

U+

inside issue 6

The great outdoors
Life coaching
Mixed status relationships
LGV: a bum deal
Plus loads more!



BRIGHT FUTURE

Health + Diet + News + Advice + Support + Opinions

Welcome to the sixth edition of U+ magazine

This is my favourite issue of U+ magazine to date.

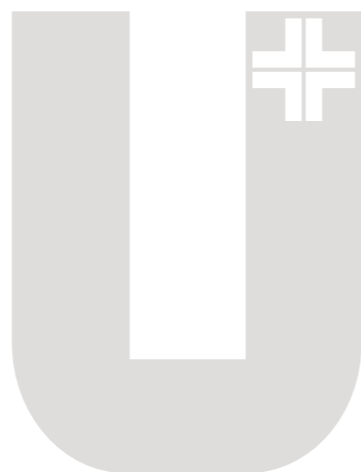
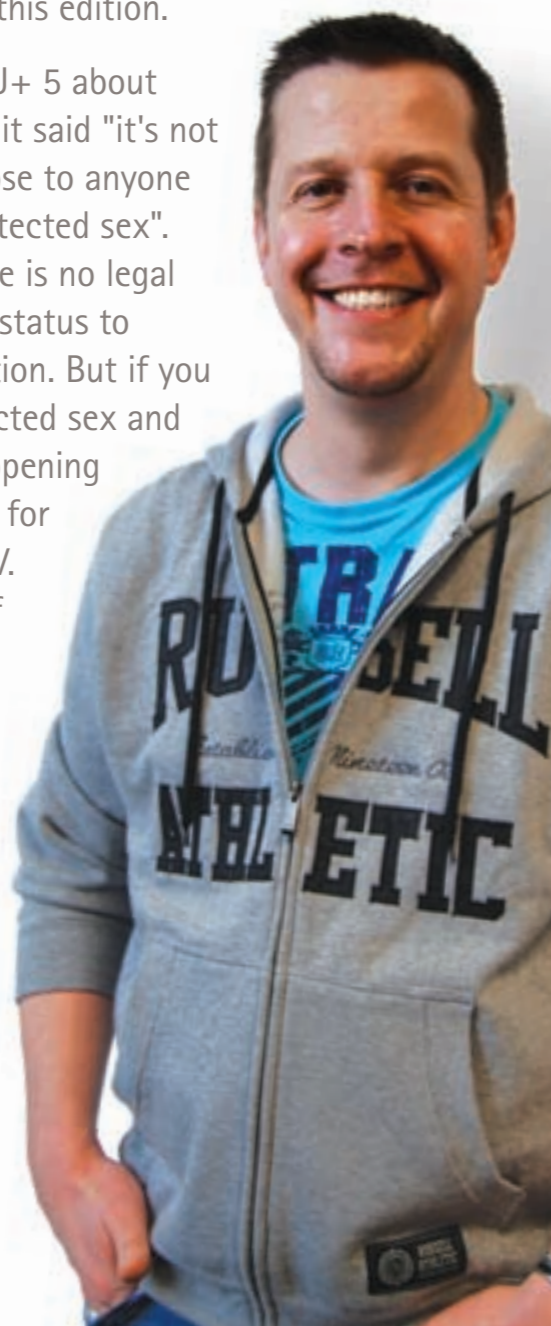
In this issue we are looking at gay men, HIV and ageing and once I got over the fact that I'm indeed heading into my mid forties with HIV, I started to think that there are other illnesses and conditions that come with getting on a bit. It's important for me to remember that not everything that happens to me healthwise will be HIV related. It's equally important to remember how lucky I am to be looking at getting older with HIV.

As we get older my friends and I have found other ways to socialise without feeling the need to drink or cruise. Many of them have logged onto the gay sports clubs and social groups which we have looked at in this edition.

Before I go, in an article in U+ 5 about telling people you have HIV, it said "it's not a legal requirement to disclose to anyone unless you are having unprotected sex". We want to clarify that there is no legal requirement to disclose HIV status to sexual partners in any situation. But if you don't disclose, have unprotected sex and transmit HIV, you could be opening yourself up to a prosecution for 'reckless transmission' of HIV. To learn more about ways of managing disclosure in such situations, go to tht.org.uk/informationresources/prosecutions/

And remember to tell us what you think of U+. The address is u+@tht.org.uk

Gordon Mundie
Groupwork Service Manager



The healthier lifestyle magazine for gay men with HIV

Issue 6

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U+ magazines are published as part of the CHAPS national partnership programme and aimed at promoting awareness of sexual health and well being among HIV positive gay men.

The programme is being delivered by Terrence Higgins Trust.

Information in this magazine is correct at the time of going to press. For the latest information or updated version of the publication, visit tht.org.uk

If you have any questions or comments about this resource, or would like information on the evidence used to produce it, please email feedback@tht.org.uk



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IN BRIEF

Tropical infection hits gay men

New statistics show that 2010 has seen a new peak in cases of LGV (lymphogranuloma venereum). LGV is a nasty form of chlamydia not seen here in the UK until 2004. Since then over 1000 gay men (most with HIV) have been treated for LGV in the arse. Symptoms include anal bleeding and inflammation. Cases continue to be concentrated in London, Manchester, and Brighton, but are being seen across the country. Read two U+ readers' LGV stories on pages 10 & 11 of this magazine.

