

Are you  
protected  
against  
STIs?

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Open up to  
your doctor—  
and your  
partner!

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# Health Monitor<sup>®</sup>

Living



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**“I’m taking  
control of  
my health—  
and my  
future!”**

## Sexual Wellness

After a dire diagnosis 40 years ago, Fernando De Hoyos was told he had five years to live. Today he’s beating the odds—and working tirelessly to change the conversation about sexually transmitted infections and how others can stay safe.



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TCO24

Cover photo by @waaltzhawaii

THE BASICS



# Your health is in *your* hands!

Taking control of your sexual wellness is one key to a long, healthy—and happy!—future.

CONTINUED ON NEXT PAGE







E

**rectile dysfunction. Low testosterone. Sexually transmitted infections.** There are any number of health issues that can make it challenging for men to have a satisfying, active—and safe!—sex life.

Yet, the Centers for Disease Control reports that women are still 33% more likely to visit their doctor for a health concern than men, and 55% of men—63% among non-White men—do not get regular health screenings, according to a Cleveland Clinic survey.

The statistics become even more alarming within the gay community, with bisexual and gay men even more likely to delay needed care than heterosexual men, according to *Preventive Medicine*.

That's unfortunate, since most issues—including incurable STIs like herpes simplex virus, human immunodeficiency virus (HIV) and human papillomavirus (HPV)—can be treated.

Take Fernando De Hoyos. The 59-year-old was diagnosed with HIV nearly 40 years ago, when available treatments were still extremely limited. Yet, with the continued help of his healthcare team, clinical trials, medication breakthroughs and his dedication to doing everything he can to keep his immune system strong, not only is he still here, but his viral load is undetectable, meaning he can't pass the virus to his partner during sex (read his story, as well as those of Nathaniel Holley and Joaquin Garcia, who are also managing healthy lives with HIV, in our special section on HIV, starting on p. 8).

One of the first steps on your own journey toward sexual wellness? Read on through this guide to better understand the health conditions you may face and how you can prevent or treat them (see below). Then make an appointment with your healthcare provider, schedule needed screenings and ensure you're doing everything you can to safeguard your sexual health.

### Erectile dysfunction

Having occasional trouble getting an erection isn't necessarily cause for concern and can occur for a variety of reasons from stress to fatigue to too much alcohol. But if it's an ongoing issue, it is time to see an HCP to be evaluated for erectile dysfunction (ED).

#### Who is at risk?

Studies show approximately 22% of men experience ED by age 40, and that number increases with time, to about 49% by age 70. Many factors can contribute to ED, including medical conditions such as heart disease, high blood pressure, diabetes or being overweight or obese; medications such as antidepressants or antihypertensives; and psychological issues such as depression or anxiety.

#### What are the symptoms?

Ongoing difficulty getting or keeping an erection firm enough for sex.

#### How is it treated?

The first step in treating ED is assessing any underlying health conditions and getting proper treatment for those. That may include lifestyle changes such as losing weight, exercising and quitting smoking. Depending on the severity of your condition, several ED-specific options are available, including oral medications, self-injections, urethral suppositories, vacuum pumps and implants.

### Low testosterone

Also known as male hypogonadism, this occurs when the

testicles don't produce enough of the male sex hormone testosterone. Low testosterone can be primary, meaning there's a physical problem in the testicles such as damage from an injury or as a result of cancer treatments. Or it can be secondary, which means it originates in the hypothalamus or pituitary gland, areas of the brain that release specific hormones that prompt the testicles to produce testosterone

#### Who is at risk?

Testosterone levels tend to naturally decline with age, and it's estimated that 40% of men older than 45 are affected by low levels. Certain medications like opioids and steroids increase risk. And some medical conditions, such as obstructive sleep apnea, diabetes and hemochromatosis (too much iron in the blood), can lower testosterone levels.

*Continued on next page ►*

## ARE YOU HAVING SAFE SEX?

*It's not enough to take your partner's word for it that he doesn't have any diseases. Here are the safe-sex basics—ask your healthcare provider if there is anything else you should keep in mind.*

#### ■ Get regular checkups.

Let your care provider know you're sexually active. They can recommend the STI tests that make sense based on your sexual history (and your partner's, too). Don't forget to ask about the vaccinations that can protect you against certain STIs, like HPV.

#### ■ Know how STIs spread.

They can travel from partner to partner (it doesn't matter whether your partner is male or female); during vaginal, oral or anal sex; and during genital touching (no intercourse).

#### ■ Understand the consequences of STIs.

This includes problems with reproductive health, maintaining an erection, and in some cases, even serious illness and death.

#### ■ Starting a new relationship?

Ask your partner to be tested! See more about how to get this conversation started on p. 23.

#### ■ Practice mutual monogamy.

If you're in a relationship, have sex only with each other.

#### ■ Use a condom.

And have him put it on before his penis touches you. (Note: The condom may not cover areas where there are genital warts or herpes blisters.)

#### ■ Stay sober.

Drinking alcohol heavily and using drugs can result in poor decisions and impulsive behavior. It can also increase your risk for sexual assault.





**What are the symptoms?**

Decreased libido, decreased energy and depression are the first signs of low testosterone. Over time, it can lead to infertility and erectile dysfunction.

**How is it treated?**

Testosterone replacement therapy works to counteract the body's low hormone levels. It can be administered in a variety of ways including via gels applied to the skin, intramuscular injections, patches and implantable pellets.

