



hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

HEPC & YOUR MOUTH *by Joan King*

People with hepatitis C tend to have more problems with their mouths and their teeth than those not infected. Problems can include decay, infection, and dry mouth. Let's look at why.

Many of us with Hep C have dry mouth, which can be an important cause of decay and other mouth problems. It is thought that Hep C infection itself can cause dry mouth. Little research in humans has been done, but a study with a mouse model showed that the first symptom of HCV observed in these mice was dry mouth. One study with humans found 50% less saliva production in subjects with Hep C.

What else causes dry mouth? One cause may be inadequate salivary glands. Medication such as Hep C treatment or antidepressants can cause dry mouth. The newer antidepressants like venlafaxine and reboxetine, or the SSRIs (selective serotonin reuptake inhibitors) are less likely to cause serious cases of dry mouth, so switching drugs may help. Antipsychotic medications and antiparkinsonian drugs are also culprits. Interferon, of course, is notorious for causing dry mouth. Be sure to go to your dentist *before* starting treatment, and get everything fixed. Sometimes deep cleaning can release bacteria which can enter the bloodstream and even cause sepsis (blood poisoning), and we are more susceptible to infections when taking interferon. Your dentist may advise you to not have anything unnecessary done while you are on treatment. At the same time, it's not a good idea to stop and start treatment if it's not necessary. (By the way, those of you with low platelets should discuss bleeding control with your dentist.)

Why do we worry about dry mouth? Dry mouth can cause a lot of problems, such as loss of the sense of taste, difficulty in chewing, swallowing, and speaking. Saliva controls bacteria, viruses and fungi, so a lack of saliva can promote infections. Patients may have a sore tongue, gums or cheeks, foul breath or teeth that are over sensitive. Severe dry mouth can lead to tooth decay and infections.

Here are some things you can do to reduce dry mouth symptoms:

1. Sip water and other sugarless beverages throughout the day.
2. Drink water with meals to help you chew and swallow.
3. Sugarless gum and candy help stimulate saliva.
4. Say away from coffee, alcohol and tobacco. They dry your mouth.
5. Use a humidifier.
6. Spicy and salty foods can make a dry mouth worse.
7. Reduce bacteria and plaque by brushing at least twice a day. Use toothpaste with fluoride and floss daily.
8. Brush immediately after eating, especially food that is chewy, sticky or sugary.
9. Go to the dentist at least twice a year.
10. Talk to your doctor about a saliva substitute
11. If you have mouth sores, try drinking through a straw.
12. When you have mouth sores, use only mouthwashes and toothpastes that don't burn. Biotene is expensive but worth it.

Here's my favourite "mouthwash" recipe for mouth sores:

1/3 Maalox
1/3 liquid Benadryl
1/3 lidocaine viscose 2% solution
(You can buy Benadryl and Maalox at the

(Continued on page 6)

INSIDE THIS ISSUE:

<i>HepC & Your Mouth</i>	1
<i>Research</i>	1
<i>Kelly's Dream / HCV Basics</i>	3
<i>Pain Management</i>	4
<i>iGive / Alison Crowe / PegCARE / PegAssist</i>	5
<i>EFT: Creating a Peaceful Holiday</i>	6
<i>Compensation</i>	7
<i>Coming Up</i>	8

RESEARCH

Here are some studies taken from the 59th Annual Meeting of the American Association for the Study of Liver Diseases (AASLD) on Oct 31-Nov 1 2008 in San Francisco, CA

BI 201335

Boehringer-Ingelheim is developing a protease inhibitor called BI201335. Results of a Phase 1b trial were presented at the latest AASLD. The study enrolled 34 treatment-naïve subjects with genotype 1. They were assigned to one of 4 ascending doses for 14 days, after which standard therapy (IFN + weight-adjusted ribavirin) was added for another 14 days. All the subjects were white, with an average age of 49. Most were men. Fibrosis scores were 0-3. There was a placebo arm. Those with less than a 1 log₁₀ decrease in viral load after 10 days did not continue after day 14.

Except for 1 patient receiving the lowest dose, all participants receiving BI201335 had greater than a 2 log₁₀ decrease in viral load in the first 14 days. Unfortunately most patients had a rebound of their viral load during the first 14 days. Side effects were mild and there were no dropouts due to adverse events. There were changes in bilirubin related to the amount of BI201335 taken.

There was also a group of 19 genotype 1, previous non-responders, also all white, average age 49, and mostly men. In this group, none of the subjects received monotherapy or the lowest dose of BI201335. Again, a rapid decrease in viral load was experienced by all the patients (>2 log₁₀). There was no viral rebound during treatment in the 240 mg. dose group. One patient stopped treatment because of anxiety.

"The results support further study of BI201335 as a once-daily potent antiviral for treatment-naïve HCV patients," said the researchers.

Source: www.hivandhepatitis.com/2008icr/aasld/docs/111108_c.html
Abstracts 1849 and 1882.