Male grooming

With men of all ages paying more attention to their appearance there are more male personal grooming products on the market than ever before. If you are new to the male grooming scene or you would like to learn some shaving tips, how to avoid razor burn or learn about skin care check out this link. hintsandthings.co.uk/bathroom/grooming.htm



Testicular cancer

Cancer of the testicles is rare, but is the most common cancer in men aged 15-45; and it's affecting more men every year. A simple, regular self check up could help you detect early signs of the disease. If you do notice changes, it's important to act right away. With early treatment there's a good chance there will be no further problems. For tips on examining yourself for lumps or swellings in your testicles go to cancerhelp.org.uk

eating positively

New potato & tuna salad

This is a great summer salad, providing you with omega 3 and plenty of vitamin C. For 2 people.

- New potatoes 400g
- 1 green apple
- 1 can of tuna in brine
- 1- 2 baby gem lettuces
- 2 spring onions (optional)
- 2 tbsps balsamic vinegar or soya sauce
- 1 tbsps olive oil
- Honey (1 teaspoon)

- 1 Wash the potatoes, apple, lettuce and spring onions.
- 2 Cut the potatoes in half.
- 3 Put a large pan of cold water on the hob and add the potatoes with a pinch of salt. Bring to the boil and simmer until cooked. Drain the potatoes and put into cold water until cold.
- 4 Cut the apple (do not peel) into small cubes.
- 5 Separate the leaves from the lettuces and chop the hearts of the lettuces.
- 6 If you are using spring onions, trim the ends off and slice.
- 7 To make the dressing, mix together the honey, balsamic vinegar/soya sauce and a drizzle of olive oil in a small bowl.
- 8 In a large bowl mix combine all the salad ingredients together – the potato, apple, lettuce leaves, spring onion and the salad dressing. Lay the tuna on top of the salad and serve with a crusty bread roll.



The Food Chain www.foodchain.org.uk

Straight Talk

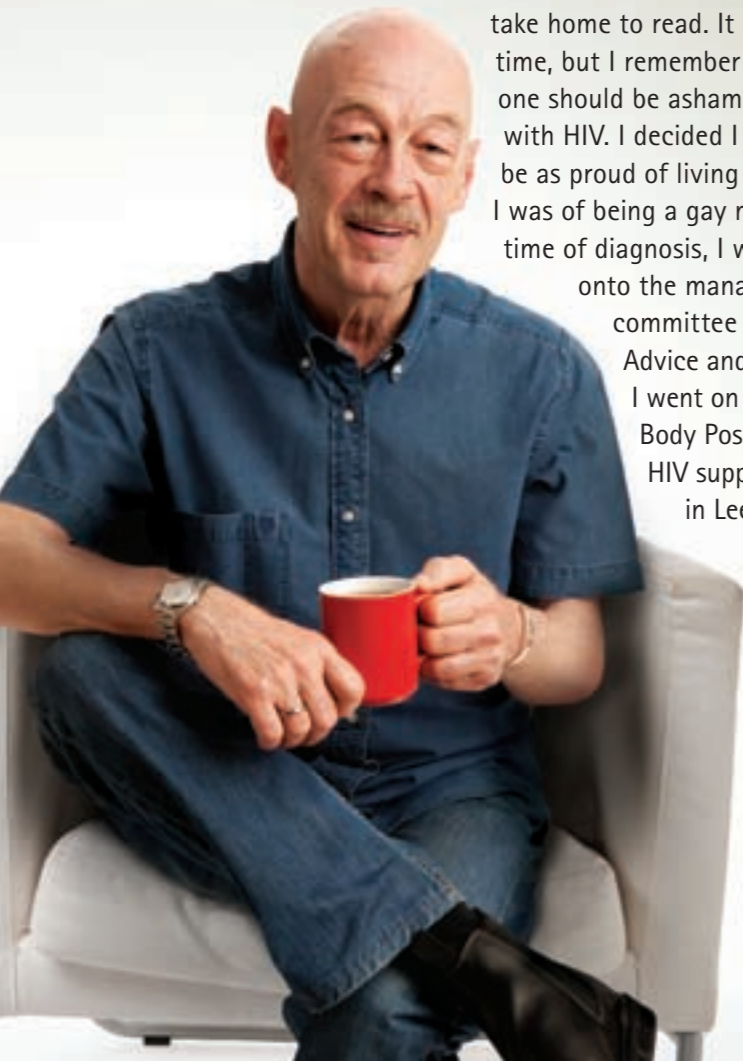
In each issue of U+ we ask a regular guy with HIV to tell us how they're getting on and what life with the virus has taught them. This time we chat with **Thomas Matthew** from 'Healthy Gay Life', a sexual health service in Birmingham.

How long have you been HIV positive?