**Sexually transmitted infections (STIs)**

If you're sexually active, it's important to protect yourself from sexually transmitted infections (STIs)—even more so if you're gay and/or a person of color, since STIs are more common in those communities. ●



**DID YOU KNOW?**

Gay and bisexual men account for 70% of estimated new HIV infections in the U.S. And within that group, Black and Hispanic men are disproportionately affected, with Black men accounting for 37% of new cases and Hispanic men accounting for 32%. That's noteworthy when you consider that Black people make up only 13% of the U.S. population and Hispanic people, about 19%.

STI	Symptoms	Screening recommendations (as per the CDC)
Chlamydia	Often none, but can cause abnormal discharge and burning sensation during urination	Sexually active men who are gay or bisexual should be tested at least annually, and possibly more often if engaging in high-risk activities, including having new partners, multiple partners or a partner who has an STI.
Genital warts	Warts around the genital area or anus	Genital warts are caused by HPV, so see HPV screening recommendations, <i>below</i> .
Gonorrhea	Often none, but can cause abnormal discharge, burning sensation during urination and pain or swelling of the testicles	Sexually active men who are gay or bisexual should be tested at least annually, and possibly more often if engaging in high-risk activities, including having new partners, multiple partners or a partner who has an STI.
Herpes	Symptoms can include lesions that resemble small pimples or blisters in the genital area and on thighs and buttocks that crust over, plus flulike symptoms	You may request a screening or be recommended to receive one if you show symptoms, have had unprotected sex with an untested person or have been with a sexual partner who has herpes.
Human Immunodeficiency virus (HIV)	Symptoms can include fever, headache, fatigue, swollen glands, rash, sore joints, sore throat, frequent infections, unexplained weight loss, dry cough, mouth ulcers	Adolescents and adults ages 13 to 64 years should be screened every year or every 3-6 months if engaging in high-risk behavior, such as having sex with untested partners.
Human papillomavirus (HPV)	Symptoms are rare, but can include genital warts	There is no screening recommendation for men currently, but some doctors are recommending anal Pap tests for gay and bisexual men, who are at higher risk of anal cancer caused by HPV.

YOU & YOUR CARE TEAM

# The pros on your side

These healthcare professionals can treat sexual issues and help you stay safe from STIs.

**Primary care provider:** Specializes in internal or family medicine; may diagnose and treat various health conditions and may refer you to specialists.

**Nurse/nurse practitioner (NP)/physician associate (PA):** May administer routine care and serve as your advocate and educator.

**Urologist:** Specializes in men's urological and sexual health conditions.

**Infectious disease specialist:** Diagnoses and treats infectious diseases, including STIs such as hepatitis B, herpes, syphilis and HIV.

**Adherence counselors:** Can help those diagnosed with HIV. They can give tips on how to remember to take your meds every day.

**Social worker/case manager:** Can help you navigate the healthcare system and assist with everyday needs.

**Psychologist/psychotherapist:** Can help you cope with any social and emotional challenges you may be facing.

**Pharmacist:** Can answer questions about your medicine, help you find affordable medicine options and send refill reminders so you stay on course.



# UNDETECTABLE is now within reach!

HIV treatments have advanced greatly since the early days of the AIDS epidemic, and as a result, people can now live long lives with HIV. Read on to learn about the newest treatment options that can help you focus on the future!

**For people with HIV**, becoming “undetectable” is a main goal—and is now achievable for most thanks to antiretroviral therapy (ART). Undetectable means the amount of HIV virus in your bloodstream, also known as viral load, is so low that blood tests can’t even pick it up. Reaching undetectable is a milestone because it means the virus won’t progress, your risk of complications plummets and you can no longer pass on the virus through sex.

It typically takes about six months of ART to become undetectable. But keep in mind that the virus is still in your body and there is no cure. So to stay undetectable, you’ll need to continue taking your medication and getting regular blood tests to check your viral load.

## What to know about HIV and AIDS

HIV (which stands for human immunodeficiency virus) damages the immune system and targets certain white blood cells that help fight off infections. It’s contracted

through contact with bodily fluid from someone with a detectable viral load. HIV is commonly spread via vaginal or anal sex or by sharing needles or other equipment used to inject drugs.

AIDS, or acquired immunodeficiency syndrome, develops when HIV compromises the immune system so badly that it becomes susceptible to opportunistic infections, like tuberculosis or certain kinds of pneumonia. If someone with AIDS develops an opportunistic infection, it can be severe and life threatening. Luckily, most people in the U.S. with HIV don’t develop AIDS thanks to treatments.

## How HIV impacts specific groups

HIV can affect anyone regardless of race, gender, sexual orientation or age. However, certain groups are more impacted. Of note: Gay and bisexual men alone account for 70% of estimated new HIV infections in the U.S. And within that group, Black and Hispanic men are disproportionately affected,

with Black men accounting for 37% of new cases and Hispanic men accounting for 32%. That’s noteworthy when you consider that Black people make up only 13% of the U.S. population and Hispanic people, about 19%.

## Understanding your treatment options

Treatments have made great advances since the early days of the AIDS epidemic, and now people can live long lives with HIV. The key is to start ART as early as possible (some people even start the day they are diagnosed) and to keep taking medication as prescribed so your viral load stays low. Today there are many ART options available—some that only require taking one pill a day—so you’ll have to work with your care team to find the one that’s best for you.

Curious how others are living—and thriving!—with HIV? Read on for stories from Fernando, Joaquin and Nathaniel, who have all achieved undetectable status.

