This Christmas Season, Join in Praying for a Cure

December 22, 2017 By Martha Warriner Jarrett

During this Christmas Season, I want to give thanks for the miracles in my life. The biggest one in my life? The fact that I didn't acquire HIV twenty-years earlier. In 1996, something called the HAART (highly active retroviral therapy) regimen offered hope for improved treatment. It consisted of a combination of several different antiretroviral drugs which decreased a patient's total burden of HIV, maintained function of the immune system, and prevented opportunistic infections that often led to death. But AZT (the first drug that offered hope to HIV/AIDS patients) and HAART both had enormous side effects—nausea, diarrhea, diabetes, liver and kidney disease, heart problems, and so on. These side effects caused many people to refuse treatment. The drug regimen was also byzantine in its complexity.

Originally, HAART offered a complement to the AZT treatment, but today it is the basis for our current antiretroviral regimens. During the years between 2000 and 2010, the treatment became progressively less toxic and easier to take. In 2006, a new therapy that required only one pill a day was introduced. There are more than six such drugs on the market today. They have a new set of side effects, but they're nothing like those of the earlier drugs.

The new ARV drugs also have the power to block the transmission of HIV. Recent studies have shown that with an undetectable viral load (common among those taking medication on a regular basis), the risk of passing on HIV is virtually zero. In the last couple of years, the inability to transmit the virus has finally caused the number of new cases to start going down dramatically, at least in this country. Unfortunately, the word about what a zero viral load achieves has been slow to get out, so people are still delaying treatment. But it's now no longer just about the patient, it's about the effect on others in the patient's life and the patient's ability to protect them.

More than 50 percent of those living with HIV/AIDS are now over the age of fifty. Many are long-term survivors who were first diagnosed in the late eighties and early nineties. Others, like me, were over fifty when they acquired HIV. And as we age, we're now facing all the other diseases of aging, such as heart disease, kidney disease, and diabetes. My current health challenge is COPD, due mostly to the terrible air quality in the agricultural region I live in. Research indicates that HIV ages the cells faster, and that the normal life expectancy is therefore reduced by about five years, although much of the reduction is likely attributable to other high-risk factors among HIV patients, such as smoking, alcohol, and drugs. And while those of us who survive long enough to experience

the effects of aging are glad to be alive, we want more out of life.

So as we all pray for a cure, let’s not forget to be thankful for where we are today, stay healthy, and hope that we will see even more advances in 2018.

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