



CONTINUING EDUCATION (CE) COURSE MATERIAL
Course No. CE1311P2 – HIV / ARC / AIDS / Hepatitis

COURSE OBJECTIVE

This course examines the current state of human immunodeficiency virus (HIV), AIDS-related complex (ARC), autoimmune deficiency syndrome (AIDS) and hepatitis for the addiction practitioner.

COURSE MATERIAL

People have been using and abusing substances since the dawn of time. Some physical illnesses have been connected to alcohol and drug use. Alcohol affects the liver and other vital organs. Cocaine can affect the heart, and smoking causes cancer. In the early days of America, smoking was viewed as glamorous, and many people smoked. Even after diseases such as emphysema and cancer were directly connected to smoking, people still smoked. It took generations before society became aware of the severity of the problem, and then to make changes in the way America viewed smoking. The substance and illnesses go hand in hand. Substance abuse and human immunodeficiency virus (HIV) infection often coexist in the same individual. Both diseases are chronic, with remissions and exacerbations or relapses. There are risks in contracting other diseases such as Hepatitis and Sexually transmitted diseases while using addictive substances. Not all addicts will contract the disease and there are those that have never abused substance that will. HIV/AIDS is a serious epidemic, affecting many American's and people in other nations through out our world. At the end of 1999, an estimated 320,282 people in the United States were living with AIDS (Centers for Disease Control and Prevention HIV/AIDS Surveillance report 2000; 12(no.1):1-44). AIDS is the 5th leading cause of death in America among people from the age of 25 to 44 with 438,795 deaths recorded June 30, 2000 (CDC and Prevention Surveillance report 2000;12(no.1). HIV ARC and AIDS will be described as well as hepatitis. The links between substance abuse and these diseases will be identified, and ways of treating and preventing such diseases will be discussed. (Centers for Disease Control and Prevention HIV/AIDS Surveillance report 2000; 12(no.1):1-44.)

Early signs of HIV

Joe could not imagine what was wrong with him. He was not able to figure out why he felt so fatigued all of the time. He thought maybe it was the stress of his job, or his poor diet. Joe thought he would just shake it off, and figured that it would pass. The fatigue did not pass however, and more symptoms surfaced. He started to have a low grade fever and he would wake up in the middle of the night drenched with sweat. Little did he know at that time, that he acquired HIV.

The HIV virus was identified in 1984. HIV is a precursor to AIDS. If some one has HIV it does not mean that they have AIDS. Many symptoms will appear that are debilitating but not life threatening ("The Persistent Threat of AIDS" David W. Sifton, 2003). AIDS is the final stage of HIV infection and it can take many years to develop. As this disease grew, and physicians were educated, a list identifying the warning symptoms of HIV was developed. The following symptoms are the early signs of HIV; Chronic fever, extreme fatigue, diarrhea, persistent night sweats, weight loss swollen lymph glands, headaches, skin rashes and fungal infections ("The Persistent Threat of AIDS" David W. Sifton, 2003). Seroconversion is the detectability of HIV antibodies in the blood. The infection can normally be detected from 6 to 12 weeks, but can show up anywhere between 1 week to 1 year. The time between infection and identification of



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HIV is called that window period. (Nursing Diagnoses in Psychiatric Nursing 5th edition Mary Townsend 2001). (Nursing Diagnoses in Psychiatric Nursing 5th edition Mary Townsend 2001). ("The Persistent Threat of AIDS" David W. Sifton, 2003).

During the asymptomatic infection stage, which is in the early stage of HIV there are no manifestations of illness. Blood test may show some abnormalities however, such as leukopenia and anemia. This period may last 5 to 10 years or longer (Nursing Diagnoses in Psychiatric Nursing 5th edition Mary Townsend 2001).

In the Middle stage of HIV the T4 Cells are from 200-500mm. Generalized Lymphadenopathy is an infection that affects the lymph nodes. The swelling of the lymph nodes will show up in different locations in the body, such as the neck, armpit and groin. The swelling can remain for months. Other symptoms in this stage are fever, night sweats, and chronic diarrhea.