Photo by @waaitzhawaii

# “We’re changing what it looks like to live with HIV!”

Fernando, Joaquin and Nathaniel are living proof that whether you’ve just been diagnosed with HIV or have been living with it for years, surviving—and thriving!—is possible. Read on to learn how they’re overcoming the stigma while balancing life, careers—and most of all, family. —BY DANIELLE TUCKER AND JOANA MANGUNE

## “Never give up hope!”

**FERNANDO DE HOYOS**  
40+ YEAR SURVIVOR  
HAWAII

**If you’re looking for 59-year-old Fernando De Hoyos**, you’ll most likely find him basking in the natural beauty of his beloved Hawaii. An avid swimmer, hiker and kayaker, he’s frequently off on adventures, enjoying all that the islands have

to offer. Even after living with human immunodeficiency virus (HIV) for nearly 40 years, he doesn’t feel held back—and he’s hoping to get the message out to others living with the condition that they shouldn’t feel held back either.

Fernando’s journey with HIV began in 1987 while still a college student in Puerto Rico. There, he attended a Red Cross blood drive with his friends and a few weeks later was surprised when he received a letter asking him to schedule an appointment. The meeting that followed would change his life: His blood had tested positive for HIV.

“They didn’t give me any information, no referral to a doctor who could help me, not even a brochure,” he recalls. “I wasn’t put on any medication. They had me fill

out a long questionnaire and told me, ‘You have five years to live.’ I was young and so full of promise, but I thought then that I’d never live out my potential.”

The next year, Fernando left Puerto Rico with a plan. “I moved to New York City, deciding to throw



myself into clinical trials to make the most of the time I had left.” He also signed up to work the phone hotline for a NY-based HIV organization.

While helping others was giving Fernando a sense of purpose, he still feared to make any real plan for the future. And it wasn’t long before those fears felt realized, when he was hospitalized for a potentially fatal parasitic infection and told he wouldn’t get better.

“They said all they could do was try to keep me comfortable. But two weeks later, a doctor came in and said I had beat the parasitic infection. They were surprised and attributed the results to my clinical trial meds. When I was released, I felt some hope that my outlook was better than I had been led to believe.”

“I had to learn how to live”

That’s when Fernando decided to become a spokesperson for HIV research and clinical trial participation.

At the time, new cutting-edge HIV treatments and medications were just coming to market, and Fernando was on the front lines for all of it—which often meant taking dozens of medications a day. He not only surpassed his original life expectancy of five years, but by 1996, the virus in his body was undetectable, which meant there wasn’t enough virus in his blood to develop AIDS.



“In 2001, once I realized HIV really wasn’t going to kill me, I decided to move to Hawaii to continue my outreach efforts from there and to learn what it meant to really live.”

“This medication is the next step!”

In 2016, Fernando’s advocacy efforts brought him to the notice of the National Minority AIDS Council (NMAC), who approached him about going to Washington, DC, to continue his work on a national level.

“I feel blessed to have been a small part of such an important endeavor. For the most part, my time with NMAC was spent traveling to the southern states educating healthcare providers about the issues affecting people aging with HIV.”

In 2018, Fernando traded a cabinet full of medications for one daily combination pill to treat HIV. “This is just one example of how far we’ve come since 1996—we’ve got medications that can keep levels of the virus undetectable and allow you to live a life free from having to take dozens of pills every day.”

When the COVID pandemic took hold, Fernando returned to Hawaii and shifted to doing consulting work from home, with a focus on improving health literacy in underserved populations.

Today, he is living a full and rewarding life with his partner. He’s also excited about the present and the future for people living with HIV. When he talks to those newly diagnosed, he starts his conversations with, “I have good news for you! We’re ushering out an era and starting a new one. We’ve traded a culture of fear and shame for one of hope. I’m elated that new generations living with HIV can still have dreams and goals, be loved, plan a family, conceive healthy children naturally and have a normal life expectancy. Moreover, we’re educating lawmakers state-by-state in order to modernize laws from the late ’80s criminalizing HIV.”

FERNANDO’S MESSAGE OF HOPE for the newly diagnosed and their loved ones

As part of his advocacy work, Fernando educates about the U=U movement. “U=U means that if you’re on treatment and the levels of HIV in your blood are undetectable [for at least six months], HIV is also untransmittable sexually,” Fernando explains. “We’re also spreading the word about pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and treatment as prevention (TasP), which are all prevention strategies that use antiretroviral medications to reduce HIV transmission and prevent new infections.”

HERE IS HOW THOSE STRATEGIES WORK:

- **PrEP:** A reduced dose of HIV medication given daily to HIV-negative individuals at high risk of infection.
- **PEP:** A short course of HIV medication is taken for 28 days after suspected exposure to HIV. PEP is time-sensitive and must be started within 72 hours of exposure to be most effective.
- **TasP** (this is the old term for U=U): People living with HIV who take their medication as prescribed and have an undetectable viral load stay healthy and have effectively no risk of transmitting HIV to their sexual partners.

For more information, visit [preventionaccess.com](http://preventionaccess.com) or [positiveseries.org](http://positiveseries.org).

Photo by @waaltzhawaii

Photo by Images by Alina



“Seek help from others like you!”

