

Exercise, diet and other health issues for people with HIV

# Your body

Terrence  
HIGGINS  
TRUST



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**People with HIV often used to say that we would die of HIV anyway, so it wouldn't matter how much we smoked, ate or drank. Thankfully, that isn't true anymore.**

With good care and treatment, people with HIV can now expect to live to a normal age. We are less likely to get sick from HIV or AIDS than in the past.

But as we live longer and grow older, common health problems like cancer and heart disease are increasingly likely to affect us too. This means that **taking care of your health is more than a question of popping pills** and having blood tests.

This booklet describes how you can reduce the risk of these health problems by eating a healthy diet, stopping smoking, and getting more exercise. It also highlights the importance of getting enough sleep, and suggests some basic precautions to help avoid opportunistic infections.

This booklet is part of a range of publications produced by Terrence Higgins Trust to support you in living well with HIV. Most of these publications are designed to be suitable for you whatever your race, nationality, gender or sexuality.

This project has been made possible as part of the Treatment Information Providers Initiative, which is funded by the London HIV Commissioning Consortium.

## What is your goal?

A lot of this booklet is about making changes to lifestyles. This isn't always easy as it can involve changing habits and routines that we've got used to over a long period.

It may help if you set yourself goals. Decide what you want to achieve, and how you'll work towards it.

Set realistic goals  
– don't set yourself  
up to fail

Set short term,  
as well as  
long term goals

Set precise goals so you'll know when you've  
achieved them – “walk 20 minutes a day”  
is clearer than “be more active”

Reward yourself  
when you  
achieve goals

Work towards things  
that matter to you and  
will improve  
your quality of life

For example, you might want to cut the amount of fat you eat, and so give yourself the goal of eating fried foods no more than twice a week. Or you might want to be fitter, and set yourself the goal of being able to swim ten lengths without stopping.

It may also help to get the support of professionals. HIV dietitians, stopping smoking counsellors, and staff at sports centres can all help you to make the changes you want.

1

# Food and diet

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**Good nutrition is a key part of living healthily. It can help you maintain a healthy bodyweight and reduce the risk of diabetes, stroke, heart disease, cancer and osteoporosis.**

For people with HIV, as for anyone, food provides the fuel for the body. But as infections and illnesses can interfere with the way we use food and energy, people with HIV sometimes need more food than other people.

Low levels of vitamins and minerals can weaken the immune system, which protects the body against infections. Low levels of nutrients are a common problem for people with HIV, because side effects and infections make it more difficult for the body to absorb nutrients.

If lipodystrophy means you have raised blood fats and blood sugars, a balanced diet is important. It should lower the risk of cardiovascular disease (see page 18).

## A balanced diet

People with HIV can usually follow the same healthy eating advice as everyone else. Eating a balanced diet from a variety of food groups should mean that you get the full range of energy, fibre and nutrients that you need.



	Eat...	Examples	Advice
LOTS OF...	Fruit and vegetables	All fresh, frozen, canned and dried fruit and vegetables, and pure fruit juice.	Eat at least five portions a day. Eat a wide variety - fruit and veg of different colours contain different nutrients.
	Breads, cereals, potatoes and other carbohydrates	Breakfast cereals, pasta, noodles, rice, potatoes, couscous, yam, plantain, maize, millet, etc.	Base your meals on carbohydrates. Wholemeal, brown and high-fibre versions are particularly good because they give energy over a longer period. Avoid having them fried or with too much fat (like butter, cheese or a creamy sauce).
MODERATE AMOUNTS...	Meat, fish and other foods containing protein	Chicken, beef, tuna, salmon, fish fingers, etc. Eggs, beans, lentils, nuts, tofu and other meat alternatives.	Eat moderate amounts. Choose low fat alternatives if you can. Cut off visible fat and skin.
	Milk and dairy products	Milk, cheese, yogurt, soya milk.	Eat moderate amounts. Choose low fat alternatives if you can.
LESS OF...	Foods high in fats	Butter, margarine, cooking oils, salad dressings, crisps, cakes, chocolate, biscuits.	Most of us need to eat less. Avoid saturated fat (see page 13). Choose lower fat versions if you can.
	Foods high in sugars	Sweets, most fizzy drinks, jam, biscuits, cakes, puddings.	Most of us need to eat less. Check food labels for products with less sugar.