AIDS was first observed in 1981 by physicians in San Francisco and New York City. Quite a few homosexual men were showing up in hospitals and Doctors offices with a group of signs and symptoms that were unexplainable. Some of the symptoms were often, resistant to treatment. The sickest of the individuals had Pneumocystis carinii pneumonia. That type of pneumonia is a common organism that most people are able to fight off. Another symptom that showed up was Kaposi's sarcoma (The Persistent Threat of AIDS David W. Sifton, 2003). Kaposi's sarcoma is a type of cancer that generally in seen in older men. The cancer shows up as purple blotches on the skin. Intensive laboratory testing was done and found that the patients had severely impaired immune systems.

The human body has cells that are responsible for fighting infection. In a normal healthy organism the cells work to destroy invasive organisms and facilitate repair of the cells.¹ If the cells do not do there job in fighting the infection, specific immune mechanism cells take over. The elements of the cellular response include the T4 lymphocytes, called T-cells (Nursing Diagnoses in Psychiatric Nursing 5th edition Mary Townsend 2001). When the body is invaded, the T4 cells divide many times, producing antigen-specific T4 cells with other functions. One function of the T4 cell is to help destroy the antigen. HIV infects and depletes the T4 lymphocyte, destroying the very cell that the body needs to attack the virus. A person with a healthy immune system may have a T4 cell count of between 600 to 1200mm. In the late stage of HIV the T4 Cells drop to 200mm. AIDS is a very debilitating and deadly disease. I was working at a treatment center about six years ago. One aspect of my job was to help the patients with a continuing care plan. The after care plan was usually an out patient treatment or a sober living. One of the patient's was in the late stages of AIDS. His aftercare plan was referred to a Hospice nurse who set him up in hospice.

Types of Hepatitis

Hepatitis is a virus that causes illnesses and affects the liver. There are different types of hepatitis, with various signs and symptoms. The different types of hepatitis are as follows:

¹ Nursing Diagnoses in Psychiatric Nursing 5th edition Mary Townsend 2001). (The Persistent Threat of AIDS David W. Sifton, 2003).



Hepatitis A

Hepatitis A virus (HAV) was at one time known as infectious hepatitis because it is spread so easily. HAV is an inflammation of the liver caused by the Hepatitis A virus. The symptoms of this virus start within 2 to 6 weeks after contact with HAV.²

The virus runs its course in two to three months. When the infection ends, it is over. There are no chronic phases of the illness. Most people recover fully and develop immunities to the virus (Encyclopedia of Medicine "Hepatitis A Larry I. Lutwick 2001). The Hepatitis A virus is transmitted through food, water or improper hand washing after a bowel movement. Children seem to be the most likely victims, but they very often have mild flu like symptoms. Adults however are more likely to have more severe symptoms. Epidemics of HAV infection can affect hundreds of people at a time. I have heard of a cruise ship with contaminated food and all the passengers were infected. Food-handlers who have no symptoms themselves can start a widespread epidemic. There are other groups that can be at risk besides cruise ship passengers. For instance; Troops living under crowded conditions and people who live in populated areas that have poor sanitation. It is estimated that between 14-40 % of all cases of HAV come from children in day care centers in The United States (Encyclopedia of Medicine "Hepatitis A Larry I. Lutwick 2001). This happens because toys can become contaminated and remain that way for some time.

Travelers pick up the virus when traveling to an infected area. Homosexual men are at risk if they engage in oral or anal sexual contact.

The symptoms in the Hepatitis A virus are fatigue, body aches, mild fever and loss of appetite. HAV can affect the liver causing enlargement and jaundice (yellowing of the skin) (Encyclopedia of Medicine "Hepatitis A Larry I. Lutwick 2001).

Once the symptoms appear there is little that can be done, as far as medications or antibiotics go.³ The HIV patient should get a lot of bed rest, and eat a healthy diet, avoiding alcohol or other medications that can exacerbate the liver damage.

In preventing the spread of Hepatitis A one should take care to wash hands after using the toilet. Precautions should be used with sexual partners, in avoiding transmission of the virus. Travelers should boil water for one minute before drinking.