JOAQUIN “JACK” GARCIA, JR.  
20+ YEAR SURVIVOR  
PALM COAST, FL

Joaquin Garcia discovered he was HIV positive in 2000. “The first 10 years of my poz [a term used by some in the HIV community to signify “positive”] life, I wasn’t on any medications and didn’t see any doctors. Joaquin’s partner at the time was serving in the U.S. military, which then operated under the “Don’t Ask, Don’t Tell” mantra, so Joaquin maintained silence about his status to protect his ex against possible career repercussions, despite the health risks.

Joaquin was also raised by a Cuban father and a Puerto Rican mother who held fast to tradition. “My mother was anti-gay, so I didn’t feel I could share that part of my life with her.” He would

keep his sexuality a secret until a medical emergency sent him to the hospital in 2010.

“I was on the brink of death. I weighed 124 pounds and had a 26-inch waist size on a six-foot frame. My parents called the ambulance. I had pneumocystis pneumonia (PCP), and my viral load was through the roof.”

At that point, Joaquin couldn’t hide his HIV status from his parents any longer. “The hospital wanted to admit me, but I knew I wouldn’t get any rest there, and they would only release me if I had care at home. So I finally told my mom what was going on and prayed that she would accept it.”

To Joaquin’s relief, his mom’s response was one of love and protection—the health of her son rose above any prejudice. “You’re alive. That’s all we care

about,” she told him. Today, their roles have reversed, and Joaquin is the primary caregiver for his aging parents. “They took care of me. Now it’s time for me to take care of them.”

Now on ART, Joaquin’s viral count is undetectable, he’s healthy and he’s sharing what he’s learned with others struggling with their diagnosis—here are his top tips.

Find a mentor.

Joaquin attended a Ryan White Consortium meeting ([ryanwhite.hrsa.gov](http://ryanwhite.hrsa.gov)) and met Jeff Allen, who would become his mentor. “I encourage everyone to find a long-term survivor to help guide them. Jeff was a godsend, a guiding light when I needed one. He put me on the path to becoming an advocate and activist.”

Search for relatable health professionals.

As a gay Hispanic man, Joaquin prefers to see gay Hispanic doctors whenever possible. “My infectious disease and primary care doctors know how I think and tick because they come from the same background. I can communicate and confide without judgment. If you like the doctor, regular visits are easier.”

Give back.

Joaquin is passionate about raising awareness, erasing stigma and helping others test and start treatment early. He runs the Florida chapter of Team Friendly ([teamfriendly.org](http://teamfriendly.org)), an advocacy group that strives to break down barriers and encourage open discussion regardless of one’s HIV status.

Continued on p. 14 ►

“My doctors know how I think and tick because they come from the same background, so I can confide without judgment.”





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This is only a brief summary of important information about BIKTARVY® and does not replace talking to your healthcare provider about your condition and your treatment.

### MOST IMPORTANT INFORMATION ABOUT BIKTARVY

**BIKTARVY may cause serious side effects, including:**

- ▶ **Worsening of hepatitis B (HBV) infection.** Your healthcare provider will test you for HBV. If you have both HIV-1 and HBV, your HBV may suddenly get worse if you stop taking BIKTARVY. Do not stop taking BIKTARVY without first talking to your healthcare provider, as they will need to check your health regularly for several months, and may give you HBV medicine.

### ABOUT BIKTARVY

BIKTARVY is a complete, 1-pill, once-a-day prescription medicine used to treat HIV-1 in adults and children who weigh at least 55 pounds. It can either be used in people who have never taken HIV-1 medicines before, or people who are replacing their current HIV-1 medicines and whose healthcare provider determines they meet certain requirements.

**BIKTARVY does not cure HIV-1 or AIDS.** HIV-1 is the virus that causes AIDS.

**Do NOT take BIKTARVY if you also take a medicine that contains:**

- ▶ dofetilide
- ▶ rifampin
- ▶ any other medicines to treat HIV-1

### BEFORE TAKING BIKTARVY

**Tell your healthcare provider if you:**

- ▶ Have or have had any kidney or liver problems, including hepatitis infection.
- ▶ Have any other health problems.
- ▶ Are pregnant or plan to become pregnant. Tell your healthcare provider if you become pregnant while taking BIKTARVY.
- ▶ Are breastfeeding (nursing) or plan to breastfeed. Talk to your healthcare provider about the risks of breastfeeding during treatment with BIKTARVY.

**Tell your healthcare provider about all the medicines you take:**

- ▶ Keep a list that includes all prescription and over-the-counter medicines, antacids, laxatives, vitamins, and herbal supplements, and show it to your healthcare provider and pharmacist.
- ▶ BIKTARVY and other medicines may affect each other. Ask your healthcare provider and pharmacist about medicines that interact with BIKTARVY, and ask if it is safe to take BIKTARVY with all your other medicines.

### POSSIBLE SIDE EFFECTS OF BIKTARVY

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- ▶ Those in the "Most Important Information About BIKTARVY" section.
- ▶ **Changes in your immune system.** Your immune system may get stronger and begin to fight infections that may have been hidden in your body. Tell your healthcare provider if you have any new symptoms after you start taking BIKTARVY.
- ▶ **Kidney problems, including kidney failure.** Your healthcare provider should do blood and urine tests to check your kidneys. If you develop new or worse kidney problems, they may tell you to stop taking BIKTARVY.
- ▶ **Too much lactic acid in your blood (lactic acidosis),** which is a serious but rare medical emergency that can lead to death. Tell your healthcare provider right away if you get these symptoms: weakness or being more tired than usual, unusual muscle pain, being short of breath or fast breathing, stomach pain with nausea and vomiting, cold or blue hands and feet, feel dizzy or lightheaded, or a fast or abnormal heartbeat.
- ▶ **Severe liver problems,** which in rare cases can lead to death. Tell your healthcare provider right away if you get these symptoms: skin or the white part of your eyes turns yellow, dark "tea-colored" urine, light-colored stools, loss of appetite for several days or longer, nausea, or stomach-area pain.
- ▶ **The most common side effects of BIKTARVY** in clinical studies were diarrhea (6%), nausea (6%), and headache (5%).

