



Eliane

Facts about HIV and other conditions

- HIV is a viral infection that can be treated effectively. In The Netherlands the medication and treatment are accessible to all who need and costs are covered by the basic health insurance.
- HIV medication has to be taken every day to keep the virus suppressed and when suppressed, the virus cannot be passed on during sex, U = U.
- There are many regimens available and changing regimen is possible when side effects remain or when interaction with other medication occurs.
- Never stop or change the HIV medication without consulting the HIV specialist.

If only I could choose...

Some people say that they would prefer diabetes or any other disease above HIV. Well, I have both. Living with double trouble. If only I could choose, I prefer to have HIV.

In 1999 I was in a boarding school in Burundi. I started feeling fatigue, had a constant headache, a dry mouth, I could drink litres of water and still be thirsty. I urinated very often and my sleep was disturbed as I needed to go every half hour. One day in class I collapsed. I was taken to the hospital and it turned out that I had high diabetes. Normal sugar levels in the blood are between 4.1 to 6.1. Mine was as high as 24! It was life threatening. When a person with diabetes has a high sugar level it's called 'hyperglycaemia'. Insulin is used to push it down to normal. I was at intensive insulin treatment for ten days. It was – and still is – a struggle to live with diabetes. I was on a strict diet. Sometimes I was afraid to eat, as there was food I was not allowed to eat. I would still inject myself with insulin, without having eaten. This results in 'hypoglycaemia'. The sugar level will drop below 4.1, to 3 or 2. When it drops to 1, you enter in a coma and you can even die asleep. They prescribed medication, 'metformin', two tablets per day. Then, four years later, HIV came into my life. I was under treatment with two different healthcare providers. My diabetes was getting worse and the medication was raised. I often visited my GP because of diabetes complications. I then realised it was in my own interest not to hide my HIV status, because my GP and HIV specialist need to work together

to avoid any medication interaction. I am having many complications of diabetes, like high cholesterol levels and high blood pressure. I even had a heart attack in 2015 and last year my eyes were operated for cataract. It is quite difficult to manage diabetes and many times I went into a 'hypo', as we call it when the sugar level drops. Every night I go to sleep being afraid that I may not wake up. So I have emergency tools at hand, like cola, dextrose and biscuits, that rapidly level the sugar when I go into hypo. Also for health professionals it is confusing to deal with double trouble. One day I consulted my GP for something and she told me: "Eliane, I am not sure what to do with your problem, go consult your HIV specialist." Then my HIV doctor tells me that this problem should be addressed by the GP. I am like: "Should I blame diabetes or HIV for this?" Still, I feel very fortunate that they all work together as a team, the GP, the HIV specialist and the pharmacist. This is why it is so important to tell other health professionals about HIV. I am still here and my journey continues!

Hiv Vereniging

The Dutch Association of People Living with HIV (Hiv Vereniging) represents the interests of all people with HIV in the Netherlands, irrespective of background. We provide information about living with HIV and organise all kinds of meet-ups.

Servicepunt

Our team of expert volunteers can be contacted for any question about living with HIV, by telephone on Mondays, Tuesdays and Thursdays from 14:00 – 22:00 hrs, or by email: servicepunt@hivvereniging.nl.

See www.hivvereniging.nl