I tested positive 24 years ago. I had a telephone call on Sunday evening and went for the test on Monday. It wasn't an issue I had even heard of. In the next five years, 99% of my friends died. I have had two strokes, a brain seizure and a second AIDS diagnosis for HIV encephalopathy (inflammation of the brain). Most of this was a result of effective medication not being available.

What kind of support services were there then?

Having no support services in Leeds I travelled to Brighton and London to meet other HIV positive people. I was given two years to live; no medication was available or leaflets to take home to read. It was a lonely time, but I remember thinking no one should be ashamed of living with HIV. I decided I wanted to be as proud of living with HIV as I was of being a gay man. At the time of diagnosis, I was seconded onto the management committee of AIDS Advice and in June 1986 I went on to establish Body Positive, an HIV support centre in Leeds.



Have things got better for men testing positive for HIV?

Services have changed beyond belief. GU clinic staff knew little back then and frequently took the lead from the HIV positive people they saw. Now clinic staff are trained and well equipped to deal with a variety of issues that HIV positive men face. You don't have to wait seven days or more for a test result and there is immediate support, where I had to wait three months. Now of course we all have access to effective anti-HIV medication.

Are HIV positive older men welcomed in the gay community?

Generally no. The gay community would seem to be living in a state of self-imposed ignorance. Some men still see HIV as just another sexually transmitted infection and refuse to acknowledge what HIV has done to the gay community in the last 25 years. It's as if they want to die of ignorance rather than listen to other men's stories and the sexual health messages out there. The standard attitude would seem to be 'it won't happen to me'. I know of men who don't know how they became HIV positive; it might have been from unprotected sex in a dark room, taking recreational drugs, or having too much to drink.

Do you think people living with HIV today have a voice?

Men today can have a voice, yet it can take a lot of bottle to make that telephone call or to press the buzzer to a support centre. Once over this hurdle their voice can be heard. Men with an HIV positive diagnosis have to first accept that, and then think about the kind of support they need to live with it.

As older HIV positive men we have history of living with HIV and I hope we can get to a place where all gay men living with HIV can find their voice, share their stories and educate others on how to make the choices that are the right ones for them.

LIFE

How much are we responsible for our life? How much is it somebody else's fault? How much do we determine our emotions? Here we asked Life Coach **DARREN BRADY** how we find the answers through life coaching!

Life coaching is a process that puts YOU in the driving seat and takes you where you want to go. Sometimes being the 'driver' of your life can be uncomfortable, yet people who embark on coaching have the courage to challenge this perspective.

A lot of people believe that our lives are a combination of both our will and outside circumstance, yet all this does is allows us to take credit for what works and give blame to what doesn't. For instance, when we succeed in our job we can say that it is because we worked hard, focused on our goals and utilised our skills.

When we fall out with a friend we can say it was because they were being unreasonable, aggressive or two-faced.

When we're healthy and feel vibrant we can say it's because we go to the gym three times a week, eat a healthy diet and get plenty of sleep.

When we're ill with a cold we say it is because we caught a bug. And so the argument goes on.

Coaching is a great way of focusing people into their thought patterns to discover what they really want from life. It gives them more focus to reach their goals quickly.

As a coach we support the client in setting appropriate goals (steps to achieving what they want) and observe, listen and ask questions to understand the client's situation while they're making their changes. This helps to keep them focused on the end result and helps with any blocks that may arise while going through the process of change. It's easy to revert back to what

we know, to our old 'unsatisfactory' ways, but a coach will remind us, encourage us and sometimes challenge us to stay on track.

Sessions can vary from up to 10 to 12 depending on what support the individual feels they need and during this time. Through facing and challenging some hard truths we begin to be more focused on what we want in our life.

With the support of a coach we can play with different approaches, try new things and gather evidence that these new ways serve us in ways our old patterns of behaviour and beliefs could not.

This is some of what life coaching can do for you:

- Motivate you to make positive changes
- Encourage you to be your best
- Give you with the tools you need to achieve your goals
- Challenge the way you think, feel and behave
- Help you to appreciate your potential

For more information on life coaching telephone Living Well on 020 8746 2274 or go to livingwelluk.com

OLDER and WISER

As HIV treatment improves, most people with HIV are living longer. But what is the quality of that longer life, and how can it be improved? Terrence Higgins Trust's Lisa Power fills us in on some new research.

In 2009 the Joseph Rowntree Foundation funded THT and Age UK to undertake a wide-ranging piece of research on how people with HIV over 50 feel about their lives and futures – *50 Plus*.

We've reviewed existing research on ageing and HIV and made a fact-finding visit to the US (the overall finding is that not enough work's been done yet and what has is patchy, except for some amazing work in New York).

We've also done an online survey of over 400 people with HIV over 50 (the eldest was in their 80s) and we are currently analysing the data. Interviews have been done with 40 people who volunteered to tell us more in person, exploring some of the key themes that came out of the online survey.

The research is being reviewed by THT, Age UK and a Community Advisory Panel which includes people with HIV over 50, social researchers and clinical staff.