These are not all the possible side effects of BIKTARVY. Tell your healthcare provider right away if you have any new symptoms while taking BIKTARVY.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.FDA.gov/medwatch](https://www.fda.gov/medwatch) or call 1-800-FDA-1088.

**Your healthcare provider will need to do tests to monitor your health before and during treatment with BIKTARVY.**

### HOW TO TAKE BIKTARVY

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### GET MORE INFORMATION

- ▶ This is only a brief summary of important information about BIKTARVY. Talk to your healthcare provider or pharmacist to learn more.
- ▶ Go to [BIKTARVY.com](https://www.biktarvy.com) or call 1-800-GILEAD-5.
- ▶ If you need help paying for your medicine, visit [BIKTARVY.com](https://www.biktarvy.com) for program information.





“I still have plenty of amazing accomplishments to look forward to!”

“Get help for your mind *and* body”

NATHANIEL HOLLEY  
10+ YEAR SURVIVOR  
DALLAS

When Nathaniel Holley was first diagnosed with HIV in 2012, he felt as if his best days were behind him. “I remember getting my diagnosis while I was working for a law firm,” recalls Nathaniel. “I wasn’t feeling like my usual self and went to urgent care. I got tested and they called me a few days later to come back in for the results. The doctor very nonchalantly tells me, ‘You tested positive for HIV. Here’s a list of resources.’ And that was basically it. I walked out, went back to work and pretended like nothing happened.”

Nathaniel’s experience eventually inspired him to start The Free-lux Project ([freeluxproject.org](http://freeluxproject.org)), a community-based organization that offers support and free HIV self-test kits to disenfranchised communities.

“When I was diagnosed, I had to figure it out on my own. With Free-lux Project, our mission is to decrease the stigma and make HIV care more accessible. It operates in all 50 states in partnership with the CDC.”

Photos by Brandon Jones

Here, Nathaniel, who is also a gay right’s activist, shares some of the biggest lessons he imparts as an HIV advocate to the newly diagnosed.

Speak up about any treatment concerns.

To help him reach an undetectable viral load, Nathaniel’s doctor started him on an antiretroviral regimen. “I was taking a mix of three different medications a day, but remembering to take them gave me pill fatigue,” he recalls. “Even so, I kept up with my treatment, and I became undetectable in January 2013. Around 2016, I talked to my doctor, and we discussed other options. That’s when

she put me on a one-pill-a-day regimen. It was the perfect fit for my lifestyle!”

Seek mental health support.

“When I was first diagnosed, I was in a bad state. I was depressed. I didn’t want to work. I felt like I was never going to accomplish anything again. So I started getting counseling once a week and my life started to change. Thanks to my counselor, I learned to love myself again. Before you know it, I decided to go back to school and got my master’s degree in legal studies. I was wrong—I still have plenty of amazing accomplishments to look forward to!” ●



Nathaniel’s mom tells caregivers: CREATING A JUDGMENT-FREE ZONE IS KEY!

For Nathaniel’s mom, Lynetta Holley, finding out about his diagnosis wasn’t easy. “I felt something was wrong. He didn’t come home as much and got distant,” Lynetta recalls. “So I continued to ask about what was going on until he felt comfortable enough to tell me. When he finally opened up, I felt fear and devastation for Nathaniel’s life. I was upset because the stigma around HIV was so negative—but thankfully we have grown together over these years and now I just feel pride for the person my son has become and what he has accomplished.” Her advice for other parents going through the same situation? “Let your children know that you are a judgment-free zone and that you are a safe person to confide in.”



# Track your results

One of the most reliable ways to tell if your HIV treatment is working as effectively as possible is to monitor your blood test results. Fill in the chart below, and if any numbers begin to fall out of your goal range, it's likely time to discuss next steps with your healthcare provider. If you're newly diagnosed, it can take some time to reach your goal levels—ask your healthcare provider how long it may take based on your current health status and treatment.

ABOUT THE TESTS

**CD4 count** looks for levels of CD4 cells in the blood. These white blood cells, part of your immune system, are what the HIV virus targets. The goal for most people (with HIV or without) is a CD4 count above 500 cells/mm<sup>3</sup>. Levels below 500 cells/mm<sup>3</sup> indicate a compromised immune system; levels below 200 cells/mm<sup>3</sup> can indicate that HIV has progressed to AIDS.

**Viral load** measures the number of HIV particles found in a milliliter (mL) of blood. The goal for most people with HIV is a viral load under 40 to 75 copies/mL—this indicates a person is undetectable, which means their HIV will not progress and they cannot pass the virus to others.

MY BLOOD TEST RESULTS

Date of blood test:	CD4 count results:	Viral load results:



## WHAT IS RESISTANCE TESTING?

If you aren't responding to treatment, your doctor will likely order a resistance test, in which the lab looks for mutations of the HIV virus. Mutations can be a sign that the virus has grown resistant to certain ART drugs. Resistance testing is critical to help your doctor identify which drug the virus has grown resistant to and which treatment option may be a good next step.

