Medicine compares a once-daily regimen consisting of Viread (tenofovir), Emtriva (emtricitabine) and Sustiva (efavirenz) vs. a twice-daily regimen of Combivir (lamivudine/zidovudine) and Sustiva in patients just starting treatment for HIV. The result? More patients taking Viread and Emtriva achieved and maintained a viral load under 400. The patients on Viread and Emtriva also had fewer side effects that made them drop out of the study. And they had a greater increase in CD4+ (T-cell) counts than patients on the Combivir-based regimen.

After 48 weeks, 84% of the patients taking Viread/Emtriva had a

viral load of less than 400, compared to 73% of those taking Combivir.

GlaxoSmithKline, maker of Combivir, points out that the positive results seen with Combivir in this trial reinforce more than 50 previous trials of Combivir and its components involving more than 18,000 patients since 1995. GSK questions whether it is appropriate to draw conclusions on the relative merits of the two regimens based on a single, open-label trial.

*January 18, 2006*

### Continuous HIV therapy proves its value

A large international trial comparing continuous HIV therapy with intermittent therapy guided by levels of CD4+ cells (T-cells) has been stopped because the patients on episodic therapy had twice the risk of developing AIDS or dying as those on continuous therapy.

The result was a total surprise. The trial, known as SMART (Strategies for Management of Anti-Retroviral Therapy) was designed to show which of two different strategies would work better. One strategy tested was continuous HIV therapy. The other strategy was a "drug conservation" strategy in which treatment was started only when CD4+ cells dropped below 250. Patients following this strategy quit taking their drugs again as soon as their CD4+ cells rebounded above 350.

Scientists thought the on-again, off-again strategy might be more effective in stopping the progression of HIV disease, reduce the side-effects - as well as the cost - of the HIV drugs, and improve the quality of life of the participants.

But it didn't work out that way. The study began enrollment in January, 2002, and it was stopped on January 11, 2006 after 5,472 volunteers had joined the trial (out of a planned 6,000). It was stopped because it became clear very quickly that patients following the intermittent strategy faced more than twice the risk of disease progression compared to those who kept on taking their meds full-time. Furthermore, there was more cardiovascular, kidney and liver disease in the participants in the drug conservation arm of the trial. The results were so dramatic that the study was shut down early and those on intermittent treatment were advised to resume continuous therapy.

For more information, see: [www.smart-trial.org](http://www.smart-trial.org).

*January 10, 2006*

The first one-pill, once-a-day HIV regimen is on the way!

Bristol-Myers Squibb and Gilead Sciences just announced that they have achieved "bioequivalence" for a single-pill combination of Sustiva and Truvada.

What that means, in plain English, is that the two companies have combined the two drugs into one pill that works the same as the two pills separately. Truvada is already a combination of two drugs: Emtriva and Viread. So now, for the first time, it will be possible to take a complete three-drug HIV "cocktail" in one pill that only needs to be taken once-a-day. A huge breakthrough!

The companies expect to submit the new drug - which does not yet have a name - to the US Food and Drug Administration for approval in the second quarter of 2006. The drugs involved are already approved individually, and their combination is already very popular. So FDA approval should come quickly!

*December 21, 2005*

Not so sure about OraSure...

An unexpected increase in false positive results from OraSure Technologies' oral HIV test has caused the L.A. Gay & Lesbian Center, San Francisco's largest HIV testing center, the New York City Health Department and others to stop using the test.

The OraQuick Advance HIV test has become an important testing tool because it produces results in just 20 minutes from a saliva swab. Some facilities report that as many as 95% of their clients choose the oral test.

CDC data from earlier this year showed the test to be 99.8% accurate for people not infected by the virus. But recent results from some large health clinics have shown only 99.1% accuracy.

OraSure has said it is working closely with health care and government officials to investigate the complaints.

*December 19, 2005*

Bristol-Myers Squibb Company recently made a \$100,000 donation to the National AIDS Fund. The donation is the result of the company's "Light to Unite" campaign, launched in support of World AIDS Day 2005.

The \$100,000 donation was presented by BMS Senior VP Ron Cooper and Kevin Trapp, the company's senior director for strategy and operations, to Kandy Ferree, president and CEO of the National AIDS Fund.

For more information, see: [www.lighttounite.org](http://www.lighttounite.org).

*December 16, 2005*

*Important News for Kaletra Users!*

The FDA approved a new tablet formulation of Kaletra in October, and the new tablets will replace the old capsules. To reduce confusion and the risk of medication errors, the capsule formulation of Kaletra will no longer be available after March, 2006.

The new film-coated tablets are already in pharmacies across the country. In the United States, they are yellow in color. (The capsules were orange.) The tablets are similar in size to the old capsules.

The new tablet formulation offers a number of advantages compared to the capsules. For one thing, the standard dose is only four tablets a day. (The standard dose for the capsules was six.) In addition, the new tablets can be taken with or without food. And, they do not require refrigeration.

Additionally, a new study to be presented on Sunday, December 18, suggests that the tablet may be easier on your stomach than the old capsules were.

More information is available at [www.kaletra.com](http://www.kaletra.com).

*December 11, 2005*

Gilead Sciences recently launched an interesting new website on advances in HIV therapy. If you haven't seen it yet, check it out at [ChangeofHAART.com](http://ChangeofHAART.com).

*December 10, 2005*

If you're infected with Hepatitis C as well as HIV, be sure to take a look at a new article by well-known nutritionist Alan Lee we just posted to the site, [Nutrition Strategies for HIV and Hepatitis C Co-Infection](#).

*December 8, 2005*

We just uploaded a new "Positive Profile" on long-term AIDS survivor Janet Coleman. Take a look at [Janet Coleman](#).

*December 7, 2005*

We've just posted a new "ASO Spotlight" to this site. It's on a remarkable AIDS Service Organization in Cathedral City, CA,

founded by a long-term AIDS survivor. The ASO focuses on providing services to HIV-positive women - but it doesn't turn anyone away. Check it out at [Working Wonders](#).

*December 6, 2005*

This is a very important day in history. Exactly ten years ago, the FDA approved the first protease inhibitor. It was an event that many credit as the start of HAART - Highly Active Anti-Retroviral Therapy - the first successful treatment for HIV. Almost overnight, an HIV diagnosis changed from a death sentence to a chronic disease that could be managed indefinitely.

The cover story of our upcoming December 2005/January 2006 issue of HIV Positive! (now on press) marks this important anniversary, and traces the evolution and improvement of HIV therapy since then. You can read this important story here, a week before the print edition of the magazine comes out: [Celebrating the 10th Anniversary of HAART!](#)

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*This magazine is intended to enhance your relationship with your doctor - not replace it! Medical treatments and products should always be discussed with a licensed physician who has experience treating HIV and AIDS!*