Hepatitis B

Hepatitis B (HBV) was known at one time as serum hepatitis, because it was sometimes transmitted in blood products, before screen tests were implemented (Encyclopedia of Medicine "Hepatitis B David A Cramer, MD 2001). Some people can be carriers of this virus having no symptoms. They may pass the infection to others however. There are two different forms of HBV acute and chronic. Acute HBV does not persist longer than two or three months. One in five patients infected with HBV develop severe symptoms of jaundice (Encyclopedia of Medicine "Hepatitis B David A Cramer, MD 2001). There are rare cases (1%), when the liver will fail.

² Encyclopedia of Medicine "Hepatitis A Larry I. Lutwick 2001. Nursing Diagnoses in Psychiatric Nursing 5th edition Mary Townsend 2001.

³ Encyclopedia of Medicine "Hepatitis A Larry I. Lutwick 2001.



Some patients will develop flu like symptoms and not even know they have the virus unless testing is done to identify it. With chronic Hepatitis B the infection last longer than 6 months. Not all persons with chronic HBV develop liver disease but one in four will. (Encyclopedia of Medicine "Hepatitis B David A Cramer, MD 2001). The liver becomes scarred (cirrhosis) and is unable to carry out its normal functions. Liver cancer is another serious complication of chronic HBV. Those who drink and smoke are more likely to develop cancer.⁴

People at risk to contract the HBV are; Health care workers who may come into contact with infected blood, homosexuals or heterosexuals who have multiple partners, drug abusers who use needles, and those living in crowd institutions. There are no treatments for acute HBV (Encyclopedia of Medicine "Hepatitis B David A. Cramer, MD 2001). Like Hepatitis A, if infected one should get a lot of bed rest and eat a health diet, avoiding alcohol. The best way to prevent HBV is to avoid contact with blood and other bodily fluids and use condoms during sex. There is a vaccination against Hepatitis B, those at risk such as hospital workers, should get the 3 recommended doses.

Hepatitis C

Hepatitis C has affected an estimated 3.9 million Americans and 2.7 million are chronically infected, according to the Center for Disease Control (CDC.gov/hepatitis 2003). Hepatitis C is a blood born virus that causes a form of liver inflammation. HCV is mild in the early stages and with that; it can go undetected allowing the virus to spread. More than half of all people who have Hepatitis C have no symptoms or signs of liver disease (Encyclopedia of Medicine "Hepatitis C Larry I. Lutwick 2001). Some individuals will have minor flu like symptoms. Hepatitis affects how the liver functions, and it affects the way the liver processes certain color pigmentation. Therefore, some patients develop jaundice, a yellowing of the skin. About 20% of Hepatitis patients develop cirrhosis of the liver (Encyclopedia of Medicine "Hepatitis A Larry I. Lutwick 2001).⁵ The virus damages a large number of liver cells and then the cell becomes scarred (cirrhosis), preventing normal functioning of the liver. Hepatitis C is one of the most common reasons for liver transplants in the United States of America. Other serious conditions that may occur in patients with chronic HCV are; joint pain, weakness, and extreme sensitivity to light. This disease can effect the kidneys and brain and liver cancer may develop, which could be life threatening. Interferon is a natural body protein. Scientist can make interferon by genetic engineering. The interferon protein can lessen the symptoms and improve the liver functioning (Encyclopedia of Medicine "Hepatitis C Larry I. Lutwick 2001). This treatment can provide hope to those suffering with Hepatitis C, although not everyone responds positively to the treatments.

Another medication used to treat Hepatitis C called ribavirin, this is used in combination with interferon. The combination therapy can get rid of the virus in up to 5 out of 10 persons that have genotype 1 and 8 out of 10 in persons with the genotype 2 and 3 (CDC.gov/hepatitis 2003)

Hepatitis C is a blood born infection and it is acquired by the following routes of transmission; IV drug users and recipients of blood before 1992 are high risk (CDC.gov/hepatitis 2003). Health care workers who come into contact with infected blood either by a cut or a contaminated needle. Sexual contact is low risk (CDC.gov/hepatitis 2003). Anyone who gets a

⁴ Encyclopedia of Medicine "Hepatitis B David A Cramer, MD 2001.