# How are you feeling?

Tell your doctor about any symptoms you may be having—even if you think they're minor. These can help your healthcare team know if you may be having trouble tolerating your current treatment, if your treatment may not be effectively managing your condition, and if an adjustment or new option might help.

I've been struggling with...	Never	Occasionally	Daily	Constantly
Nausea/vomiting				
Diarrhea				
Loss of appetite or weight loss				
Fatigue				
Headache				
Breathing problems				
Skin problems (e.g., rash)				
Thrush (e.g., white mouth coating or difficulty swallowing)				
Nerve pain				
Liver problems (e.g., yellowing of the eyes, abdominal pain and swelling, change in stool color)				

TREATMENT CHALLENGES

Below are some common difficulties people report with their HIV medications. Check off any that apply to you and share with your healthcare team

- ☐ I have to take too many pills a day.
- ☐ I am scared/reluctant to do injections.
- ☐ The side effects are intolerable.
- ☐ I can only take my medication with food or at a certain time after meals.
- ☐ I cannot afford it.
- ☐ The medication is difficult to keep in stock.
- ☐ I feel a stigma taking my medication in front of others.





# *Anxious? Isolated? Depressed?* Find support in an HIV community

When dealing with HIV, a lot of energy can be spent focusing on monitoring your viral load as your mental health takes a back seat. And this can be especially true for members of Hispanic or Black communities—while both groups make up a disproportionate percentage of people diagnosed with HIV, they also both report the highest rates of feeling isolated, depressed and anxious, according to research published by the National Institutes of Health. The good news? Researchers have found one tactic that can help tackle all three: connecting with others in the HIV community. And luckily, whether you prefer online meetups or face-to-face chats, there are options out there for you. Read on to learn more. —BY SARA ROTONDI



## Get understanding from virtual support groups and communities

“Online spaces provide opportunities for individuals to share their feelings without having to sugarcoat,” says HIV care access expert Shirley Torho, president and CEO of Black Health. “They also offer anonymity, which can be important for folks who might be especially fearful of the stigma. And since they are accessible from anywhere, lack of transportation isn’t an issue.”

The downside to going online? Resources can be hit-or-miss, and some groups can be more reliable than others. Here are two Torho recommends:

- **POZ Forums** (*forms.poz.com*). This site provides online message boards both for those diagnosed with HIV and for caregivers. It also has specialized boards for Spanish-speakers, women-only, newly diagnosed, long-term survivors and more.
- **H-I-V.net**. This site provides moderated discussion forums organized by topic. You can search the forums using key words to see if one already exists for whatever questions or community you’re looking for, or start a new forum.

## Feel less alone with in-person groups

“In-person support groups can have some big advantages: most of all, finding others who live near you who are going through the same things you are,” says Torho. “They can also be better for those who aren’t as adept at navigating the virtual world and for those who simply prefer to meet people face-to-face.”

Wondering if there is an in-person group near you? Torho recommends asking your healthcare provider for recommendations, looking in your town’s community center pages or checking out events at your library. You can also look for specific group meetings near you on *MeetUp.com*.

## Share your journey on social media

“Today there is an abundance of resources and online communities that can be tapped into through social media,” says Torho. “Some are more private than others, however, so just be conscientious about how you engage on these platforms. They can work wonders for sharing your journey and raising awareness, but public posts can also attract a very negative crowd.”

If you want to join an already established social media community geared toward people living with HIV, consider one of the pathways below:

- **On Facebook**, you can search for “HIV Support Group,” which will bring up a number of options. Groups are listed as either “Private” or “Public,” so you can choose which type you’d prefer—private means any posts or comments you make will only be seen by others already accepted into the group; public means any posts or comments you make may show up on the feeds of friends and family.
- **To find people living with HIV on TikTok**, search for keywords such as HIV, AIDS or U=U in the search section.
- **On Instagram**, use a hashtag when searching, such as *#HIV*. It can also be helpful to do this with the name of whatever treatment you’re taking to find others using the same medication.
- **On Reddit** you can join the *r/HIV* or *r/hivaids* subreddits to participate in the conversation around HIV and get some valuable peer support. ●

## Healthcare access matters, too!

In addition to increased levels of mental distress, members of Black and Hispanic communities are more likely to have trouble finding sufficient care when it comes to treating HIV itself. The reasons vary, but include fewer health clinics in Black and Hispanic communities, transportation difficulties, language barriers, cultural barriers and the fact that members of both communities are less likely to have jobs that offer paid time off for medical appointments or healthcare coverage. If you’re struggling with getting a diagnosis or treatment for HIV, check out these resources:



For help finding affordable healthcare:

**HRSA Ryan White HIV/AIDS Program:**  
*ryanwhite.hrsa.gov*

**Health Resources Services Administration:** *hrsa.gov*



For helping finding doctors in your community:

**HIV.gov:**  
*locator.hiv.gov*

**HIV Medicine Association:**  
*hivma.org/hiv-provider-directory*

**Castle Connolly Top Doctors:**  
*castleconnolly.com/expertise/aids-hiv*



For help with transportation challenges:

**Patient Access Network:**  
*panfoundation.org*

**MTM:** *mtm-inc.net*

**Centers for Medicare and Medicaid Services:** *cms.gov*



For help with language barriers:

**Certified Languages International:**  
*certifiedlanguages.com*

**Care to Translate:**  
*caretotranslate.com*





## COMING TO TERMS WITH MY DIAGNOSIS

I'm a gay person of color who grew up in a large conservative family. I recently found out I'm HIV positive and feel overwhelmed. I'm not comfortable talking to my family yet—what resources are out there for me?