(Continued on page 7)

SUBSCRIPTION/ORDER FORM

Please fill out & include a cheque made out to
HepCBC - Send to the following address:

HepCBC
#306-620 View Street
Victoria BC
V8W 1J6

Name: _____

Address: _____

City: _____ Prov. ____ PC _____

Home(____) _____ Work(____) _____

Email: _____

Please email me a PDF copy, free of charge.

Membership + Subscription (1 year)\$20.00

Membership Only \$10.00
(Doesn't include the *hepc.bull*)

Subscription Only\$10.00
(Doesn't include membership privileges)

Peppermint Patti's FAQ..... \$12.00

Resource CD..... \$10.00

"I enclose a donation of\$ _____
so that others may receive the bulletin."

TOTAL: _____

"I cannot afford to subscribe at this time, but I
would like to receive the bulletin."

"I want to volunteer. Please contact me."

"I want to join a support group. Please call."

(Note: The *hepc.bull* is mailed with no reference
to hepatitis on the envelope.)

You may also subscribe on line via PayPal at
www.hepcbc.ca

SUBMISSIONS: The deadline for any
contributions to the *hepc.bull*® is the 15th of each
month. Please contact the editors at
jking2005@shaw.ca, (250) 595-3892. The editors
reserve the right to edit and cut articles in the interest
of space.

ADVERTISING: The deadline for placing
advertisements in the *hepc.bull* is the 12th of each
month. Rates are as follows:

Newsletter Ads: Maximum 4 per issue, if space
allows. \$20 for business card size ad, per issue.
Payments will be refunded if the ad is not published.

HOW TO REACH US:

EDITOR: Joan King
PHONE: (250) 595-3892
FAX: (250) 483-4041
EMAIL: jking@hepcbc.ca
WEBSITE: www.hepcbc.ca

HepCBC
306-620 View Street
Victoria BC V8W 1J6

LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages
letters to the editor. When writing to us,
please let us know if you do not want your
letter and/or name to appear in the bulletin.

NEW!! FAQ version 8!!!

Peppermint Patti's NEW **FAQ Version 8.1** is **NOW AVAILABLE**. Version 8 is available in **FRENCH** and Version 7.1 is available in **SPANISH**. The **ENGLISH** version includes the latest treatment information and research from 2008. Place your orders now. Over 140 pages of information for only \$12 each. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2007; the FAQ V8; the slide presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10, including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

DISCLAIMER: The *hepc.bull*® cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or surgery protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

REPRINTS

Past articles are available at a low cost in hard copy and on CD ROM. For a list of articles and prices, write to HepCBC.

DIAL-A-DIETITIAN

604-732-9191 or
1-800-667-3438

www.dialadietitian.org

Dietitians of Canada: www.dietitians.ca

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, A-Channel News, The Ocean, JackFM, Health Canada, Community Living Victoria, Provincial Employees Community Services Fund, Pat Winram, Kate Rhodes, Lori FitzGerald, Fatima Jones, Michael Yoder, Chris Foster, Judith Fry, Ernie, Bruce Lemer, United Way, and the newsletter team: Beverly A., Diana Ludgate, Alp.

Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Margison Bros. Printers, The Four Mile Restaurant, Roche Canada (for special support with our newsletter and phone line), Pacific Coast Net, Royal Bank, Schering Canada, Shoppers Drug Mart, Victoria Bridge Centre, the Victoria Conservatory, and the Victoria Symphony. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com



CUPID'S CORNER

This column is a response to requests for a personal classified section in our news bulletin. Here is how it works:

To place an ad, write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send a cheque payable to HepCBC, and mail to HepCBC, Attn. Joan, #306-620 View Street, Victoria, BC V8W 1J6, (250) 595-3892. Give us your name, tel. number, and address.

To respond to an ad: Place your written response in a separate, sealed envelope with nothing on it but the number from the top left corner of the ad to which you are responding. Put that envelope inside a second one, along with your cheque for a donation of \$2, if you can afford it. Mail to the address above.

Disclaimer: The hepc.bull and/or HepCBC cannot be held responsible for any interaction between parties brought about by this column.

Got Hep C? Single? Visit:

[http://forums.delphiforums.com/
HepCingles/](http://forums.delphiforums.com/HepCingles/)

[http://groups.yahoo.com/group/PS-Hep/
HepCingles2](http://groups.yahoo.com/group/PS-Hep/HepCingles2)

[http://groups.yahoo.com/group/
NewHepSingles/](http://groups.yahoo.com/group/NewHepSingles/)

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

CHAT: [http://forums.delphiforums.com/
hepatitiscen1/chat](http://forums.delphiforums.com/hepatitiscen1/chat)

HEPCBC has joined iGive.

You can shop online at www.igive.com and donate while you shop at over 700 brand name stores. You can pick one of their member organizations, sign up, and if you buy something through them, a percentage of what you buy goes to the organization you choose—hopefully HepCBC. And here's the good part: Just by using the iGive search feature, 2 cents automatically goes to the organization every time you use it. It's that easy!



BE PART OF THE TEAM!

We need people to **summarize articles**. HepCBC needs **telephone buddies**, a **librarian**, people to **help translate the FAQ into Spanish** and 2 people to help with our website. Please contact us at 250-595-3892 or info@hepcbc.ca

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

Please consider arranging for donations to your local hepatitis C organization.