## What about vitamin and mineral supplements?



As a general rule, it's best to get most of your nutrients from food.

Nonetheless, in addition to a balanced diet, a daily tablet with several vitamins and minerals could top up what you get from food. But having more than the recommended dose can be dangerous.

## Individualised advice

Most HIV clinics have a specialist dietitian who you can see. This is someone trained to give advice about nutrition. They can give you detailed advice based on your situation:

- You may need to lose weight
- You may need to put on weight
- You may not be getting enough nutrients
- You may be concerned about lipodystrophy
- You may have trouble eating because of nausea, diarrhoea or illness
- You may need help with the food restrictions of your anti-HIV drugs.

If a dietitian measures your body composition regularly, they may spot problems early on.

Even if you don't see a dietitian, it's important to measure your weight regularly. Weight loss is often a sign of an infection or illness, and being overweight increases the risk of cardiovascular disease.

### Food and taking medicines

A few anti-HIV drugs have to be taken on an empty stomach, or with food, or only with a low fat meal. If you're not sure, check with your clinic.

## Avoiding getting too thin

If you are ill or have an infection, you may need more calories than usual to maintain your normal body functions. If you're not able to eat enough, you may have problems with weight loss, involving the loss of both fat and muscle.

It's worth speaking to your doctor or an HIV dietitian if you're experiencing unwanted weight loss, which is also known as wasting.

If weight loss is a problem, the aim should be to eat more. This may be easier if you have several small meals or snacks in the day, rather than two or three larger meals. It'll also help to always have food that you like in the house. Frozen food, ready meals and canned food can be useful, although these foods are not always the healthiest. You should still aim to eat a balanced diet, from the food groups listed on pages 6-7.

Weight loss is more likely during illness. A dietitian can give you specific advice about dealing with problems like having a sore or dry mouth, and on finding foods that are easier to eat. They can also advise you on dealing with drug side effects like vomiting and diarrhoea.

## Seven tips for eating well



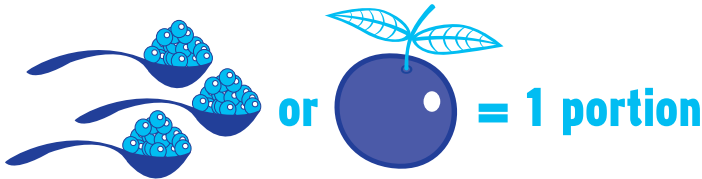
## Want to lose weight?

If you want to lose weight it's recommended to reduce the overall amount you eat, but still eat a balanced diet (see pages 6-7). You'll also need to get more exercise at the same time.

If you need to lose weight because of problems with lipodystrophy, it's worth seeing a specialist dietitian. You will probably need to cut back on saturated fats, and eat at least five portions of fruit and vegetables a day.

### Five portions?

This may not be as hard as it seems, especially if you know that a 'portion' is equivalent to three heaped table spoonfuls of vegetables, or a fruit the size of an apple.



So if you can imagine in one day eating some carrots, frozen peas, some lettuce, an orange and a glass of 100% fruit juice, then it may be possible to reach the target.

## Which fats?

Fats can be confusing.



### **BAD - Saturated fats**

**These are bad for the heart.**

Fatty meat, butter, cheese, cakes, biscuits, pastries, pies, coconut cream, palm oil etc.

### **OK - Unsaturated oils**

**These are healthier alternatives, but are best consumed in moderation.**

Olive oil, corn oil, rapeseed oil, and spreads based on these.