⁵ Encyclopedia of Medicine "Hepatitis C Larry I. Lutwick 2001. CDC.gov/hepatitis 2003.



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tattoo or gets a piercing could be at risk of Hepatitis C if the needle is infected. At one time blood transfusions were a common cause of the spread of HCV, but testing for the virus in the blood was implemented in the 1990s, which decreased the risk.⁶

In order to prevent Hepatitis C one should practice the following precautions; Do not use IV drugs, if you do, use clean needles, and do not share needles with others. Do not share personal items such as razors and toothbrushes. Make sure if you get a tattoo or body piercing that the artist has clean equipment. Health care workers should use care when handling needles and anything with patient's blood on it (CDC.gov/hepatitis 2003). One should use condoms if they are having sex with more than one partner.

Hepatitis D

Hepatitis D is a liver inflammation, which is only acquired, if one is infected with Hepatitis B virus. Hepatitis D or Delta was discovered in the late 1970's by Italian physicians (Encyclopedia of Medicine "Hepatitis D David A Cramer, MD 2001).

They discovered that another type of infection was present in the liver cells, of those infected with hepatitis B. The infection tends to be more severe when both viruses are present. One is more likely to develop chronic liver disease when both infections are present, than if one is infected with Hepatitis B virus only (Encyclopedia of Medicine "Hepatitis D David A Cramer, MD 2001).

Three million people worldwide are infected with Hepatitis B, and at least 5 % also have Hepatitis D. Hepatitis D can not cause infection on its own because it is so small⁷ and has an incomplete viral particle. Hepatitis B is a companion virus because it forms a covering, which allows the D virus to develop. This combination is called a superinfection (Encyclopedia of Medicine "Hepatitis D David A Cramer, MD 2001).

Symptoms of the infection are like other forms for Hepatitis; nausea, loss of appetite, joint pains. Symptoms in the later stages are an enlarged liver and Jaundice. In the acute stage bed rest, a healthy diet and avoiding alcohol would be recommended. Since Hepatitis D can only occur when the B virus is present, vaccination against Hepatitis B is a positive method of prevention.

Hepatitis E

Hepatitis E virus is a form of hepatitis that is transmitted in the intestinal tract. This virus was discovered in 1987 and it is spread by fecal-oral route (Encyclopedia of Medicine "Hepatitis E David A. Cramer, MD 2001). In developing countries where human waste is allowed to get into drinking water, hepatitis E can become an epidemic. Although no outbreaks have occurred in the United States or Canada, large outbreaks have been reported in Asia and South America. The virus is short lived illness but it can sometimes cause liver failure. The HEV starts in the gastrointestinal tract it grows mainly in the liver. It may take two to eight weeks for the symptoms to appear. The infected person may experience nausea, fever, loss of appetite and pain in the upper part of the abdomen where the liver is located (Encyclopedia of Medicine "Hepatitis E David A Cramer, MD 2001). The majority of the time the illness is mild and

⁶ Ibid.

⁷ Encyclopedia of Medicine "Hepatitis D David A Cramer, MD 2001. CDC.gov/hepatitis 2003.



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disappears within a few weeks. The HEV stimulates the body's immune system which produces an antibody that can destroy the virus. On rare occasions however the virus may destroy the liver cells which prevent the liver from functioning (Encyclopedia of Medicine "Hepatitis E David A Cramer, MD 2001).

The best way to prevent Hepatitis E virus is to provide safe, clean drinking water and create proper sanitation. When traveling to other countries one should bring bottled water.

STDs and Substance Abuse

There are some connections between sexually transmitted diseases and abuse of alcohol and drugs. One factor is that when one is under the influence of drugs and /or alcohol it decreases one's inhibitions. Judgment can be affected when using. While drinking alcohol or using drugs, some people engage in high- risk behaviors. Sexual encounters are more likely to happen when drinking and less likely that condoms will be used (Loosening the Grip, Kinney & Leaton 1995). Sexually transmitted diseases can be contracted when one chooses to have sex, and makes those decisions while impaired. Heavy Alcohol abuse can interfere with the immune system disrupting the bodies' natural ability to fight infections allowing viruses to grow (Loosening the Grip, Kinney & Leaton 1995).