KELLY'S "DREAM OF A GLOBAL WORLD AWARENESS CONCERT FOR HEPATITIS C".



November 4, 2008

Dr. Siegfried Erb (above, left), Clinical Associate Professor of Gastroenterology, accompanies Kelly O'Dell to see Mayor Sam Sullivan (right) to discuss Vancouver's hosting of Kelly's "Dream of a Global World Awareness Concert for Hepatitis C".

Kelly is proud to have the complete support of Dr. Erb concerning the need for global awareness with his submission of medical facts about hepatitis as a growing epidemic. O'Dell hopes for the concert to take place in Vancouver late 2009.

For more information about how you can get involved or how to support this concert, contact Kelly@hepcanada.com



**TIP OF THE MONTH:
VISIT YOUR DENTIST**

HCV BASICS

IVDU: THE PLAIN FACTS

From HepCBC's Pamphlet Series www.hepcbc.ca

IVDU: THE PLAIN FACTS

How can I tell if I have hepatitis C?

One to two months after the hepatitis C virus infects your body, antibodies appear in your blood. A blood test can detect these antibodies and show that you have been infected with the hepatitis C virus. Not everyone who has antibodies in their blood is still infected with the virus, but most people are. If you test positive for the antibodies, assume you are infected and can infect other people. If you test positive for the virus, you definitely have it.

What are the symptoms of hepatitis C?

Some people feel well and have no symptoms, so they don't know they have hepatitis C. Other people may have a brief illness with symptoms of hepatitis usually appearing six to nine weeks after they have been infected with the virus. Symptoms of acute hepatitis C infection may include: fever, tiredness, jaundice (yellow skin or eyes), abdominal pain, dark urine, loss of appetite, and nausea (feeling sick to your stomach).

If you're an IV drug user, there's a good chance you already have hepatitis C.

"Hep C," or "HCV," is over 10 times more contagious than HIV. It's really easy to get if you shoot or snort, and very difficult, if not impossible, to get rid of. With Hep C it doesn't matter how long you've been shooting or snorting, the fact is that many people get it after only using once. Up to 85% of IV drug users test positive for Hep C.

The problem is that hepatitis C is sneaky. It can lie there for years without doing anything, and then, when you finally get clean, all of a sudden you get really sick or find out that you're dying because your liver isn't working right. Hep C, like Hep B and HIV, can be transmitted by sharing toothbrushes, razors, nail clippers, or other items that can cause bleeding. Sexual transmission is considered a possible but unlikely mode of transmission. So play it safe. Practice harm reduction!

Sharing any drug injecting equipment or snorting equipment can easily lead to Hep C and other diseases carried in the blood being passed on. Equipment is not just the needle and syringe, but also includes spoons, mixing dishes, filters, water and citric acid. If you inject drugs, use a new needle and syringe each time. Don't share any injecting equipment. Clean the injection site with alcohol and a new cotton swab. Use sterile water to prepare drugs. Boiling equipment in tap water for several minutes will sterilise it. Don't use old needles, cookers or cotton to prepare drugs. New equipment can be bought from some pharmacies, or is available free from needle exchanges. Most needle exchanges don't require you to bring in

old needles to get new ones. You should be able to get a supply of new, sterile needles.

Get Rid of Your Used Syringes Carefully

Taking your old syringes to the needle exchange is the best way to safely get rid of dirty needles. You also get a new supply of clean needles when you bring your old ones in. Needle exchange programs provide sharps containers for safe disposal. If you do not have one, put the needle and syringe into a tin can, or heavy plastic container with a closing lid (like an empty milk or bleach jug), then dispose of it in a garbage can or take it to your local needle exchange. If sharing is impossible to avoid, equipment can be cleaned between users as a LAST RESORT. THIS IS NOT SAFE! Bleach should stay in the syringe for at least 30 seconds. Remember not to flush out into the clean bleach solution or water. Do not use hot water: it will make the blood clot so traces may be left behind. Boiling equipment may not remove all the blood, and disposable equipment usually buckles if boiled. It is safer to use the needle exchange program!

HCV and IV Drug Use: Cleaning Equipment

1. Pour a small amount of 5% household bleach solution into a small container and then draw it through the needle into the syringe, fill completely and flush three times.
 2. Soak the bleach-filled syringe in the bottle of bleach solution and leave for 10 minutes.
 3. Draw fresh cold water through the needle into the syringe and flush three times
- WARNING:** Using a new disposable needle each and every time is *much* safer than cleaning equipment.

Get Tested! Get vaccinated for Hep A and B

If you have ever shared needles, even once, twenty or thirty years ago, you may have Hep C and still not even know it. Nine out of ten IV drug users may have it. Get tested. There is a treatment. There is no vaccine for Hep C, but you can protect yourself from getting Hep A & B.

It's worse to have more than one kind of hepatitis. Hep A and B vaccines are free for IV drug users and those with Hep C in BC—no questions asked. Check with your local public health unit or needle exchange.