### **GOOD - Fish oil**

**It's good for the heart; we're recommended to eat oily fish twice a week.**

Sardines, mackerel, salmon etc.

## Eating on a budget

Social services, your HIV clinic or an HIV organisation may be able to help.

Carbohydrates like bread, pasta and rice are good for you and relatively cheap.

Nutritious but cheaper foods include eggs, beans and pulses.

Frozen and canned fruit, vegetables and fish are less expensive than fresh.

Cooking foods from basic ingredients costs less than buying ready meals.

Cooking double quantities and keeping half for the next day works out cheaper.

A meat stew will cost less if you use less meat, and add extra beans and vegetables.

Larger supermarkets and local markets are cheaper than corner shops.

Supermarkets often have less expensive 'value' ranges.

Fresh foods are often discounted on the last day of their shelf life, but must be eaten the same day.

## Exercise

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**Regular exercise is an essential part of a healthy lifestyle for everybody. It can improve your appearance and increase your life expectancy. It's good for the heart, lungs, circulation, mobility and posture.**

Exercise is also good for you mentally, since the body releases endorphins and other natural chemicals that make us feel good. It can help relieve stress, tension, anxiety and depression. You may feel relaxed, energised, and sleep better.



Specifically for people with HIV:

- Moderate exercise can help strengthen the immune system (although very rigorous exercise may not be helpful).
- If you often feel tired, exercise can actually make you feel better.
- If you've lost too much weight, the right exercise can help you build muscle (see page 25).

If you want to reduce the effects of lipodystrophy (see box on page 18), exercise is very important. Regular exercise can help improve your blood sugar and blood fat levels, and so reduces the risk of cardiovascular disease.

If you have put on weight because of lipodystrophy, exercise will help you lose body fat. If you have fat loss on your arms and legs, you may lose more weight. But a carefully planned programme of resistance training could help you build muscles to improve the appearance of your arms and legs.

## Lipodystrophy, raised blood fats and raised blood sugars

Lipodystrophy is a side-effect of some anti-HIV drugs. It involves losing or gaining fat from different parts of the body. These visible changes often happen at the same time as increases in the amount of fat and sugar in our blood.

Raised blood fats and sugars can increase your chance of having cardiovascular diseases such as heart disease, heart attack, stroke and high blood pressure.

The risk of cardiovascular disease is further increased if you smoke, don't get much exercise or are overweight. That's why it's recommended to stop smoking, exercise regularly and eat a healthy diet.

For more information, see *Your Shape*, another booklet from Terrence Higgins Trust.

## Getting started

Lots of people's feelings about exercise were formed during sports lessons at school. This makes some people think that only strenuous and competitive sport counts.

In fact, to improve health, just a little mild or moderate activity can make a difference. You can start by:

- **Getting off the bus a stop earlier, and then walking.**
- **Walking to the local shop rather than taking the car or bus.**
- **Using the stairs instead of the lift.**
- **Going dancing. (But not on drugs, which won't do much for your health).**

If you're a bit more ambitious, and want to change your body shape or increase your strength, you can try a more intensive and structured training programme.

It's worth speaking to your doctor before you start an exercise programme. He or she will probably think it's a good idea, but it's worth checking that there aren't any limits on what's safe for you.