Because we knew that other UK research was focusing on clinical issues, our work concentrates on personal issues and social care, so that projects can mesh and be of as much joint use as possible.

Many people over 50 with HIV want to be heard and to participate in decisions about their future services.

Thanks to the US trip, *50 Plus* is now working closely with ACRIA (AIDS Community Research Initiative of America), a New York based group at the forefront of ageing research, and we're sharing and comparing data so that even more lessons can be learned. We will present our findings at several HIV conferences this summer, at the

International Conference on Gerontology (ageing) and will post the presentations on the THT website. We believe it's vital to get these messages to all services for older people, because one key finding in both the US and UK is that services for older people are clearly not yet geared up for people with HIV, but need to be.

Although the survey results – and the recommendations that arise from them – are still being collated, we do know some of the emerging headlines. Of particular concern is how people will manage financially in older age. This isn't surprising considering the high levels of reliance on benefits and the low numbers of people with pensions and other financial backup.

One person told us: "Somehow the category 'financial difficulty' doesn't begin to address the unending stress of permanent financial anxiety."

Another major concern is the future of HIV treatment and social care. With the current threats to funding from national economic uncertainties, that's also not surprising.

Others said: "Are there any gay care homes?" and "I'm particularly concerned about mental impairment, and early onset of dementia."

But amidst all the worries, there's also a strong thread of people wanting to take charge of their lives and to live as well as possible. People are seeing solutions as well as problems:

"If health and social care could be integrated into some kind of one stop shop and we also had access to peer led support groups where we can discuss

Adrian's story

I became HIV positive in 2002 and I'm now 48. I can honestly say I felt quite numb and the news took a while to sink in. When I look back I didn't really know what being positive meant, although HIV was very much around me at that time.

Testing positive young or older should make no difference whatsoever, but I will say being the other side of forty brings its own challenges. I guess you could find yourself not dealing with some of the health issues so well as that of a younger person.

The support from a medical point of view probably could have been better. Due to there being a lack of support available for HIV positive people I had to find that out for myself!

My health went through rough times and I became ill and ended up in hospital. It was at that time I realised that being HIV positive was affecting my life. I had just started medication and really thought I was on a slippery slope.

Since my diagnosis I have always tried to maintain a life that is well balanced. I have three children that are now all young adults and elderly parents at the other end of the spectrum, so living with HIV wasn't really an option for life to change.

Nowadays my outlook to life has changed. I think a lot of that is down to being older too. There is nothing I would change about my past but I would certainly stop, think and then ask as I do now "Do you know your HIV status?" to partners I would meet. Anyone hooking up with different partners should be aware of their status, if only to satisfy their own questions and concerns they may have.

things with each other, we might not end up running the risk of falling into depression or severe mental health crises."

There was a surprisingly strong response from people keen to take part in this research and tell their stories; many people over 50 with HIV want to be heard and to participate in decisions about their future services. That gives us all hope for the future. Check THT's website this summer for updates from the project and what you can do to make your future a brighter, as well as a longer, one.

Adrian, a gay dad with three kids, has a new outlook on life.



Are you covered?

It has been difficult to get life insurance if you've tested HIV positive as insurers felt the risk of the policy holder dying was high. In 2005 the ABI (Association of British Insurance) set up a working group on HIV and insurers to tackle these issues. Here we look at the different insurance policies which are now available to HIV positive people.

2 Life insurance

There is no *standard* life insurance policy that we know of which covers HIV related deaths but there are *specialised* insurers who will cover HIV positive people. Ask them about a level term assurance; you pay the same premium each month over the period of the insurance. The same amount will be paid on death, regardless of when the death occurs during the period of the insurance. One other thing; you don't need life insurance to get a mortgage. Ask about alternative types of mortgages.

4 Travel insurance

Being HIV positive, it really isn't worth the risk of travelling without travel insurance that covers you for anything HIV related. If you take out 'ordinary' travel insurance and have to make a medical claim, you will be asked if you have any pre-existing medical condition. This is when your HIV status would come to light, which would be regarded as a pre-existing condition. So it is wise to get full insurance cover. For more information see the directory in this magazine for contact details.

1 Critical illness policy

A critical illness policy provides you with a lump sum of money if you are diagnosed with one of a number of specified "critical illnesses" during the term of the policy; some policies have a requirement that you survive for a period of 28 days following the date of diagnosis. The idea behind this is that you can use the cash to pay off money owing (such as a mortgage) or to provide you with earnings if you are unable to continue working through ill health. Critical illness insurance policies usually cover most major illnesses (cancer, heart attack, stroke). Check your policy for more details.

3 Pensions

For registered civil partnerships all pensions rights are the same as those for married couples; yet some schemes will not recognise them fully. The state pension will recognise civil partnerships entitlement back to 1998. Most company pension schemes provide a lump sum benefit in the event of a member's death in service before retirement. This is also often included as part of an HIV personal pension.

This article is for information purposes only, you should always seek advice from an accredited financial body before undertaking any policies or investments.

