



WIHS Woman Newsletter

Being WIHS about your health



Spring 2008

What's New for Visit #28

Visit #28 began on April 1st without many changes to the core WIHS visit. The self-administered pharmacy experiences survey has been discontinued and some of the interview questions have changed slightly. The colposcopy protocol has been changed to require fewer colposcopies for certain types of abnormal pap smears.

WIHS Staff Updates

Nelena Jackson and Melissa Casey have left the WIHS, both to pursue additional education. Hiral Patel and Kimberly Lecorps have just joined the WIHS team as Interviewers. Both are recent college graduates with experience in health care and research. We are excited to have them on board.

Also, Marlene Feron and Angela Lomax are now attending nursing school on the weekends and in the afternoons/evenings. We wish them the best in their studies.

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Kudos to the Brooklyn WIHS Women

Thanks to your ongoing participation, the Brooklyn site continues to have the highest follow-up rate of all of the WIHS sites! During Visit #27, a total of 416 women completed their WIHS visits at the Brooklyn site, a follow-up rate of just a bit over 90%. This is compared to the follow-up rate for all of the sites which is only about 75%. We greatly appreciate your commitment, your efforts have and will continue to make a difference!



The thing women have yet to learn is nobody gives you power. You just take it.
—Roseanne Barr

What is WIHS Woman?

WIHS WOMAN is a newsletter for the participants at the Brooklyn site of WIHS. The purpose is to share information and knowledge. Personal contributions from readers are welcome. A person's HIV status should not be assumed based on any written material in this newsletter or their participation in WIHS. A special **THANK YOU** to all of our participants. Staying with the study is crucial to its success. Without you, there is no WIHS.

Endothelial Dysfunction Substudy

We recently begin a new substudy to better understand the effect of HIV on the function of the heart and blood vessels. Research has shown that people with HIV may have an increased risk of developing premature coronary heart disease (CAD). The main causes for developing coronary artery disease are not well understood. Premature coronary disease may be related to HIV infection itself, medications to treat HIV, or other factors including the stiffness of your blood vessels or the thickness of the arteries in your neck.

All women will be eligible to be in one part of the study which involves measuring blood flow and stiffness in the carotid artery in your neck and also in the artery in your arm with a sensor machine while an EKG measures your heart beat. Certain women will be eligible for both parts of the study which includes blood drawing for blood markers of inflammation, which may be a factor in increased risk of coronary artery disease and additional testing for the stiffness of blood vessels. This second part of the substudy will involve using an ultrasound machine to measure the size and blood flow of the artery in your arm before and after a blood pressure cuff is inflated for 5 minutes. These measurements are then repeated after a tablet of nitroglycerin is placed under your tongue.

Dr. Jason Lasar is in charge of this substudy and Dr. Ather Mansoor will be conducting the substudy testing. All of the study procedures will be explained and you will be asked to sign separate consent if you wish to be in this substudy.

Just don't give up trying to do what you really want to do.
Where there is love and inspiration, I don't think you can go wrong.
—Ella Fitzgerald

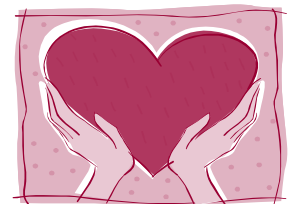
THANK YOU

... FOR YOUR SUPPORT

...FOR YOUR PARTICIPATION

...**FOR BEING YOU**

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