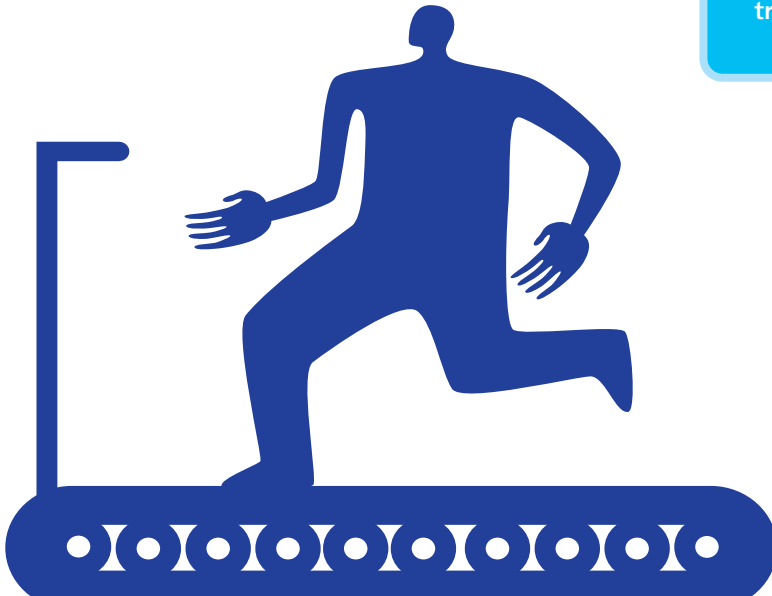
There are three main types of exercise – cardiovascular, resistance training and stretching.

## 1 Cardiovascular exercise

This is any activity that works the body and limbs in a rhythmical and continuous way. It can be a brisk walk in the park, a cycle to work or some laps in a swimming pool. It's also known as aerobic exercise.

At the gym, you can use machines like steppers, treadmills and bikes. But special equipment isn't necessary – dancing or climbing the stairs is good exercise too.

If you are concerned about the risk of cardiovascular disease, this kind of exercise is particularly important. It strengthens the heart and circulatory system. If you want to lose weight, it will also help.



### Cardiovascular exercise: how much?

It should be energetic enough to make you feel slightly hot, and a little out of breath. If you don't, the exercise is too easy, and won't make much of a difference to your health. As you get into shape, you can build up to more intense and tiring activity – but it shouldn't ever be so difficult that you have to really force yourself to continue.

It's recommended to be active for 20-30 minutes a day, at least three times a week. If you find this too strenuous, you could try three brisk 10 minute walks a day.

## 2 Resistance training

This strengthens your muscles, for example by using weight machines in a gym. It also includes:

- lifting free weights (dumb-bells and bar-bells),
- doing push-ups, sit-ups and squats,
- exercising at home with heavy objects like bottles of water and bags of sugar.

The aim is always to make your muscles lift heavier weights and work harder than they are used to. It's the best way to improve muscle mass, strength and endurance, which will give you more strength for everyday tasks.

Gym instructors can show you how to do exercises safely, and can prepare an individual exercise programme that works all the main muscles.

### Build muscle and burn fat at the same time

Resistance training actually helps you lose fat. The more muscle you have, the more fat you burn off, even when you aren't doing anything. And if you've gained fat around the waist because of lipodystrophy, resistance training may help you lose it.

## 3 Stretching exercises



Stretching exercises improve flexibility and movement.

Simple stretching exercises should be done before and after more vigorous activity. They involve holding different parts of the body in particular positions for 10 to 30 seconds. You don't need any special equipment, but it is important to be shown how to do it correctly.

You can also do yoga, pilates, tai chi and classes just for stretching. Apart from being good for flexibility, posture and muscle tone, they may also help you relax.

## Where to go?

Local authorities usually have information on sports clubs and facilities.

They may list them on their website, or you could ask at a library. Or use [www.activeplaces.com](http://www.activeplaces.com), a website listing sports facilities across England.

Local authority gyms are usually cheaper than private gyms. If you're on benefits, local authority sports facilities normally offer reduced rates.

In some areas, there are gyms that can develop special programmes for people with lipodystrophy. Ask at your HIV clinic.

There are lots of books and DVDs to help you plan a programme, or to exercise with at home.

## Food and drink

It's very important to drink enough liquids when you exercise – before, during and after. Extra water can help you replace the fluids you lose through sweat.

It's not a good idea to exercise either on an empty stomach or too soon after a full meal. Half an hour after a light snack should be OK.