For more information look at gayfinance.info or contact THT Direct on 0845 12 21 200

walk on the wild side

There's more to life than the gay scene. Here we talk to PETER SCOTT who decided to meet new mates through *Outdoorlads*, an outdoor pursuit group.

I tested HIV positive in 1984. I was totally distraught with the diagnosis as I knew of many friends with HIV that had already progressed to AIDS.

I looked on the NAM website about ways of helping your immune system which I believe kept me healthy for around 12 years.

After a period of enormous stress following the death of a brother, I developed Kaposi's Sarcoma (AIDS defining cancer) at which point I started HIV treatment and chemotherapy which I responded to very well, with an undetectable viral load and a rising CD4 count.

For years I had been looking to do something other than the gay scene and drinking every weekend, as one thing I couldn't handle so well was alcohol.

In my 20s I was a keen walker and felt that it was time to rekindle outdoor activities, especially as I had spent the

last 20 years driving and flying all over the country seeing little more than the inside of factories and hotels.

It was time to change, but how? I joined a gym which I found difficult to do on my own; being a gregarious person it also failed to lead anywhere.

Eventually after about a year I saw a Facebook advert for *Outdoorlads* and joined straight away, this seemed to be just what I was looking for. So I signed up for almost everything there was, hostelling, camping and climbing events, and was amazed each time just how fabulous the people were, and 18 months later I still am.

It would be fair to say that I couldn't be any happier or fitter, I now have plenty of stamina and almost never get ill. The walking has removed any flabbiness that was developing and the climbing has given me a good physique and core muscles, all of which develop whilst having fun.

As I benefitted so much from *Outdoorlads*, I felt that I needed to give something back to the group, so I became a walk leader. They provided me with all the training and even sent me on a first aid course, so I can now finally read a map and use a compass.

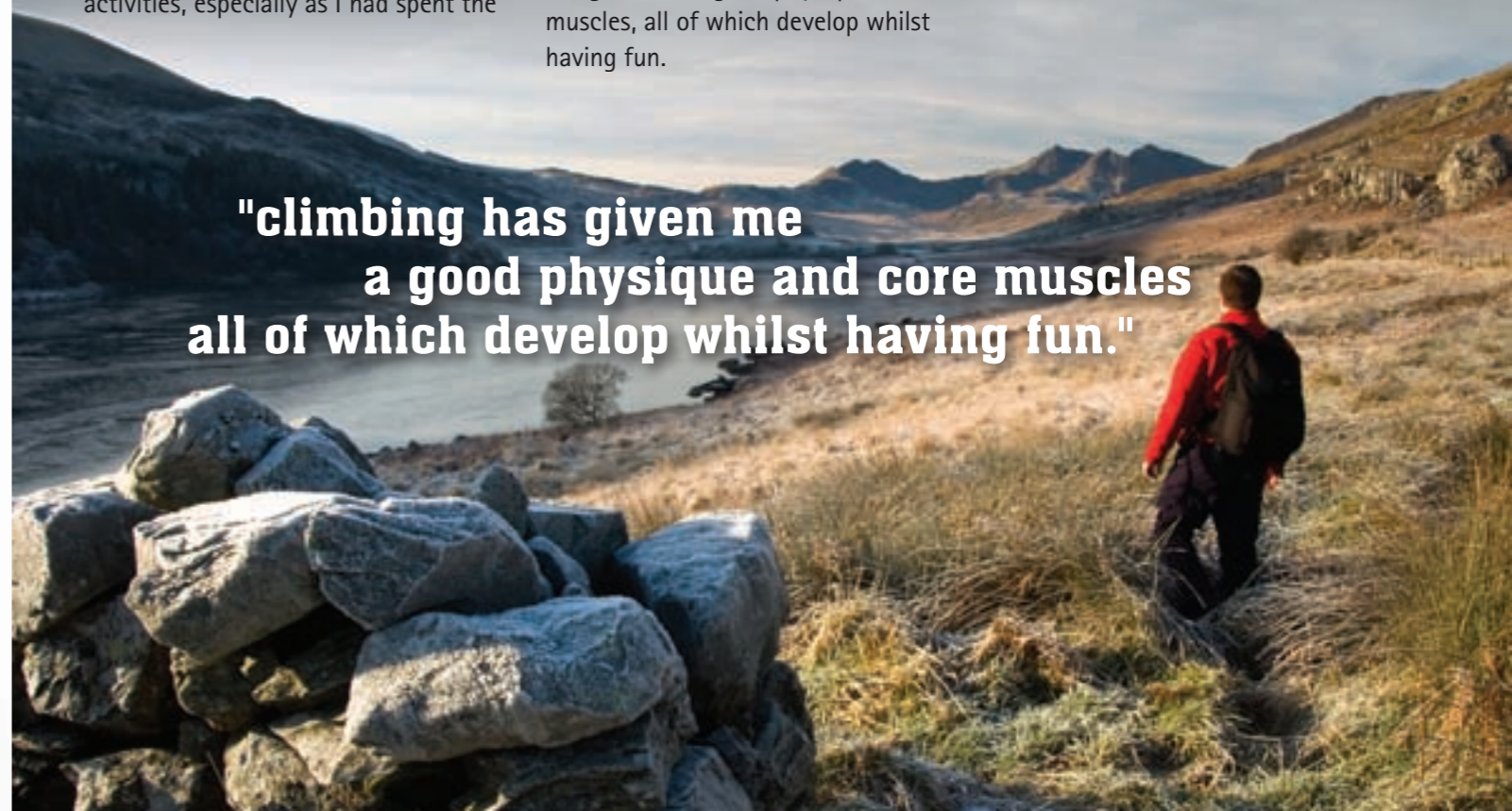
There have been so many other benefits as my network of friends has increased enormously, knowing people the length and breadth of the country.