I was recently asked what we are supposed to do when we have a painful episode. This question was asked about back spasms and anti-inflammatories. People are frustrated by the warnings about Ibuprofen. Tylenol is out, so what is left?

First and foremost, you have to discuss this with your physician—preferably your specialist. All bodies react differently to drugs. Your specific stage of liver disease will also play a big role in the decision making. But a little information beforehand will enable you to prepare careful questions for your physician.

At a St. Paul's conference Dr. Anderson replied to a question about whether Tylenol was okay for HCV patients, and he replied that it was the lesser evil—but only 2 regular strength or 1 extra strength. We are talking about a short duration episode—not something that is taken on a regular basis.

Anti-inflammatories have been studied in HCV to see if they would be a useful adjunct to interferon therapy. The rationale was that there can be significant inflammation of the liver so then perhaps the anti-inflammatories would provide a benefit. Studies have looked at both Orudis (ketoprofen) and Indocid (indomethacin). The research found that it didn't make a difference in the response rate. But are these drugs harmful to the liver?

There are almost as many types of anti-inflammatories as there are people. The reason there are so many is that they have a different effect on different people. One anti-inflammatory may totally erase pain in one individual and have no effect on another. No one really knows how you will react until you take it. One of the biggest concerns with some anti-inflammatories is that they cause a reduction in the mucosal lining of the intestinal tract. This allows the acid in your stomach free access to the lining of the tract and the results can be devastating. Many people end up in the hospital or die as the result of a bleeding ulcer. You might think that you would feel pain before this developed to the point of an ulcer but the drug works in pain prevention and can block the very sensation that would alert you.

I think that the dangers for those with hepatitis are probably the worst when the progression of the scarring of the liver has reached a point where portal hypertension exists. Basically the blood can't flow smoothly through

the portal vein and it backs up. This causes a back pressure and in a worst case scenario you could see esophageal bleeds.

If you couple that with an anti-inflammatory, would it be possible to hasten the onset of a bleed?

If your physician has given you the go ahead on taking anti-inflammatories, there are a few different kinds that can help guard against this problem.

First and foremost on my list is Pantoloc (Pantoprazole). It is a very powerful aid in the prevention of damage to the intestinal tract and in the resolution of duodenal ulcers. This medication is covered by Pharmacare if it is prescribed by a specialist. If your GP orders it, it may need pre-approval, or it may not be covered at all. You'll need to check. 14 pills cost \$34 but one pill covers the whole day. It is NOT for long term use.

Other medications to protect the gut include Cytotec (Misoprostol), which decreases acid production and increases mucosal protection, and Sulcralfate (Sulcrat), which reacts with stomach acid to form a thick paste which adheres to the gut lining. One of the problems with these medications is that Cytotec can initially cause diarrhea and Sulcralfate can cause constipation in some individuals.

Used as adjuncts to anti-inflammatory usage and for the very short term, the pros may outweigh the cons.

Another medication is Arthrotec which combines Cytotec and Voltaren diclofenac in a single tablet. This is paid for by Pharmacare with pre-approval only. It is a costly drug if you have to pay for it out of your own pocket.

You can always go the other route and several brands of anti-inflammatories are available in suppository form. I find this is often my preferred route, as you do not have to have a full stomach to take the medication whereas any of the oral medications require you to eat. Voltaren suppositories are available, as is the generic and cheaper make Diclofenac. Indocid (Indomethacin) is also available in suppository form, but this is a very strong and potentially damaging drug (even in this form).

Some of the anti-inflammatories are attached to sodium because it makes a very good binder. But the effect of this is often an upset in the fluid balance. This is particularly important, and one way to counteract that effect is by drinking lots of

fluid. There is one anti-inflammatory that does not use sodium and that is Voltaren Rapide which uses potassium. It may not be covered by Pharmacare.

Finally—both the anti-inflammatories and Cytotec are excreted by the kidneys. Long term usage can show problems here. You can help to avoid that by drinking LOTS of water when you take these medications.

There is an effective anti-inflammatory which is called a COX 2 inhibitor. Celebrex (produced by Pfizer) is used for treatment of both osteoarthritis and rheumatoid arthritis. COX 2 inhibitors do not have gut-damaging side-effects.

When the pain stems from arthritis, it is often caused by muscles in spasm. It is possible that muscle relaxants may provide more relief than anti-inflammatories. The only one that I would talk with your physician about is Flexeril (cyclobenzaprine). This is not a benzodiazepine like Valium (diazepam), which is very addicting and also tends to tranquilize, however Flexeril is both metabolized and excreted primarily by the liver so you would want to discuss this very carefully.

Other drugs such as Elavil (amitriptyline) have also been found to be effective in some cases of chronic pain syndrome and fibromyalgia. It is usually sufficient to take an extremely low dose of this tricyclic antidepressant to obtain pain relief. This drug is extensively metabolized by the liver.