Q  
A

Answers to  
your questions  
about sexual  
wellness

**A:** Receiving an HIV diagnosis can certainly feel overwhelming, so it's very helpful to get connected with care as soon as possible. Programs like the HRSA Ryan White HIV/AIDS Program (RWHAP; [ryanwhite.hrsa.gov](http://ryanwhite.hrsa.gov)) can help with medical, social and emotional support, and may help ease those feelings. RWHAP clinics offer culturally and linguistically specific services, medication assistance programs, treatment adherence services, mental health services, substance use outpatient resources and oral healthcare, among others. It also provides emergency financial assistance, food banks, housing assistance, transportation services and

legal services. (See p. 18 for more resources.) As a doctor who cares for patients with HIV, I have seen firsthand the sense of relief many folks feel after their first visit to a clinic like the ones offered by RWHAP.

—**Dora A. Martinez, MD, FAAFP, AAHIVS**, Former Chief Medical Officer, Valley AIDS Council – Westbrook Clinic; Medical Director, South Central AIDS Education & Training Center (AETC), Brownsville, TX

### Could low T be to blame?

**Q:** My partner and I used to have sex several times a week.

*I love him as much as I ever did, but I'm less interested in sex than I used to be. Weeks can go by without my wanting it, and I don't even realize it until he points it out. He's feeling rejected, and I'm feeling pressured. I'm wondering if my testosterone levels are low.*

**A:** Testosterone plays many important roles in men and can certainly be a cause for concern, especially when it comes to erectile function and/or libido. While a decreased interest in engaging in sexual activity can be due to a variety of factors (like stress, anxiety, body image concerns, medications, etc.), low testosterone is also a common culprit. Getting one's testosterone levels checked would be recommended. If low (once a full hormone panel is performed), then you can decide whether or not a trial of testosterone therapy is something you would like to try.

—**Amy M. Pearlman, MD**, Director, Men's Health Program, Clinical Assistant Professor of Urology, Carver College of Medicine, University of Iowa Health Care

### Avoiding ED medication

**Q:** My husband has asked me to try a pill for erectile dysfunction, but I'm leery of it. Instead, I tell him I will lose the

## “STI screening is important if you're sexually active with new or multiple partners.”

*extra 20 pounds I'm carrying and hope that does the trick. But I've been telling him that for two years now, and he's tired of hearing it. I guess I don't blame him, but still, it's my body and I don't want to take a drug if I don't need to. What's your reaction?*

**A:** First-line therapy for any medical concern is lifestyle modification, including getting to a healthy weight. In fact, research suggests that diet and exercise interventions can improve erectile dysfunction in many cases. Excess weight, especially when it surrounds the penis, can also cover up inches of the penis and sometimes bury it, making it difficult to expose. On the other hand, medications for erectile dysfunction work by increasing blood flow to the penile tissue. They can be taken prior to sexual activity and stopped at any time. Ultimately, the decision to improve erections is up to the man. Understanding all treatment options for erectile dysfunction, including nutrition, exercise, medications and surgical options, is critical to feeling empowered to make an informed decision.

—**Amy M. Pearlman, MD**

### PrEP talk

**Q:** I met a guy who accepts my HIV+ diagnosis, and I really like him! I asked him about taking PrEP (pre-exposure prophylaxis) whenever we have sex, but I don't think he's taking it regularly and he doesn't like condoms.

*When I asked again, he mentioned that since I am undetectable, I shouldn't worry about transmitting the virus to him. Is he right?*

**A:** Yes! People living with HIV who take their antiviral medications and maintain viral suppression (HIV viral load consistently below 20 copies per ml) cannot transmit virus to an HIV-negative sexual partner. This is the basis of U=U (undetectable means untransmissible). The idea that someone living with HIV cannot transmit the virus to their sexual partners as long as they are undetectable comes from three research studies of discordant couples. No cases of HIV transmission were seen when the partner with HIV had a durably undetectable viral load.

It is important to remember that condoms are still important if there is concern about preventing other sexually transmitted infections,

such as syphilis, gonorrhea and chlamydia, all of which are on the rise.

—**Marjorie Golden, MD, FACP, AAHIVS**, Associate Professor, Clinical Medicine; Site Chief, Infectious Disease, St. Raphael Campus Yale New Haven Hospital, New Haven, CT

### Condoms and STI prevention

**Q:** How exactly do condoms help prevent sexually transmitted infections (STIs)?

**A:** Condoms prevent bacteria like gonorrhea and chlamydia and viruses like HPV and HIV from coming into contact with your body. It is always a good idea to use condoms when you are not in a mutually monogamous relationship or if your partner has not been fully tested for STIs. Unfortunately, you can still get STIs from contact with the skin around the penis (particularly HPV)—so use of a condom helps but is not foolproof for avoiding transmission of STIs. That's why regular screening is also important, particularly if you're sexually active with a new or multiple partners. ●

—**Mary Jane Minkin, MD, FACOG**, Clinical Professor, Reproductive Sciences, Yale University School of Medicine

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# Open up to your DOCTOR!

Got a rash “down there”? Pain when ejaculating? Struggling with erectile dysfunction? Now that you finally made that appointment, it’s time to share. —BY ERIC MESSINGER

M

en, it turns out, are 33% less likely than women to go to the doctor—and that number is even worse for Black and Hispanic men, according to the CDC. Add to that that up to 20% of men say they aren’t always completely honest with their doctors even when they *do* go—embarrassment being a top reason—and it’s no wonder they report worse health outcomes and lower adherence rates to treatment plans.