Have something to eat after you've finished – no more than two hours later. Also, exercise increases your need for calories and improves appetite, so you may need to eat more. See pages 3-14 for more on a healthy diet.

## Listen to your body

If you're recovering from a cold, feeling feverish or dizzy, have swollen joints, are vomiting, have diarrhoea or are otherwise under the weather, it's probably not a good idea to exercise that day.

Also, if you are overly tired in the middle of exercise, it's probably time to stop.

## Lost too much weight?

People with HIV sometimes have problems with weight loss, which is also known as wasting (see page 10). In terms of exercise, too much cardiovascular exercise could make the problem worse. However, resistance training can help you build muscle. It will also be important to increase your calorie intake.



**It'll be easier to stick to a programme if you choose activities that you enjoy.**

**Don't set yourself up to fail by being over-ambitious. Start slowly and build up to more difficult things.**

**Motivate yourself with goals (and rewards for when you've achieved them).**

Set goals that you can realistically achieve in a month or two, and that are precise and measurable. For example "swim ten lengths without stopping" is clearer than "go swimming".

## **Eight ways to keep motivated**

**Make exercise part of your weekly routine, otherwise you may not keep it up. Don't feel guilty if you miss it once or twice – but do go back.**

**Change your programme and activities if you're getting bored.**

**If you don't feel comfortable in a gym or sports club, try another one.**

It may be more fun to exercise with other people. You could join a running, swimming or soccer club. Sports and team games are good exercise too.

## Steroids

Steroids are drugs which can help people build muscle mass. They are synthetic versions of male sex hormones, and are usually only taken by men. Doctors sometimes give them to people experiencing weight loss, and they are also sold illegally by dealers in gyms.

People often see them as a short cut to weight gain and larger muscles. But they can damage your health in other ways:

- serious liver problems
- raised blood fats, leading to heart disease
- acne, baldness and shrunk testicles
- anger, mood-swings and other psychological problems
- hepatitis C and other infections (if injection needles are shared)

If you're thinking of taking them, it's worth getting more detailed information. Speak frankly to your doctor, who will want to pay special attention to your liver, kidney and cholesterol tests. People who take them need to work out regularly, drink a lot of water, eat well and get lots of rest.

A booklet, *In Gear: a gay man's guide to steroids* is available from **Camden Primary Care Trust** on **020 7530 3956**, or [goodsexualhealthteam@camdenpct.nhs.uk](mailto:goodsexualhealthteam@camdenpct.nhs.uk)

# 3

## Stopping smoking

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## Smoking is the biggest single cause of illness and death in the UK. It contributes to cancers, heart disease and stroke. It's also a particular problem for people with HIV.

Research shows that HIV positive smokers die younger than HIV positive non-smokers. Smoking increases the risk of:

- **Cardiovascular disease.** This may already be more likely because of lipodystrophy and raised blood fats (see box on page 18).
- **Cancer in the lungs and around the mouth.** This affects more HIV positive smokers than HIV negative smokers.
- **Emphysema,** a disease which causes breathlessness.
- **HPV,** a virus that increases the risk of cervical cancer for women.
- **PCP,** a form of pneumonia that affects the lungs.
- **Bronchitis and other lung diseases.**

Doctors say that just cutting down on the amount you smoke, or smoking low tar cigarettes, won't make a big difference to your health. It's better to give up completely.

The earlier you stop, the better for your health. Still, **it's never too late to quit** – even people who stop aged 50 or 60 substantially reduce their risk of getting lung cancer.

But as everyone knows, stopping smoking is hard. Many people find it takes several attempts. You may have to cope with physical cravings, moments of temptation, making changes to your habits, and being in places where other people are smoking.

**Smoking 20 cigarettes a day costs more than £1,800 a year.**

## Quitting

If you decide to stop smoking, it may help if you think through *why* you want to give up. Keep in mind the reasons that matter to you, whether it's always smelling of smoke, feeling addicted, the money you spend or the long term health problems.