Another connection between sexually transmitted diseases and substance abuse is that some people will use drugs to enhance the sexual experience. Some men will use drugs as an aphrodisiac. I have worked with quite a few gay men, and they shared that they use Meth amphetamines to prolong the sexual experience, and engage in "marathon sex". The gay men that I have spoken to reported that they use Meth anally.⁸

Some of them are sex addicts, and their compulsive sexual behavior is the primary issue. Others reported that if they did not have the methamphetamines they would not be having the risky sex. Some of these men shared that they would go to gay bars looking for sex partners with little thought of protecting themselves from sexually transmitted diseases. One other connection between sexually transmitted diseases and chemical dependency is that some people will trade sex for drugs. They call this the oldest profession, or prostitution. Some addicts become hooked on drugs and they are unable to hold a job, or function in society so they turn to prostitution. This can be seen in the poorer areas of the country such as the inner cities.

Prevention

Education is the key when it comes to prevention. HIV, Hepatitis and other transmitted disease are preventable, but still prevalent in society. In the chemically dependent and the behaviorally addicted individuals, denial can be strong. They may think, "It could never happen to me". They may see their using-buddy or partner as a clean healthy individual, and have no idea, that they are infected with a disease. One could have the HIV and/or hepatitis C virus and have no symptoms, and then pass on the virus, unaware to others. There are some different methods of preventing these diseases. The general public needs to be educated on the methods for prevention as well as those who engage in risky behaviors. Education should start with our youth, some High Schools have prevention programs where they educated students on abstinence and safe sex practices. In order to avoid transmitting HIV/AIDS the IV Drug user

⁸ Encyclopedia of Medicine "Hepatitis E David A Cramer, MD 2001. Loosening the Grip, Kinney & Leaton 1995.



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should, use clean needles, and not share needles with others. There are clinics that have instituted a needle exchange program where IV user and get a supply of clean needles. For prevention of blood born illness the following precautions should be followed. One should not share personal items such as razors and toothbrushes. If one gets a tattoo or body piercing they should make sure that the artist has clean equipment. Health care workers should use care when handling needles and anything with patient's blood on it (CDC.gov/hepatitis 2003). One should use condoms if they are having sex with more then one partner. There is no vaccination at this time for HIV, but there is for Hepatitis B, and this is a positive method of prevention, for that illness. Working in hospitals and in the chemical dependency treatment field universal precautions are taught. Universal precautions are safety measures you take to avoid contracting an infection or virus. In practicing universal precautions you treat everyone the same whether or not they have an infectious disease. Hand washing with antibacterial soap often and avoiding blood products are a way to use universal precautions.

Treatment plan

Here is a case study of a couple who is affected by substance abuse and HIV illness. Bill and Mary are married. Mary is the breadwinner in the house. She has a full time job, and they are living comfortably. Bill on the other hand is unemployed. Bill is also a heroin addict and is HIV positive. Since Bill has been diagnosed HIV positive they have been practicing safe sex by using condoms. Mary wants desperately to have a baby, but is conflicted because of the HIV status. Mary came to see me with this problem and she stated that Bill is willing to go along with any suggestions that I may have as a professional. The first thing I would do is to have a conjoint session with both Mary and Bill. Mary did say that Bill was willing to do whatever was suggested, but I would need to meet with him face to face to get a real idea of his motivation level.

After the first meeting it was clear that Mary seemed more motivated then Bill, but he was willing to take direction. Because Bill is in an active addiction to Heroin the first recommendation is to go to an inpatient treatment program. Bill needs to have a safe medical detoxification. Bill will need education on the disease process of chemical dependency and acquire tools for relapse prevention. I would recommend that Mary attend a family program where she can be educated on the disease process, co-dependency, enabling behaviors and AI-Anon.

