GENERAL ACUPUNCTURE

Update from the International AIDS Conference

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The 21st International AIDS Conference in Durban, South Africa, brought together more than 15,000 of the world's leading scientists, activists, funders, policy makers, and consumers from 153 countries. The conference theme, Access Equity Rights Now, focused on protecting the most vulnerable populations by "scaling up" prevention and treatment for women, girls, and all young people. Delegates had 157 sessions and workshops on the latest in HIV science, programs and advocacy from which to choose, including six plenary sessions, featuring leaders representing the faith and scientific communities, lawmakers and child advocates, grandmothers and sex workers.

Acupuncture and other complementary and integrative healthcare (CIH) was nascent at this year's conference. This is likely due to the historical context of the AIDS epidemic in South Africa. Sixteen years ago when the International AIDS Conference was last hosted in South Africa, then President Thabo Mbeki dismissed the link between HIV and the disease (i.e., the disease was caused by poverty, not by HIV), denied that AIDS could affect Africans (i.e., it was a white person's disease), and denounced antiretroviral treatment (ARVs) as poisonous Western interventions. Instead, the South African Health Minister recommended beetroot and the African potato as a cure for AIDS, leaving the country and conference with a suspected bitter taste at the suggestion of any type of traditional medicine.

Currently, there are approximately 36.7 million people worldwide living with HIV/AIDS, two-thirds in sub-Saharan Africa. Of these, only 17 million are receiving treatment. "The message from Durban to the world is going to be that it's too soon to declare victory. We have a long way to go," said Chris Beyrer the International AIDS Society president. The United Nations 2020 strategy is 90-90-90: 90 percent of all people with HIV to know their status, 90 percent of those diagnosed to be receiving sustained therapy and 90 percent of those under treatment to have suppressed the virus.

New scientific advances include:

- Pre-exposure prophylaxis (PrEP), a type of therapy which involves taking one pill daily in order to prevent HIV infection from happening in the first place. PrEP with Truvada reduced the risk of HIV infection in the people at highest risk (serodiscordant couples – couples in which one partner is HIV-positive and the other is HIV-negative) for contracting the virus by as much as 92%, according to the Centers for Disease Control (CDC).
- An HIV vaccine ALVAC-HIV/gp120 trial will begin in South Africa in November with hopeful protection rates of 60%.

Using the conference session search tool and numerous keywords (i.e., CAM, CIH, holistic, integrative, complementary medicine, acupuncture, massage, yoga, and traditional medicine) only one session was identified: Complementary and integrative health (CIH) use in older adults with HIV. This sole session was authored by co-columnist Kristen Porter, PhD. In this research, she sought to examine differences between CIH users and non-users among older adults with HIV.

Data used were from the Research on Older Adults with HIV study (ROAH; N = 914), which

recruited HIV-positive participants aged 50 and older via New York City organizations using a non-probability purposive sampling technique. Data were analyzed for group differences using t-tests and chi-square analyses and structural equation modeling (SEM) for mediation analysis.

The demographics of participants were 71% male with a mean age of 55.5 years. The majority (87%) were racial/ethnic minorities and 34% were sexual minorities. Twenty-nine percent were using CIH, with body-based methods (e.g., chiropractic) most frequent (14%), followed by alternative medical systems (e.g., acupuncture; 13%), biologically-based therapies (e.g., herbs; 12%), mind-body interventions (e.g., meditation; 6%), and energy therapies (e.g., reiki; 2%).

CIH users were significantly more likely to have an AIDS diagnosis, be working, and identify as a sexual minority than non-users of CIH. One might expect that older adults with HIV would be more likely to use CIH if they experienced a greater HIV disease burden (e.g., having an AIDS diagnosis) and/or had financial access to afford such services (e.g., being employed).

In the SEM model, CIH use was positively associated with psychological well-being ($\beta = .09$) and intervened (i.e., mediated) in HIV-stigma's negative association with psychological well-being. Finding that CIH use is associated with better psychological well-being highlights the salience of developing and examining CIH interventions for older adults with HIV. HIV-stigma had a negative association on CIH use for sexual minorities. It is recommended that CIH providers extend outreach to older adults with HIV by proving welcoming messages to counteract HIV-stigma such as including "HIV" among the list of conditions treated.

Jesus, a 30-year HIV survivor, and the founder of the Facebook group HIV Long Term Survivors, was one of eight men featured in the newly released documentary by the San Francisco Chronicle, Last Men Standing, which was shown at AIDS2016. Jesus used acupuncture for almost 15 years to manage his HIV and to help his neuropathy. He says, "it was helping me so much, mentally and physically, for my HIV, anxiety and pain…I really wish I was using it again. I'm not using it anymore because it was covered by the Federal Ryan White Care Act* and sadly the commission decided not to cover it anymore." To all the acupuncturists who care for people with HIV he says, "I can tell you that many of us, a large percentage of us, miss working with you, but it has been a matter of money, nothing else. I believe like many of us that…complementary therapies should be a part of our regular health care."

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