Non-drug therapies are the preference for people with liver disease. It may not be possible to get pain relief from an attack that comes up suddenly but it is something to work on long term and it can decrease the number of painful episodes. The Thorsen Pain Clinic in North Vancouver and the Victoria Pain Clinic are two very excellent facilities. You need a referral to the Thorsen clinic. There is a long waiting list, but once you get in there is no additional cost to you (above the user fee for massage therapy, etc). They attempt to break the pain cycle and to train you to respond differently to the pain such that it is not aggravated. Biofeedback, autogenics, creative visualization, and meditation are examples of the type of approaches that have proven effective in this way and are taught at the Pain Clinics. They also cover a multi disciplinary approach using massage therapy, physiotherapy, hypnotherapy, acupuncture, and Rolfing to name a few. There is a good list of pain clinics in Canada at www.canadianpaincoalition.ca/index.php/en/help-centre/clinic-locations

iGive.com



HepCBC is now officially part of iGive.com. You can now Christmas shop at www.igive.com and you can donate at the same time. All you have to do is go to the iGive website: www.igive.com. Then you choose the organization you want to support.

iGive works in two ways. If you do your shopping through iGive, a percentage of what you buy goes to HepCBC (or other charity or organization of your choice). If you use the iGive search feature, 2 cents goes to the organization every time you use their search engine. It's that easy! And it's free to register with them. They have over 680 stores, including the ones where you would probably shop anyway, like The Gap, Staples, Best Buy, eBay, Expedia... and all from the comfort of home. No long line-ups!

RECIPE



Holiday Snack Mix

5 cups Rice Chex
4 cups Corn Chex
3 cups Golden Grahams
1 cup flaked coconut
1 cup slivered almonds
3/4 cup butter or margarine
1 cup sugar
1 cup light corn syrup

Grease two 15-in. x 1-in. baking pans; set aside.

In a large bowl, combine cereals, coconut and almonds; set aside.

In a heavy saucepan, combine the butter, sugar and corn syrup.

Bring to a boil over medium heat, stirring constantly.

Boil for 10 minutes, stirring occasionally. Pour over cereal mixture and stir until well coated.

Spread onto prepared pans.

Cool stirring occasionally.

Good to share at our meeting.

Vivian



ALLISON CROWE:



TIDINGS CONCERT

Allison Crowe

With Special Guest Billie Woods
Tuesday, December 16 - 8:00 p.m.

Alix Goolden Hall
907 Pandora Ave.
Victoria, BC

Advance: \$20 General/\$15 Students & Seniors (all charges incl.)
(Door: \$22/\$17)

To Aid Artemis Place and HepCBC

"The Yule-tide find of the year"
~ The Record

Tickets: Lyle's Place (770 Yates), The Patch (719 Yates), & Ivy's Bookshop (2188 Oak Bay Ave.)

Expect plenty of holiday cheer, laced with overtones of Leonard Cohen, Joni Mitchell, The Beatles, jazz and Broadway, as Canada's popular bicoastal singer-songwriter Allison Crowe brings "Tidings" to Alix Goolden Hall.

Music is as elemental to Allison Crowe as breathing. And she's grateful for the opportunities that music provides her—to play for people, and to contribute to global causes of peace and justice, and aid community-based groups dealing with various issues including mental health, anti-violence, cancer and MS.

In Victoria, Allison is delighted to team up for Tidings with Artemis Place (<http://www.artemisplace.org>), which provides integrated life skills and academics for girls, and our own HepCBC.

allisoncrowe.com
myspace.com/billiewoods

"Treat yourself to one of the mightiest talents on the singer-songwriter scene today." ~ Bob Muller, JoniMitchell.com (USA)

PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-payment they might have, whether through their provincial coverage (i.e., Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimbursement. The income maximum is \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 1-866-872-5773

PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

COMPETITION!

HepCBC is looking for writers for the next issue of the *hepc.bull*, and is willing to pay \$50.00 for a featured article. The article should be original, consist of 500 to 800 words, and of course, be about hepatitis C. It may be, for example, about the author's experience with hepatitis C, a study (with references) on some aspect of the disease, or a call for action. Submissions should be in by the 15th of next month, *stating interest in the bonus*. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

CREATING A PEACEFUL HOLIDAY WITH EFT

By Karen Hodson, BA, EFT-ADV EFT Practitioner

This is a regular segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

For some people the holiday season is filled with an abundance of joy, peace and bliss. For many others it's an exhausting experience, with too much stress, spending and eating, having to deal with relatives and co-workers that you would rather not spend time with, and feeling overwhelmed by it all.

This year we are dealing with the added stress of a global financial crisis, massive layoffs, cutbacks, loss of retirement savings, uncertainty, etc. Having hepatitis C adds to the already high financial, emotional and physical stress. Many are struggling, and this will be a lean holiday compared to more prosperous years. Where do you find the joy, peace and bliss in all of that?

My teacher Nancy Shipley-Rubin said, "The world is changing, and we can either change with it or be changed." In other words we do have a choice. We can accept where we are at and make the most of it, perhaps even enjoying the ride, or we can act out with rebellion, moving through the process kicking and screaming. Using EFT tapping is a wonderful way to quickly move to that place of acceptance.