The treatment plan is an important tool and one of the 12 core functions of counselors. The treatment plan is the blueprint for recovery. The treatment plan is built around the problems that the patient brings into treatment (Chemical Dependency Counseling Robert R. Perkinson 1997). These are the treatment plans that I would recommend. First it is important that each person have an individual treatment plan, and then a treatment plan as a couple. Before the issue of the possibility of a baby can be discussed, the addiction and HIV status must be addressed. Counselors must be aware of their abilities to treat individuals. In being a substance abuse counselor, one must know, what is in and out of their scope of practice. One of the other 12- core functions of counseling is referral. Some of the problems are to be referred to other professionals of the interdisciplinary treatment team.

First for Bill, Bill has two issues that are separate but must be addressed simultaneously. While Bill is in the inpatient treatment, he will work on the following treatment plan items.⁹ The

⁹ Chemical Dependency Counseling Robert R. Perkinson 1997.



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first thing Problem 1; is his active addiction to heroin. Bill will have a safe medical detoxification. During the detox the nursing staff will monitor his vital signs and appropriately medicate his withdrawal symptoms. It's important to make the patient comfortable during the detox, but to inform them that there will be some level of discomfort. As soon as he gets through the physical withdraw symptoms he would start to attend lectures and groups. Problem 2; Bill is HIV positive; the short term goal is for him to exhibit no new symptoms of infection. He will be seen by a physician and will continue his medication as prescribed for HIV. The intervention that the nursing staff would initiate to prevent infection, in the immunocompromised patient, are the following: Patient (Pt) will be educated on self-care for his HIV. Pt will take medications. Pt will protect himself from contraction of colds or influenza by washing hands, and wear a mask when he is around individuals with infections (Nursing Diagnoses in Psychiatric Nursing 5th edition Mary Townsend 2001). Patient's vital signs will be monitored at regular intervals. Blood tests will be conducted to monitor blood counts.

Problem 3; Patient lacks knowledge of the disease of chemical dependency, and has been unable to remain abstinent from drugs. Goal for problem 3; Bill is to recognize how the disease of addiction has impacted his life and why abstinence is necessary. Patient will do this by writing 10 consequences of his addiction and then share it in the group. Bill will complete a first step assignment and will make a list of areas of powerlessness and unmanageability. The patient will learn the skills necessary to maintain a sober lifestyle, such as anger management and communication skills. (Chemical Dependency Counseling Robert R. Perkinson 1997).

The patient will learn to identify triggers of relapse and learn new coping skills for relapse prevention. Some of the identified relapse triggers are; using people, anger, depression and fear regarding his health and HIV status. The coping skills developed are that Bill will avoid using people and places, keep a journal of feelings and build a sober support system.

Problem 4: Patient is exhibiting signs of depression that could be connected to the chemical dependency and HIV status. This is evidenced by patient's isolation, expressed feelings of hopelessness and sadness. Bill will meet with a psychiatrist to evaluate depression and possibly be given anti-depressants. Bill needs to deal with grief and loss issues he will do that by attending a HIV/AIDS support group where he can safely share feeling about his illness. It will be suggested that Bill explore his spirituality and consider attending a church, temple or synagogue of his choice for additional support.

Bill will be educated on ongoing recovery. Upon discharge from the inpatient level of care, an aftercare/continuing care plan will be implemented. While in treatment he will be educated on the 12-step recovery program, such as how to get a sponsor and work the 12 steps. Upon discharge patient will attend NA meetings daily, obtain a sponsor and work the 12-steps. Bill will also attend the weekly aftercare groups.

The treatment plans change as goals are met and then new problems could be added, (Chemical Dependency Counseling Robert R. Perkinson 1997) such as the unemployment status. Pt should first focus on his recovery. 1. To become free of his active addiction, 2. Being able to maintain his sobriety. Pt must also continue to take his HIV and anti-depressant medication. When these are accomplished, I would suggest that he see an occupational therapist and work on developing a career. Pt was interested in computers, so he could take some classes on computer programming to get an education and then become employed. This will help patient with self-esteem and help him develop a sense of purpose.