When telling people about the group I always warn them that their lives will never be the same again, and it seems that the more people need what the group offers, the more they gain from it.

We all have a choice to make our lives better or not. If someone told me 10 years ago that I would be fitter in 10 years time than ever before, I would have thought them mad, but it's true and I am.

*For information on *Outdoorlads* look in the directory at the back.*

"climbing has given me a good physique and core muscles all of which develop whilst having fun."



MIXED DOUBLES

What happens when opposites attract? Here *U+* looks at when one of you has HIV and the other doesn't.



Gay men, like anyone else, vary in their attitudes towards 'serodiscordant' relationships (when one guy has HIV and the other doesn't). Some guys react badly whilst others are

supportive and caring. Although serodiscordant relationships can bring challenges, they can be just as loving, sexy and rewarding as any other.

"... not everyone is well informed about viral load and infectiousness or Post Exposure Prophylaxis."

happened after you got together. In this case issues like trust may come up and questions may be raised about how and when the HIV positive partner was infected.

that everyone who is HIV positive comes with a load of dramas." A main challenge is preventing HIV transmission to the negative partner. During unprotected sex men may use less reliable strategies than condoms, such as pulling out before ejaculation or the negative partner being insertive ('on top'). However, not everyone is well informed about other important factors like viral load and infectiousness or Post Exposure Prophylaxis (PEP).

A recent study found that of 30 mixed HIV status gay male couples only 32% of the HIV positive men were aware of PEP, as were just 16% of the negative partners. PEP is a treatment taken after being exposed to HIV which reduces the chances of becoming infected. It involves taking a course of anti-HIV drugs for a month. If you or a partner think you may have been

exposed to HIV you should go to any hospital Accident and Emergency department or sexual health clinic soon after exposure (within 24 hours is best and no later than 72). The quicker you start PEP the better. Some couples are given a PEP 'starter pack' by HIV clinics to keep at home in case of emergencies.

Viral load (the amount of HIV being made in your body) also has an impact on infectiousness. A high viral load means more likelihood HIV is passed on during unprotected sex. But transmission could be much less likely within a relationship that is monogamous, free of sexually transmitted infections and where the positive partner is taking HIV drugs correctly and with an 'undetectable viral load' for over six months.

then have been serodiscordant. In his current relationship his HIV was not much of an issue when he told his partner: "We did discuss it very early on in the dating stage. It was a couple of short conversations about practical things like which hospital I used, how long I had been positive and other social attitudes. Those horror stories you hear of people being dumped as soon as they disclose or having friends and

may start to avoid sex for fear of transmitting the virus. On the other hand the HIV negative partner can start to take on a role of 'caregiver' within the relationship. It can be a good idea to talk to a counsellor or health trainer, on your own or as a couple. If both partners in a serodiscordant relationship have a good understanding of how HIV is passed on, infectiousness

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"My HIV status had no substantial impact on my relationship."

family reject them never happened to me. My HIV status had no substantial impact on my relationship."

Often the emotional impact of one partner being HIV positive, especially if he is diagnosed within the relationship, can be worse than the actual risk of infection. The HIV positive partner

and treatments, then the risks of transmission can be reduced and hopefully so can anxieties.

Go to chapsonline.org.uk/together for more info about mixed HIV status relationships. For details of groups in your local area for these couples look in the directory at the back of this issue of *U+*.

More and more positive guys are getting the infection LGV - over 1,000 in the last six years. We wanted to hear the human stories behind the figures, so U+ spoke to two men with first hand experience.

a pain in the arse

Our LGV stories Rob 47, and Stewart 43

U+: When did you realise something was wrong?

Rob: I was getting lots of wind, going to the toilet more and taking Immodium for the symptoms. I was off to Australia for Mardi Gras but wish now I'd gone to the clinic before the trip. I found myself in Sydney with the symptoms getting worse, rushing to the loo with pain in my arse, straining to shit but nothing would come, except more and more blood on the toilet paper. I flew home early, went to a sexual health clinic and was told I had LGV.

Stewart: I had a burning in my arse which sent me to the clinic within a week.

U+: How do you think you picked up LGV?

Rob: At a sex club a month before symptoms started. I remember being fucked in the club without a condom.

I suspect he'd been barebacking others and passed LGV from one of them to me.

Stewart: I picked it up at a sex party too.

U+: When the clinic said you had LGV, what was your reaction?