EFT gets right to the core of what is being triggered but without judgment of making it right or wrong. Saying the truth, such as "I am overwhelmed, scared and I don't know what to do" releases the pent up energy instead of covering over it. Once the triggering emotions are acknowledged, you begin to feel more relaxed and stable and it can even be liberating. With more EFT tapping, you can reach that place of peace.

From that peaceful space you have more clarity and can connect with that deep inner knowing that tells the truth—that in this moment you are OK. You don't go into the past of what just happened or the future of what may happen, but rest only in this moment. That is where the real joy, peace and bliss are.

Here is what an EFT tapping session on Creating a Peaceful Holiday could be like: (See www.pivotpoint4u.com for tapping points and a full description of how EFT works)

Tap the Karate Chop (side of the hand) the Set-up Phrase (repeated up to 3 times) then the Tapping Phrase Sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm) is repeated for as many rounds as needed, adding new words or phrases as they come up, until a

more balanced feeling is present. Once neutralized, go onto the next set-up and tapping phrase.

Karate Chop Set-up:

"Even though I don't have enough money, time and energy for holiday activities that I have enjoyed in previous years, I deeply and profoundly love and accept myself."

Tapping a phrase on each point:

All this holiday stress; I am so scared; I don't know what I can give; It's hard enough just coping with hepatitis C – I just can't deal with it; all these financial fears; this just isn't going to be a good holiday; I can't change; I feel so hopeless; I feel so humiliated; it's just too exhausting; I never get to enjoy the holidays.

Karate Chop Set-up:

"Even though I don't know how I am going to survive the stressful holidays as well as dealing with all of the anxiety of a global crisis, I deeply and completely love and accept myself anyway."

Tapping a phrase on each point:

I'm so angry that my world is changing; the holidays will never be like they used to be; what if I can still have a joyful holiday?; I can't possibly have a wonderful holiday; all these financial fears; what if this crisis turns out to be something good for me?; I will never be able to survive this holiday; I choose encouraging thoughts.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present the following positive phrases can be introduced until it feels complete.

Tapping a Positive Phrase on each point:

I love that blissful holiday feeling; it feels so good to have such deep inner peace; I choose to create a joyful holiday; I love that feeling of grace in my body; I trust in a positive outcome; It feels so good to let this peaceful feeling in; I love all this joy inside of me; I release these nagging thoughts; I allow compassion to flood my body; I am so grateful for this peaceful feeling.

The holidays can bring out the best and the worst in all of us. It's a time of generosity, connection and sharing. It's also when family issues come up and overindulging with food and finances can trigger our emotions. When we are under stress our triggers tend to go off easier and more frequently.

There will always be things that show up and throw us off balance. Daily EFT tapping you can help to sustain that inner balance and when emotional triggers go off, you can quickly tap to get centered again. EFT is a

wonderful tool to help you get back to a place of peace. When we can become peaceful within ourselves, we have hope that one day we will have world peace. It all starts with each person choosing peace—one moment at a time. Wishing everyone a joyful, peaceful holiday season!

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis. You must mention this article, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information: (604) 913-3060

*pivotpoint4u@gmail.com
or www.pivotpoint4u.com*

(Hep C & Your Mouth—Continued from page 1)

pharmacy, over the counter. I easily got a prescription for Lidocaine at a walk-in clinic when they saw my mouth.)

Hep C has been shown to cause depression. Depression can lead to poor hygiene, and often those affected by depression neglect their visits to the dentist. The cause for the decay could be blamed on the use of methadone to control cravings for heroin, but many of those with Hep C have never used IV drugs. So what about the rest? How can Hep C cause these problems and what can we do to remedy the situation?

Dental health can be improved by stopping smoking and/or using opioids, which can lead to gum problems. Regular trips to the dentist for cleaning are essential. Regular brushing and flossing can ward off the majority of cavities. Unattended, cavities can progress to infection and abscesses. Infections in your mouth can pass throughout your body and affect the organs. For those with end stage liver disease, dental problems can even mean being kicked off the transplant list.

There is a need for education about the special needs about oral health for those with Hep C and their doctors, focusing on prevention.

Sources:

http://209.85.173.132/search?q=cache:xnYApVtFZOIJ:www.ada.org.au/App_CmsLib/Media/Lib/0610/M29234_v1_632974509781691250.pdf+%22hepatitis+C%22+%2B+teeth&hl=en&ct=clnk&cd=14

http://www.hepatitis-central.com/mt/archives/2007/10/10_helpful_tips.html

<http://www.aodgp.gov.au/internet/main/publishing.nsf/Content/phd-hepc-manual-toc~phd-hepc-manual-ch5~phd-hepc-manual-ch5-7>

(AASLD—Continued from page 1)

PF-00868554

PF-00868554 is Pfizer's oral, non-nucleoside polymerase inhibitor. 32 treatment-naïve genotype 1 patients, mostly white males, average age 45, were enrolled in 4 groups of 3 different doses of the drug, or a placebo. They were treated for 8 days. There were no dropouts. There was a rapid decrease in viral load up to 2.13 log₁₀ in the highest dose arm (300 mg 3 times a day) during the first 48 hours, but none in the lowest dose arm or in the placebo arm. The viral load in most subjects then either plateaued or rebounded. One patient in the highest-dose arm sustained viral suppression through day 8. All doses were well-tolerated, with mild or moderate headaches, gas and fatigue. A study combining the drug with standard therapy is underway.