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Mary's treatment plan will consist of education on the disease of chemical dependency. I would recommend that she attend an intense family program where she will attend lectures and participate in family group activities. Mary will be educated on co-dependency, enabling behaviors and family roles and dynamics.

Problem 1; Co-dependency, a co-dependent person is obsessed with controlling the person that is out of control (Beatti, 1987; Weinhold & Weinhold 1998, Perkinson 1997). Mary has been so focused on Bill that she has lost the ability to take care of her own needs. Mary is to learn to stop focusing on Bill and explore her own thoughts and feelings. She will do this by keeping a daily journal exploring her own feeling and pain. Mary will learn to communicate her feelings and needs. Education in developing boundaries and role play exercises will assist Mary in identifying and practicing new behaviors. Problem 2; Enabling behaviors, Mary has a history of enabling Bill by protecting him from the consequences of his using. Mary has lied for Bill and has even made a purchase of heroin for Bill, at his insistence. Mary will be educated on how enabling behavior allows the chemical dependency to progress. Mary will learn to stop the enabling behaviors and stop protecting Bill from the consequences of his use. (Beatti, 1987; Weinhold & Weinhold 1998, Perkinson 1997).

Problem 3; Mary has been isolated, dealing with the feelings of shame connected to living with the addiction and the HIV status. Mary will develop a support system in a support group for families living with HIV/AIDS. Mary will be able to get the support she needs and be able to share in a safe environment. Mary will attend Al-Anon meetings where she will find a sponsor and work the 12-steps.

The treatment plan for them as a couple and the desire to have a baby are as follows. First is for them to each commit to their own individual treatment plans, and to support each other in achieving individual treatment goals. They will participate in couples counseling with a Marriage and Family Therapist. Now regarding the idea of having a baby, I would suggest that they postpone this for at least two years. I would instruct them to continue practicing safe sex. This would give them time to stabilize, complete treatment goals, and build the foundation for their recovery. I would inform them that there are risks in pregnancy with the HIV status. Such as 20 % to 40% of babies born to HIV infected mothers become infected with the virus (HIV, AIDS and Pregnancy McKesson Health Solution LLC 2002). Bill is the one with HIV but if they have unprotected sex in an attempt to have a baby there is a chance of Mary becoming infected. Other options would be offered for consideration, such as adoption. There is a way for the male sperm to be tested for HIV and even washed, but because this is out of my scope of my practice. The recommendation would be for them to consult a physician that specializes in this area.

There are many diseases out there that effect peoples lives, but recovery is possible. Educating oneself is the key to prevention.



REFERENCES AND SUGGESTED ADDITIONAL RESOURCES

HIV, AIDS and Pregnancy McKesson Health Solution LLC 2002
CDC.gov/hepatitis 2003
Centers for Disease Control and Prevention HIV/AIDS Surveillance report 2000; 12(no.1):1-44
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Encyclopedia of Medicine “Hepatitis A Larry I. Lutwick 2001
Encyclopedia of Medicine “Hepatitis B David A Cramer, MD 2001
Loosening the Grip, Kinney & Leaton 1995

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The information contained in this Course Material was prepared by Kelly M. Ryan, who is a counselor at the Betty Ford Center, and is a candidate for the Master of Arts in Addictive Disorders degree from Breining Institute. Breining Institute has edited the original material for the purpose of presentation in this course. The Examination Questions were developed and are copyrighted by Breining Institute, and cannot be distributed or reproduced without permission from Breining Institute.



CONTINUING EDUCATION (CE) EXAMINATION QUESTIONS
Course No. CE1311P2 – HIV / ARC / AIDS / Hepatitis

You are encouraged to refer to the Course Material when answering these questions. Choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of 70% correct answers is required to receive Continuing Education credit. GOOD LUCK!

QUESTIONS

Answer questions 1 – 10 to complete this course. Questions 11 – 21 omitted.

1. According to the course material, which of the following is true:
 - a. HIV is a precursor to AIDS.
 - b. If some one has HIV it does not mean that they have AIDS.
 - c. AIDS is the final stage of HIV infection and it can take many years to develop.
 - d. All of the above are correct.

