A Very Pleasant Worry

With Sean Strub's HIV disease stabilized, it's time to look at long-term health concerns

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Laboratory blood analyses and other medical measurements, which help health practitioners make diagnoses and detect toxic effects of medication, can also help people with HIV track their health. ***Larry Lyle, DO****, is an osteopathic primary-care physician with a large HIV practice at the Apogee Medical Group in San Diego, California. He offers his patients an integrated approach: The latest drug breakthroughs plus the nutritional and hormonal therapies that protect the body, improve drug effectiveness and prevent drug side effects. Lyle analyzes the latest lab results of POZ founder Sean O. Strub.*

Both Sean's laboratory results and overall health status continue to be remarkably positive. So much so, in fact, that they point in two new directions for PWAs:

- First, considering the meaning of normal laboratory values, rather than focusing exclusively on the abnormals.
- Second, looking at lab results in terms of standard health-maintenance issues.

For the first, it is important to both consider Sean's recent health status and look at trends in laboratory values over time rather than at a single result. For example, on his most recent labs, Sean has a normal white blood cell (wbc) count at 4,400 (listed as 4.40 thousand) with a normal percentage -- 53.2 -- of polymorphonuclear cells (listed as poly, the type that engulf and destroy pathogens). On the test that preceded this one, his wbc count and poly percentage were 2,900 and 38.6, respectively. If Sean had been experiencing fevers, night sweats or other symptoms indicating ill health, these "normal" laboratory values might actually be showing a white blood cell increase that's a response to an infection.

However, since there have been no such symptoms, the more probable explanation is that because of Sean's highly active antiretroviral therapy (HAART), less stress is being placed on his body by the virus. The result is that he is moving back toward homeostasis, the normal, balanced state of health that is reflected by normal lab values.

This move toward homeostasis leads us to a very pleasant worry: Indications from Sean's labs that standard health-maintenance issues need to be addressed. In the past, our focus with PWAs has

been on the lab indicators that relate specifically to HIV disease and the infections that accompany it. Now that many PWAs, including Sean, are doing so well with HAART, it’s time to consider the other aspects of their health that should be addressed for long-term well-being.

For example, most physicians consider cholesterol above 200 to be abnormal. Sean has a cholesterol of 215 with a cholesterol/hdl (good cholesterol) ratio of 5.40, which is associated with a moderate risk of cardiovascular disease. (Note: For cholesterol and other blood-fat values to be accurate, they need to be obtained after fasting 8-12 hours. If blood is taken after eating, the results are relatively meaningless.) To improve his chances for good heart and artery health later in life, I would suggest that Sean do aerobic exercise three times each week, try to reduce stress in his life and take additional antioxidants.

This new, more optimistic outlook on the prospects for long-term survival should also prompt other preventive health measures. Because Sean turns 40 next year, he should have a prostate exam every 12 months and possibly a prostatic specific antigen (PSA) blood test to evaluate for prostate cancer. He should also begin annual screening for colon cancer with a stool exam that looks for blood. In addition, he should do monthly self-exams of his testes, watching for slight enlargement or consistency changes in either of the testes.

In all these ways, Sean can gain information that will improve his chances of continued well-being -- not just in terms of HIV disease but in all other aspects of his long-term health.

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