Source: www.hivandhepatitis.com/2008icr/aasld/docs/111108_d.html Abstract LB11.

MK-7009

Merck presented the results of a trial of its protease inhibitor MK-7009 at the latest AASLD meeting in San Francisco. The trial enrolled 800 genotype 1 patients, mostly males, with an average age of 43 years. The drug was well-tolerated, with no dropouts due to side effects. Rapid decreases in viral load were found in all the doses studied. The best results were found in the group receiving 700 mg, twice daily, which produced an average 4.6 log₁₀ decrease in viral load on day 8. A Phase IIa study combining the drug with standard treatment is underway.

Source: http://www.natap.org/2008/AASLD/AASLD_09.htm (11/04/08)

TARMOGEN (GI-5005)

GlobeImmune has produced a therapeutic vaccine called GI-5005 or Tarmogen. The Phase II clinical trial, which enrolled 140 genotype 1 patients and lasted 4 weeks, compared results of standard treatment to the results of Tarmogen combined with standard treatment. Adding Tarmogen showed results that doubled viral clearance in all major subgroups. It also more-than-doubled the RVR (rapid virologic response—a predictor of a sustained response) in treatment-naïve subjects with high baseline viral loads (600,000 IU/mL). The results included previous non-responders (26% of the subjects).

"These data represent early but important evidence that a patient's natural immune response can be harnessed to positively influence important virologic endpoints with the potential to impact the course of chronic

HCV infection," said Dr. McHutchison. The company believes that the data shows that the drug clears the virus from infected liver cells, which the interferons and antivirals aren't designed to do. The antivirals work to stop viral replication. We often see the virus eliminated from the blood, but left to replicate in the liver. "An HCV-targeted cellular immune response is essential to curing a patient with hepatitis C."

"Tarmogens are whole, heat-killed recombinant *S. cerevisiae* yeast that express antigens from one or more disease-related proteins."

Source: www.natap.org/2008/AASLD/AASLD_08.htm 03 Nov 2008

BOCEPREVIR

The results from Schering's SPRINT-1 Phase II study, which treated 595 genotype 1 patients, were released at the AASLD on November 4, showing that Boceprevir, an oral protease inhibitor, is safe for up to 48 weeks when combined with standard treatment. As well, it almost doubles SVR compared to standard treatment alone. The study found that a 4 week treatment with standard therapy alone before starting the Boceprevir reduced the possibility of breakthrough (recurrence of the virus during treatment). Drop outs due to side effects were between 9 and 19% for the Boceprevir-treated patients, compared to 8% in the standard-therapy-only arm. The company is planning a large Phase III trial.

Source: www.natap.org/2008/AASLD/AASLD_07.htm (11/04/08)

There is NO vaccine for hepatitis C!

Hepatitis C is spread by blood-to-blood contact. 251,000 Canadians are infected with hepatitis C, and because there are often no symptoms, 95,000 of them don't know it.*



Are you Infected? It's a Simple Blood Test.

For more info or support **Call HepCBC**
595-3892
www.hepcbc.ca

*Stats from Public Health Agency of Canada Hepatitis C

COMPENSATION

LAW FIRMS

1986-1990

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699
Fax: 1-604-609-6688

Pre-1986/ Post-1990

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/class/settled/hepc/

David Harvey
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca/cms/index.php?page=108

Roy Elliot
Roy Elliott Kim O'Connor LLP.
hepc@reko.ca www.reko.ca/html/hepatitisc.html

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 - 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

Canadian Blood Services Lookback/Traceback & Info
Line: 1-888-462-4056

Lookback Programs, Canada: 1-800-668-2866

Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 3467) or 604-707-3467

Lookback Programs, BC: 1-888-770-4800

Hema-Quebec Lookback/Traceback & Info Line:
1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario
1-800-701-7803 ext 4480 (Irene)
Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline

1-888-530-1111 or 1-905-953-7388
Mon-Fri 7 AM-10 PM EST
345 Harry Walker Parkway, South Newmarket, ON L3Y
8P6 Fax: 1-905-953-7747

CLASS ACTION/ COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
Health Canada Compensation Line: 1-888-780-1111
Red Cross Compensation pre-86/post-90 Registration: 1-888-840-5764

Ontario Compensation: 1-877-222-4977
Quebec Compensation: 1-888-840-5764
http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html

ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crowco.ca
www.pre86post90settlement.ca
Settlement Agreement: http://www.reko.ca/html/hepc_settlementagreement.pdf

COMING UP IN BC/YUKON:

Armstrong HepCURE Contact: 1-888-437-2873 Phone support.

AIDS Vancouver Island HCV support

• **Campbell River:** Drop in, harm reduction, support, education. Contact: 250-830-0787, leanne.cunningham@avi.org

• **Comox Valley** 355 6th St. Courtenay; Contact Sarah 250-338-7400 sarah.sullivan@avi.org Drop in, harm reduction, support, education.