Rob: It was a relief to be told what was wrong and hear it could be treated. I was worrying it was bowel cancer.

I should've thought of LGV earlier because I knew a guy who caught it a couple of years ago. He didn't get diagnosed for ages and had a terrible time with bleeding from his arse and other problems.

Stewart: Well, I don't think I was told at the time I had LGV, just that I had a 'non-specific infection' in my bum and was given three weeks of the antibiotic Doxycycline. I'd never heard about LGV until recently.

U+: Was there any chance you gave LGV to anyone else?

Stewart: I don't think I passed it on. I was a 'weekend sex addict' and got ill during the week and was seen by a clinic straight away.

"I thought having HIV let me bareback as much as I liked. I soon realised there are other nasty infections."

Rob: I was worried I might've given it to someone I was seeing. I had to tell him to go and get treated. No sex for three weeks while he took the antibiotics was pretty tough!

U+: How was your treatment?

Rob: The clinic was friendly and the doctor reassured me treatment would work; one tablet twice a day. Symptoms started to clear up after three or four days – what a relief! Taking pills for three weeks was a pain, especially as I couldn't have sex during that time. But I didn't mind. I was relieved to know the problem was being sorted out.

U+: What have you both learned from getting LGV?

Stewart: Honestly, I've been turned off sex for a while now. I'm tired of getting some new infection and the embarrassment of going to the clinic.

I've been more careful when having sex but find that limiting, so I've lost interest. The same thing happened when I tested HIV positive.

Rob: I've learnt regular check ups at the clinic are really important, especially, if like me, you're having unprotected sex from time to time. As soon as you notice anything wrong with your arse or your cock go to a clinic, not your GP as he or she might mistake the symptoms for something else.

I thought having HIV let me bareback as much as I liked. I soon realised there are other nasty infections out there. Bareback sex is exciting, but there's a down side. I'm not saying I won't ever bareback again but I'm more aware of the risks now than before.

LGV fact file

What is LGV?

LGV ('lymphogranuloma venereum') is a sexually transmitted infection, a type of chlamydia bacteria.

Who gets it?

Almost exclusively gay and bisexual men until now, most of whom are HIV positive.

What does LGV do to you?

LGV mostly affects your arse, causing painful inflammation ('proctitis'), bleeding, anal ulcers and constipation. Left untreated it can cause serious internal damage requiring surgery.

How is it spread?

LGV goes from one arse to another during arse play, unprotected fucking and fisting without gloves, especially during group sex.

What can be done?

A swab from your arse is tested. If LGV is found and treated early it's cured with three weeks of antibiotics. Avoid sex until any infection's been treated. Fucking with condoms and fisting with latex gloves cuts the spread of LGV. Unless it has a fresh condom on it for each new arse it's used on, avoid putting something in one man's arse, then putting it in another's arse – especially during group sex. This includes hands, sex toys, dicks (even with a condom on) and enema/douching equipment.

For more on LGV check out this leaflet at tth.org.uk and search for LGV. Or call THT Direct on 0845 12 21 200 (weekdays 10am-10pm, weekends midday until 6pm).



HIV Health Trainers

QA



Health trainers work across London with men living with HIV to help them improve their health and wellbeing. They work one-to-one and with groups and are experts in HIV health. Here one of the Health Trainers answers your questions.

Dear Health Trainer

I've had unprotected sex with blokes I know for sure are HIV positive too. As I've already got HIV I thought 'the worst had happened' so could enjoy barebacking. But a bareback mate has picked up hepatitis C and needs to inject himself with the cure for half a year. This has got me worried.

Simon

Hi Simon. We see many guys with both HIV and hepatitis C. It's certainly something to avoid; treatment is long, can be unpleasant and isn't guaranteed to work.

Hepatitis means "inflammation of the liver". Your liver filters toxins, processes nutrients and makes some of the proteins and vitamins you need. It also processes medicines you take like your HIV drugs. Liver inflammation can be caused by heavy drinking but also by viruses passed on during sex. Hepatitis A, B and C are the most common, with C being the most serious. Hep C causes inflammation and scarring of the liver (cirrhosis) and, in some people, liver cancer.

The hepatitis C virus is in blood and can spread through shared drug injecting or snorting equipment, tattooing and piercing, where sterile equipment isn't used, or sharing razors or toothbrushes with tiny amounts of blood on them. But more and more gay and bisexual men are getting hepatitis C from blood to blood contact during 'barebacking' and heavier sex like fisting (it's not clear whether the virus is passed on in semen). Also, the virus can spread on any object that goes from one man's bum into another's. During group sex it's easy for a whole group to be infected by one person. Using condoms for anal sex and latex gloves for fisting reduces the risk. Be sure to cover any object (penis, dildo, etc) that goes from one bum into another with a fresh condom for each new man it enters.

You can get more information on our Health Trainer Service, or you can talk to a Health Trainer via tth.org.uk/healthtrainers

'Barebacking' brings the risk of catching other infections like syphilis, herpes and the new infection LGV. People with infections don't always have symptoms. Some infections can be nasty and hard to treat, and most will push up your HIV viral load for as long as they go untreated (making you more likely to pass on HIV during unprotected sex).

