

HIV AND YOUR SKIN

WHY IS SKIN HEALTH SO IMPORTANT?

Your skin is your body's largest organ and a critical first line of defense for the immune system. When that defense is broken—from cuts and sores—your body is vulnerable to infections. Skin (and hair and nail) problems can be a sign that you're dealing with a health concern that may be affecting other parts of your body. Studies show that over 50 percent of people living with HIV experience some kind of skin condition in their lifetime. Not all skin problems require urgent care, but when in doubt talk to your health care provider.

WHAT CAUSES SKIN PROBLEMS?

Bacterial infections include *Staphylococcus aureus* (including drug-resistant strains of the bacterium [MRSA]), which can cause painful abscesses, and others that cause bumps, flakiness and redness of the scalp and skin. Most are treated with prescription antibiotics, either creams or pills.

- **Viral infections** include warts, molluscum and sores or shingles from herpes viruses. Treatment involves antiviral drugs or burning or freezing for warts.
- **Fungal infections** affect not only your skin but your fingernails and toenails too, and are usually treated by creams or pills in more aggressive cases.
- **Skin cancer** can appear as oddly shaped moles, red bumps and skin discolorations and should be checked by a dermatologist. Treatments range from minor surgery to radiation and chemotherapy. One cancer, called Kaposi's sarcoma (KS), is most common in people with low CD4 cells. The most potent treatment is effective antiretroviral therapy to strengthen the immune system, though KS lesions can sometimes be treated with radiation, chemotherapy or a topical gel.
- **Psoriasis**—caused by a hyperactive immune system—leads to scaly red patches often near your joints, and is usually treated with prescription steroids in pills or creams. A similar condition, known as eczema, is usually treated with creams, while chronically flaky and bald skin may require special lotions and bath preparations.

CAN HIV MEDICATIONS CAUSE SKIN PROBLEMS?

Rash is a fairly common side effect when people begin taking non-nucleoside reverse transcriptase inhibitors like nevirapine (Viramune), efavirenz (in Sustiva/Stocrin and Atripla) and etravirine (Intelence). The rash usually isn't dangerous and typically goes away within a couple of weeks without the need for treatment.

Of the nucleoside reverse transcriptase inhibitors, abacavir—found in Ziagen, Epzicom and Trizivir—is known for skin rash. This typically occurs shortly after starting treatment and is part of a more serious allergic reaction in approximately 5 percent of people who use the drug. If abacavir is stopped because of an allergic reaction, it should never be restarted—symptoms can return quickly and become life-threatening. Fortunately, a simple blood test is now available to help HIV-positive people determine if they're at risk for an allergic reaction to abacavir before they start taking the medication.

Some protease inhibitors (PIs) can cause a rash, including tipranavir (Aptivus), darunavir (Prezista) and fosamprenavir (Lexiva). The PIs atazanavir (Reyataz) and indinavir (Crixivan) can also affect a liver enzyme called bilirubin, which can cause jaundice—otherwise harmless yellowing of the skin, nails and whites of the eyes. Since jaundice can be a sign of liver damage, it should always be investigated by a health care provider.

Hyperpigmentation—discoloration of the skin and nails—has been seen in some people treated with zidovudine (found in Retrovir, Combivir and Trizivir) and emtricitabine (found in Emtriva, Truvada and Atripla). It usually occurs in dark-skinned individuals.

QUICK TIPS

You can't be too kind to your skin.

■ BAND-AID

Cover nicks and cuts with bandages to help them heal and prevent them from getting infected.

■ TAKE YOUR MEDS

Keep your immune system healthy and your CD4s high to prevent many skin conditions.

■ DON'T TOUCH

Don't let your bare skin touch floors, benches and equipment in gyms and saunas.

■ RUB IT IN

Always wear sunscreen with a sun protection factor (SPF) of 30 or higher and stay out of the sun when it is highest in the sky. And stay out of the sun if you're on a medication that increases your skin's sensitivity to harmful rays (ask your doctor or pharmacist if you're not sure).

■ TALK TO YOUR DOC

Tell your doctor about any skin problems and have him or her track the shape and size of moles and skin discolorations.

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