Perhaps you're someone who smokes at particular times of the day, or in particular situations. It may be when you have a drink with friends, have a coffee break or when you're stressed. If this is the case, try to work out what are the 'triggers' for you to have a cigarette, and see how you can either avoid those situations, or do something instead of smoking.

Some people do manage to stop with willpower alone. But research has shown that more people are able to quit when they get professional help, or use nicotine replacement therapy (NRT).

## Professional help

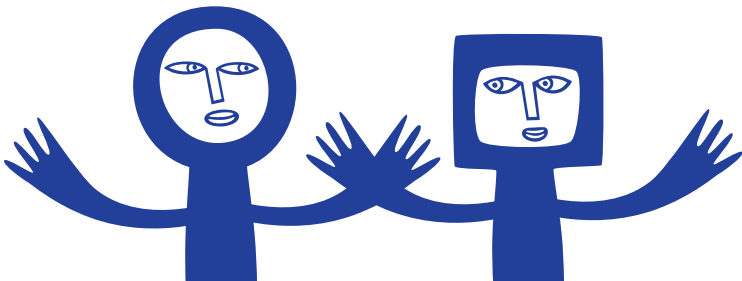
This could be from a doctor, nurse or counsellor. It could be one-to-one information and advice, or it might involve taking part in weekly group meetings. In a group, you can get support from other people who are quitting at the same time, and this may help keep you motivated.

Help like this is provided free by the **NHS Stop Smoking Service** who can be contacted on **0800 169 0 169** ([www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)). They also publish a useful booklet, *Giving up for life*.

Some HIV organisations also run stop smoking groups.

## Nicotine replacement therapy

Nicotine patches, gum, nasal sprays, inhalers, lozenges, and tablets that you put under your tongue are all forms of nicotine replacement therapy (NRT).



## NRT

Patches are worn on the skin throughout the day, and provide a slow constant dose of nicotine.

Gum can be used whenever you feel the urge to smoke. It should be chewed slowly and then rested between your gum and the side of your mouth, repeatedly, for about 30 minutes.

Nasal sprays are most useful for heavy smokers who are highly dependant as the nicotine gets into the bloodstream quicker.

Lozenges, tablets and inhalers also exist.

Most of these products are available in different strengths.

The choice of NRT products will depend on how often and when you smoke.

They give you a small, short-term supply of nicotine, while you get out of the habit of smoking. Most people use it for the first three months after stopping smoking, although you can use it for longer if you need to.

You can use NRT to help you get over the addiction to nicotine gradually. Tobacco smoke contains

carbon monoxide and tar – these are the chemicals which contribute to heart disease and cancer. Nicotine is less damaging, but is addictive.

Using NRT should mean your withdrawal symptoms will be less severe. These can include feeling depressed, irritable, frustrated or anxious; having trouble sleeping; or craving cigarettes.

Some people get side effects from NRT, including headaches, nausea and dizziness. They may also cause irritation wherever they are applied – for example, patches can irritate the skin, and gums may cause dryness in the mouth and throat. It's worth getting more detailed information before you start.

But research has shown that you can almost double your chances of quitting if you use nicotine replacements. They are available on prescription from the NHS Stop Smoking Service and GPs. Chemists sell them without a prescription, but they can be more expensive this way.

If you have a heart or circulatory condition, or are pregnant, it's worth getting a doctor's advice before using NRT.

## Zyban

Zyban (also known as Bupropion) is a drug which helps people quit, by interfering with brain chemicals. However Zyban interacts with some anti-HIV drugs. It's essential that the person prescribing it knows about any other medication, including anti-HIV drugs that you are taking.