So no matter what you need to discuss, read on to learn how to make “the talk” as comfortable and productive as possible.

## Do your research.

Some guys might feel like they should leave the doctoring to the doctors, but actually many healthcare providers encourage patients to take an active hand in managing their health, including doing a little research. Check out reputable online resources such as *cdc.gov* and *mayoclinic.com* to learn about common sexual health issues men face, including STIs. If nothing else, it can provide the terminology you need to describe any issues you’re having.

## Prepare a list of questions and concerns.

Besides being a great way to make sure you cover everything you want during your appointment, writing down your issues also functions as a sort of practice session for your actual exam. In fact, it’s a good idea to read your list out loud, too. Still can’t bring yourself to speak up? You can simply hand your list to the doctor.

## Remember, it’s not just you.

Not only has your healthcare provider seen many patients with the same problem, but they also know it can be a sensitive topic. “When I sense that a patient is uncomfortable talking about their sexual parts or sex problems or any matter of health, I try to help them by legitimizing their feelings and letting them know that they are not alone and lots of people feel that way,” says Felise Milan, MD, Professor of Medicine at Albert Einstein College of Medicine in New York and a specialist on communication between doctors and patients. And while you surely know this, it can’t hurt to remind yourself that the exam room is a shame-

free zone where everything you discuss is confidential.

## Give a cue.

A few key phrases will give your doctor a heads up that you’re entering into uncomfortable territory. Prefacing your “big reveal” with something like, “You know, this is hard for me to talk about,” or “I’ve never told anyone this before,” or “My partner is the only one who knows this” signals your doctor to slow things down and give you time to express yourself.

## Invite your partner.

Some men appreciate the companionship of a loving partner in the exam room. For one, they can help explain the history of the problem; for another, they can help remember the doctor’s instructions; and, if the issue is an STI, the partner may need to be alerted anyway. “I’m very supportive of this scenario because not only can it help the patient communicate, but it can also be important for the relationship,” says Dr. Milan. “For example, partners will sometimes assume that somehow they’re the problem when in fact it’s a question of anatomy. So then we talk about people’s anatomy.”

# ...and open up to your PARTNER!

Unprotected, unsafe sex—it can happen easily if you get caught up in the heat of the moment and don’t have a plan. But the topic of safe sex—and even bedroom preferences—shouldn’t be brushed under the rug. If you’re uncomfortable about opening up to your partner, try these tips from relationship counselor Jason Polk, LCSW, LAC, owner of Colorado Relationship Recovery ([coloradorelationshiprecovery.com](http://coloradorelationshiprecovery.com)). —BY LINDSAY BOSSLETT

## IF YOU:

### Are worried about killing the vibe...

#### Redirect!

“While it’s perfectly okay to say ‘I don’t want to do that’ while you’re engaging in sexual activity, you can always suggest doing something else instead,” says Polk. “For example, try, ‘I’d really rather kiss you right now’ and let that lead to something else.”

### Want to let your partner know what you like, but feel awkward...

#### Be clear!

“Remember, your partner isn’t a mind reader, and they can only know your preferences if you express them,” says Polk. “Be brief but specific: Tell them to slow down, speed up, move this way or that and when they hit the mark, use lots of positive reinforcement.”

### Prefer to keep your relationship monogamous...

#### Focus on the upsides.

“This can easily be expressed as a positive thing, with a statement such as, ‘I really, really like you and want to be exclusive with you,’ ” says Polk. “Try to have the conversation someplace private, where you both feel comfortable, so you can ensure your partner feels able to respond openly and honestly.”

### Need to establish polyamory boundaries...

#### Write down the rules.

“You will really need to iron out the details in this scenario so misunderstandings can be avoided. This includes discussing things like what levels of emotional involvement are okay within each relationship, when to inform each other about new partners and determining solid sexual safety measures—like always using a condom and a set schedule for STI testing. Put these ‘rules’ in writing and give each member in your group a copy so everyone is on the same page.” ●

## What if he refuses to wear a condom?

First, you can try to make the process more fun by putting the condom on for him, or try using different lubricants or types of condoms. You can also suggest you both abstain from sex until you’ve both had STI tests to ensure unprotected sex will be safe. But if wearing a condom is simply something you feel strongly about—whether that’s because one of you has an STI, you’re in an open relationship or any reason really—it’s important to make that clear to your partner. If they can’t accept that, they may not be the right person for you.

## DID YOU KNOW?

72%

OF MEN WOULD RATHER DO HOUSEHOLD CHORES THAN GO TO THE DOCTOR!

Source: Cleveland Clinic 2019 MENTION IT\* survey



# Health Monitor Living



Scan this QR code for a free digital copy or home delivery

## Questions to ask today

Am I due for any screenings for STIs or other health issues?



Does my lifestyle put me at a high risk for STIs? What changes should I make to lower my risk?



If I currently have an STI, is it treatable? What treatments do you recommend?



How long do I need to take this medication before we know if it's working? What tests and scans might I need? Are there any side effects I should be aware of?



What can I do if I'm having trouble performing in the bedroom?



Does it matter which type of condom I use? What if I am allergic to latex? What if my partner "doesn't like" condoms?



How can I start the conversation about consent with my partner? What about discussing preferences in the bedroom?



### On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.