Can hepatitis C be treated? Yes, but treatment can be unpleasant and lasts for six to twelve months or more. It involves a daily pill called Ribavirin and a weekly injection of Pegylated Interferon into the stomach. Side effects can include joint pain, depression and flu-like symptoms. Around half of people are cured following treatment. You might try again if treatment doesn't work first time. Successful treatment doesn't protect you from getting infected again.

If you're in London and would like to talk to a Health Trainer to discuss having hepatitis C and HIV and how that's treated, contact Brian Wood at the HIV Health Support Service on 020 7812 1516. Wherever in the country you live you can also get more information from The Hepatitis C Trust on 0845 223 4424 (www.hepcuk.info) and from our directory page opposite.



U+ DIRECTORY

Below you will find a list of the organisations providing services that have been discussed in this issue of U+. Feel free to contact them for more information. If you can't find something you'd like to know more about, contact **THT Direct 0845 12 21 200** or go to tth.org.uk

National

Travel insurance for HIV+ men: hivtravelinsurance.com

Outdoorlads are UK wide, organising monthly outdoor pursuits, including camping, and hill walking. All gay and bisexual men welcome. For more info: outdoorlads.com

You can find a guide on LGBT sports groups and activities across the UK at gmfa.org.uk/theguide

Birmingham

Healthy Gay Life counselling and psychotherapy offers a free sexual and mental health service for HIV positive gay and bisexual men. Contact **Deborah Maiden** on **0121 446 1085** or **0797 6919481**.

For advice and support around living with HIV for gay and bisexual men, their partners and families contact **Gary Williams** on **0121 4461084**.

Brighton

Terrence Higgins Trust runs *The Lounge*, a fortnightly social/support group for gay men who've been diagnosed HIV+ for over a year. They also run *Staying Healthy*, a fortnightly social/support group for gay men thinking about going on treatments. For info: **01273 764200**.

Leicester

TRADE Sexual Health in Leicester offers free professional counselling service for gay and bi men. Issues don't have to be sexual health related. For an appointment: **0116 254 1747**. For more info on TRADE go to tradesexualhealth.com

The Leicester Lesbian, Gay and Bisexual Centre has links to many local organisations, including the Leicester gay football group, the *Leicester Gay Group* and *Gay Pride* and also have their own groups listed. For info: llgbc.com

Leeds and Bradford

Yorkshire Mesmac can offer gay affirmative counselling throughout the whole of west and north Yorkshire. For more info: **0113 244 4209** or go to mesmac.co.uk

London

The Metro Centre runs a peer support group for positive gay men on a Monday (7-9pm) in EC1. It's open to all positive gay men in South London. For info, call **020 7160 0949**.

GMFA's booklet *Out for sport and out for fun* is a guide to LGBT sports groups and activity groups across London. There's an online version at gmfa.org.uk/theguide which now includes groups across the UK.

Negative Partners is a group run by THT for people with an HIV positive partner. Call **020 7812 1773** or email groupworklondon@tth.org.uk You can also book a place online at gmfa.org.uk/gwk *THT Counselling* can support HIV positive and negative guys, call **020 7812 1777** for more information.

HIV Et hepatitis C groupworks. If you're looking for support with your dual diagnosis and a safe space to discuss it with other men, this group can help. The programme is run regularly by Terrence Higgins Trust in central London over six weeks 6.30-9.00pm. For more information, venue details or to book a place, call **0207 812 1773** or email groupworklondon@tth.org.uk You can book a place online at gmfa.org.uk/gwk

Manchester

The Lesbian and Gay Foundation provides counselling and numerous support groups to span every need of the gay community. Contact them on **0161 235 8035** on visit lgf.org.uk

Plymouth

The Eddystone Trust runs *Positive Self Management Programmes (PSMP)*, designed specifically for people living with HIV. Contact them on **01752 257077** or through eddystone.org.uk

CHAPS is a Department of Health-funded partnership of community-based organisations, co-ordinated by **Terrence Higgins Trust**, delivering HIV prevention and sexual health promotion to gay men and bisexual men in England.

Lead CHAPS partners:

Terrence Higgins Trust THT DIRECT 0845 12 21 200
Weekdays 10am-10pm
Weekends 12pm-6pm

HGL Birmingham: **0121 440 6161**

TRADE Leicester: **0116 254 1747**

GMFA London: **020 7738 6872**

MERO 020 8305 5000

Manchester: **0161 235 8035**

Plymouth: **01752 257 077**

Yorkshire: **0113 244 4209**

You can find more about what's covered in this magazine plus lots more to do with sex, HIV and sexual health at chapsonline.org.uk



Testing positive for HIV can be a shock. But you are not alone. There's a website for gay men who have recently found out they're HIV positive. You can hear other men's stories, get firsthand support, advice and information to help you get on with your life.

tht.org.uk/whatnext

For more information on HIV call THT DIRECT > 0845 12 21 200