# 4

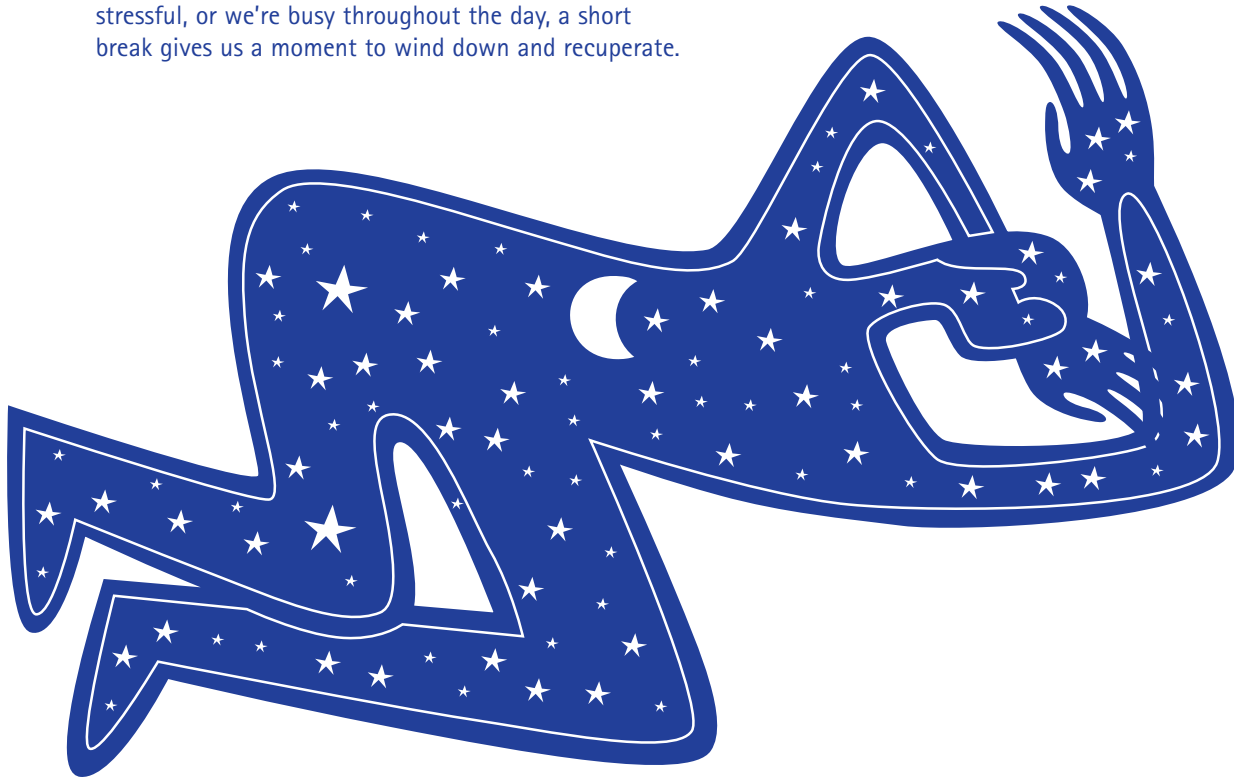
## Rest and sleep

**38** If you're not getting enough sleep

**39** How food and drink affects sleep

**Rest and sleep are essential for our physical and mental health. When we don't get enough, it puts a strain on the immune system. We're also more likely to have problems concentrating and making decisions.**

We all need time to switch off and recover from the pressures and concerns of everyday life. If things are stressful, or we're busy throughout the day, a short break gives us a moment to wind down and recuperate.



Sleep is particularly important. Doctors think it's better for adults to get seven or eight hours of sleep a night, rather than napping during the day. Older people may need less sleep. And it's not necessarily a problem to sleep less than this - if you do, and are not tired during the day, you're probably getting enough.

## If you're not getting enough sleep

When you can't sleep, it's probably not a good idea to lie in bed worrying about it. It's better to get out of bed and do something relaxing - read, put on some quiet music or listen to the radio until you feel tired enough to go to bed again.