2. All of the following symptoms are the early signs of HIV **except**:
 - a. Chronic fever, extreme fatigue, diarrhea.
 - b. Persistent night sweats, weight loss, swollen lymph glands.
 - c. Loss of hearing, myopia.
 - d. Headaches, skin rashes, fungal infections.

3. During the asymptomatic infection stage, which is in the early stage of HIV, which of the following is true:
 - a. There are no manifestations of illness.
 - b. Blood test may show some abnormalities such as leukopenia and anemia.
 - c. This period may last 5 to 10 years or longer.
 - d. All of the above is correct.

4. Hepatitis is a virus that causes illnesses and primarily affects which organ?
 - a. The liver.
 - b. The heart.
 - c. The skin.
 - d. The reproductive organs.

5. The Hepatitis A virus (HAV):
 - a. Generally runs its course in two to three months.
 - b. Is a virus to which most people develop an immunity.
 - c. Neither A nor B above.
 - d. Both A and B above.

6. Symptoms of the HAV include:
 - a. Fatigue.
 - b. Body aches.
 - c. Loss of appetite.
 - d. All of the above.



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7. People generally at risk to contract the Hepatitis B virus (HBV) are:
 - a. Health care workers who come into contact with infected blood.
 - b. Homosexuals or heterosexuals who have multiple partners.
 - c. Individuals living in crowded institutions.
 - d. All of the above.

8. Hepatitis C virus (HCV) is a blood born virus that causes a form of liver inflammation. Which of the following statements about HCV is **not** true:
 - a. More than half of the people who have HCV have no symptoms or signs of liver disease.
 - b. All of the people who have HCV exhibit some symptoms and signs of liver disease.
 - c. Some individuals have minor flu-like symptoms.
 - d. Some individuals develop jaundice, a yellowing of the skin..

9. The Hepatitis E virus is a form of hepatitis transmitted in:
 - a. Drinking from the same cup.
 - b. The intestinal tract, and spread by fecal-oral route.
 - c. Sharing clothing, especially shirts and hats.
 - d. None of the above.

10. Connections between sexually transmitted diseases (STDs) and the abuse of alcohol and drugs include which of the following:
 - a. A person's inhibition to engage in risky behavior may be affected when abusing drugs and/or alcohol.
 - b. Heavy alcohol abuse can interfere with the immune system disrupting the body's natural ability to fight infections allowing viruses to grow.
 - c. Both A and B above.
 - d. Neither A nor B above.



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CONTINUING EDUCATION (CE) ANSWER SHEET

SECTION 1. Please type or print your information clearly. This information is required for CE Course credit.

First Name																								
Middle Name																								
Last Name																								
Address (Number, Street, Apt or Suite No.)																								
City																								
State (or Province)															USA Zip Code									
Country (other than USA)															Country Code									
Primary Telephone Number (including Area Code)										Facsimile Number (including Area Code)														
E-mail Address																								

SECTION 2. Credit Card Payment Information (if paying by credit card): Circle type of card: **VISA** or **MasterCard**

Credit Card Number															Expiration Date									
Full Name on Credit Card																								

Authorized Signature _____ **Breining Institute is authorized to charge Twenty-nine dollars (\$29.00) to this card.**

SECTION 3. Course Title: CE1311P2 – HIV / ARC / AIDS / Hepatitis

- Answers (circle correct answer):
- | | | |
|------------|-------------|-------------|
| 1. A B C D | 8. A B C D | 15. A B C D |
| 2. A B C D | 9. A B C D | 16. A B C D |
| 3. A B C D | 10. A B C D | 17. A B C D |
| 4. A B C D | 11. A B C D | 18. A B C D |
| 5. A B C D | 12. A B C D | 19. A B C D |
| 6. A B C D | 13. A B C D | 20. A B C D |
| 7. A B C D | 14. A B C D | 21. A B C D |

Signature: _____ Date: _____

Return Answer Sheet, with \$29 Continuing Education examination fee, by mail or facsimile to:
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