• **Nanaimo** Info: Contact Anita 250-753-2437 anita.rosewall@avi.org

• **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) 7070 Shorncliffe Rd, Contact Tom, 250-949-0432 tom.fenton@avi.org. Education, harm reduction, support, drop-in kitchen.

• **Victoria** 1601 Blanshard St., 250-384-2366 info@avi.org Harm Reduction.

Boundary HCV Support and Education. Support, education, presentations. Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggrimstad@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 250-748-3432 r-lattig@shaw.ca

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca

• **Victoria:** Drop-in/Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 250-595-3892

• **Fraser Valley:** Support/info 604-597-3881

Kamloops AIDS Society of Kamloops (ASK) Living Well HIV/HEPC Peer Support Group, each Thurs. 11-2 PM, 433 Tranquille Rd. Office 250-376-7558 Support/ Referral. ask@telus.net 1-800-661-7541 www.aidskamloops.bc.ca

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, eriseley@shaw.ca, Lisa 1-866-637-5144. ljmorte@shaw.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM, (Location to be arranged.) Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Peer Support Group Meetings 1st & 3rd Thurs. Monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. hepcxpeer-support@hotmail.com

Nakusp Support Contact. Contact Vivian 250-265-0073 Claire@columbiacable.net

Nelson Hepatitis C Support Group 1st Thurs. monthly 7-8:30 PM. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex 1-800-421-2437, 250-505-5506, information@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Dianne Morrisette, 604-525-3790 before 9 PM. dmorrisette@excite.com

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dccnet.com

Powell River Hep C Support Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact: Rosemary rosemary.moran@vch.ca 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387 ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) 250-295-4442 or Beverly at 250-499-8877 batlas@telus.net

Prince Rupert Hep C Support Contact: Dolly 250-627-7942 hepcprincerupert@citytel.net

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca <http://health.groups.yahoo.com/group/Network-BC/>

Slocan Valley Support Group Contact Ken 250-355-2732, ken.forsythe@gmail.com

Smithers: Positive Living North West 2nd Wed monthly, 12 PM, 3862 Broadway Ave contact Lucy 1-866-877-0042

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources, contact Catriona, 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 brent.fitzsimmons@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061; vandu@vandu.org www.vandu.org

Vancouver: Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

Vancouver Hepatitis C Support Group 7-9 PM:

3rd Wed. monthly, VGH, Lauener Room, LP2809, near Sassafras Cafe, Jim Pattison Pavilion, South. Contact Gordon 778-898-7211, ggcoburn@canada.com to confirm, or if you want to talk or meet for coffee.

YouthCO AIDS Society HepCATS NEW ADDRESS: 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Contact 250-542-3092, hecsc@hepc.vernon.bc.ca

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 bloodties@klondiker.com



OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact Jeanie info/appointment jeanievilleneuve@hotmail.com

Sandi's Crusade Against Hepatitis C/ Durham Hepatitis C Support Group Contact Sandi: smking@rogers.com www.creativeintensity.com/smking/ <http://health.groups.yahoo.com/group/CANHepC/>

Hamilton Hepatitis C Support Group 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman: 519-967-0490 or hepcnetwork@gmail.com <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613- 545-3698, hars@kingston.net, www.hars.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact: Bob 519-886-5706 bc.cats-sens@rogers.com or Mavis 519-743-1922 elroy222@rogers.com

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

Owen Sound Info and support. Contact Debby Minielly, 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, dminielly@publichealthgreybruce.on.ca www.publichealthgreybruce.on.ca/

Peel Region (Brampton, Mississauga, Caledon) Contact 905-799-7700 healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194 jcolangelo3@cogeco.ca

Sudbury Circle C Support Group 1st Tues. monthly. Contact Ernie 705-522-5156, hepc.support@persona.ca or Monique (Hep C nurse) 705-691-4507.

Toronto CLF First Mon. monthly Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjak@liver.ca

Thunder Bay Hep C support. Contact Janet Adams 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug Users Nationally undun@sympatico.ca

York Region Hepatitis C Education Group 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville.

Contact 905-940-1333, 1-800-361-5653

info@hepcyorkregion.org
www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307

ATLANTIC PROVINCES:

Saint John & Area: Information and Support. Contact Allan Kerr 506-633-4817

kerrs@nbnet.nb.ca

Cape Breton Island, NS The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486 info@hepatitisoutreachsociety.com.

PRAIRIE PROVINCES:

Regina, Saskatchewan HepC SK Contact Doug 306-545-1628 hep-c.regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hep-c.regina/>

HeCSC Edmonton Contact: Jackie Neufeld 780-939-3379.

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 wahas@telus.net www.wahas.ca

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Everyone is welcome. Contact Kirk: 204-772-8925 info@mbhepc.org www.mbhepc.org

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099



If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca by the 15th of the month.

Peppermint Patti's

FAQ Version 8.1!
Download it now, FREE

www.hepcbc.ca/faqsenglish.htm

All you ever wanted to know about Hep C. Latest research!