If something is troubling you and there is nothing you can do about it right away, it may help to write it down and tell yourself that you will deal with it tomorrow.

The following may make a difference to the quality of your sleep:

Getting regular exercise, especially in the late afternoon or early evening

Having a comfortable bed and mattress - not too hard or soft

Only going to bed when you are sleepy

Having a bedtime routine that helps you unwind

Getting up at the same time every day, whether you are still tired or not

Being in a comfortable bedroom - not too hot, cold, noisy or light

Taking time to relax before going to bed

Only using your bed for sleep - don't watch TV, talk on the phone or eat in bed

Not taking long naps during the day - they will affect your natural rhythm

## How food and drink affects sleep

A large or late meal will be difficult to digest.

Alcohol can help us fall asleep, but we're more likely to wake up in the middle of the night.

Caffeine stays in the body for several hours and reduces the quality of sleep. It's found in tea, coffee, and cola. Milky or herbal drinks are more likely to be caffeine free.

Nicotine is also a stimulant that stays in the body. Cigarettes (and replacement patches or gum) can affect your sleep.

Stimulant drugs such as cocaine, ecstasy and speed affect sleep too.

A few people find that sleeping problems are a side-effect of their anti-HIV medication, especially the drug Efavirenz (Sustiva). You may want to speak to your HIV doctor about this.

Sleeping tablets used to be taken a lot but we now know that some of them can be addictive and can leave you tired and irritable the next day. They may lose their effect after some time, and should only be used for a few nights at a time. They are only available on prescription.

It can take several weeks to develop new sleep habits. These simple guidelines can help improve your sleep, but it may take time.

# 5

## Avoiding infections

**43** Gum disease

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**HIV attacks the immune system, which means that our bodies may find it difficult to fight off everyday bugs and infections. This is especially true when the CD4 count is below 200. Basic hygiene and simple precautions will help you avoid some of these infections.**

- Wash your hands thoroughly, with soap and hot running water:
  - after using the toilet
  - after handling rubbish
  - before and after preparing or eating food.
- Sexually transmitted infections can damage your health. See other Terrence Higgins Trust booklets for more detailed information.
- If you know that someone has infectious TB (tuberculosis), avoid contact with them.
- Use different cloths to clean kitchen worktops, floors and the bathroom.
- Wash kitchen worktops thoroughly (preferably with bleach) after they have been touched by raw meat, poultry, fish or eggs.
- Be careful with dirty nappies, diarrhoea, pet waste, and garden soil. Use rubber gloves, and clean up with hot water and disinfectant.
- You are probably immune to any infections from a pet you've had a long time. But there could be risks from a new pet, especially a young one. Speak to your doctor for more advice.

- There may be a risk with drinking water in some foreign countries. Tap water in the UK is usually safe for people with CD4 counts above 200. Otherwise it can be boiled for five minutes, left to cool, and stored in the fridge.
- Check with your doctor before travelling to a developing country.

**Gum disease and other mouth problems are more common amongst people with HIV than other people**

Brush teeth thoroughly for two minutes twice a day.

Make sure you brush behind the teeth, at the back of the mouth, and where the teeth join the gums.

Floss each day.

Use mouthwash.

Avoid sugar between meals, and drink water throughout the day.

If you don't see a dentist regularly, your HIV clinic may be able to recommend one.

## Food poisoning

People with low CD4 counts are more vulnerable to food poisoning. Take care with:

Raw eggs, meat, seafood, fish and sushi



Undercooked chicken and pork



Unpasteurised dairy products



Live yogurt and probiotic drinks



Food past its sell-by date



Unwashed fruit and vegetables



Left-overs (they need to be thoroughly reheated and eaten within two days)

For details of local services, information, advice and support, contact us:

THT DIRECT > 0845 12 21 200

[www.tht.org.uk](http://www.tht.org.uk)

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