

Coming to terms

with HIV

BASIC TIPS ON UNDERSTANDING MEDICAL TERMINOLOGY

by Cathy Elliott Olufs

Living with HIV is a constant learning process. Not only are we forced to learn about the disease itself, but in many instances we must learn the medical jargon that's associated with it.

For those of us who lack a formalized medical education, this is often a difficult process. I remember learning early on during childhood that in reference to the human body there were usually at least two, sometimes three, different names for the same part. There was the common term we all learned (head, arm, skin, etc.), and then there was the obscure "medical term." How many of us remember having this one pulled on us in the third grade? "Psst! Hey, your epidermis is showing!" Invariably we glanced down, mortified, toward our genitals, assuming we'd left something unzipped, only to have the other kids laugh and say, "Epidermis means skin!"

For most of us who didn't pursue a medical career, our vocabulary of medical terminology dropped off after high school biology class. I recall during the first few years after my diagnosis striving to learn as much as I could about the disease. I attended countless medical updates and conferences only to come out feeling more confused than when I went in. What in many cases could have been said simply by using good old-fashioned English got twisted around with medical jargon (I guess it's what separates them from us. Talk about a language barrier!).

But, before we criticize the medical profession, we must realize that these powerful and, in many cases, brilliant people to whom we entrust our lives have spent years, and years, and years in school learning this stuff. We can't really expect them to flip back and forth; we need to meet them halfway. It wasn't until I got a grasp on the lingo they were using that I began to understand what they were talking about. In doing so, I began to take charge over my own care.

The basics

Most medical terminology derives from Latin or Greek. If you didn't take it in school or even if you did, visit the local library and check out a medical dictionary (perhaps your doctor will let you borrow one). *The Physicians Desk Reference* is great to start with. By no means will you become an expert overnight; that takes years. But at least if you can understand some of the words and how they're formed, you'll be well on your way toward making sense of what you read and hear at conferences and updates regarding new medications and research.

First, take a look at the whole word in question. Let's take the word *pancytopenia*. Break it down into the various parts: the prefix, root and suffix. **Pan** is the prefix (meaning *all*). The root is **cyto**, referring to *cell(s)*. And **penia** is the suffix (meaning *a deficiency*). So the definition of *pancytopenia*: *a deficiency of all blood cells*.

Got it? OK. Let's try another. How about *lipodystrophy* (everyone's favourite!). Break it down: **lipo** means *fat*; **trophy** is talking about *growth or development*. And anything with **dys** means *abnormal*. So there you have it. *Lipodystrophy*: *an abnormal development of fat!* Here's an easy one: *carcinogenic*. **Carcin** means *cancer*, **genic** is another way to say *causing*, so "cigarettes are carcinogenic," right? Ta da!

Maybe you're not as enthusiastic about all this as I am. That's OK. I'm sure that as you gradually learn this stuff, eventually you'll come across one of those words that you hear frequently but never really understood, and you'll be able to use this format to figure it out and say, "Ah ha! So *that's* what that is. Cool." ✂

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common terms

The following is a list of commonly used medical terms to start you on your way. Good luck!

- a** = an absence of (for example: *a/vir/emia*)
- aden(o)** = gland (*adeno/pathy*)
- alg** = pain (*neur/alg/ia*)
- anti** = against (*anti/retro/viral*)
- auto** = self (*auto/immune disorder*)
- cerebr(o)** = brain (*cerebro/spinal*)
- contra** = against (*contra/ceptive*)
- cyt(o)** = cell (*macro/cyte*)
- dys** = abnormal (*dys/plasia*)
- emia** = in the blood (*tox/emia*)
- encephal(o)** = brain (*encephal/itis*)
- endo** = inside (*endo/scopy*)
- erythr(o)** = red (*erythro/cyte*)
- gastr(o)** = stomach (*gastr/itis*)
- glyc(o)** = glucose (*sugar*)
- hem(ato)** = blood (*hemato/logy*)
- hepat(o)** = liver (*hepat/itis*)
- hyper** = high (*hyper/lipid/emia*)
- intra** = inside (*intra/muscular*)
- itis** = inflammation (*pancreat/itis*)
- leuk(o)** = white (*leuko/penia*)
- lip(o)** = fat (*lipodystrophy*)
- mal** = bad, abnormal (*mal/nutrition*)
- mening(o)** = membrane (*mening/itis*)
- my(o)** = muscle (*my/algia*)
- myc(o)** = fungus (*myc/osis*)
- opsy** = to view (*bi/opsy*)
- osis** = condition (*fibr/osis*)
- path(o,-y)** = disease (*neuro/pathy*)
- penia** = deficiency (*neutro/penia*)
- oma** = tumor (*lymph/oma*)
- peri** = around (*peri/oral*)
- phleb** = vein (*phleb/o/tomy*)
- plasia** = development (*dys/plasia*)
- rrhe(a)** = flow (*a/meno/rrhea*)
- scopy** = examination (*colpo/scopy*)
- terato** = birth defect (*terato/genic/ity*)
- thromb(o)** = clot (*thromb/osis*)
- tox(i)** = poison (*tox/emia*)
- troph** = development (*a/troph/ic*)

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The Divine Secrets of the Sisterhood

TREATMENT INFORMATION FOR WOMEN LIVING WITH HIV/AIDS

by Lark Lands

Women are different from men. Wow, aren't you glad you decided to read this article? Though this fact may seem obvious, too often in the world of AIDS it's been ignored. Although early concerns that HIV+ women might progress to AIDS more quickly than men have been laid to rest, there are many other ways in which women do, indeed, differ. In order to obtain the best possible treatment for your disease, it is crucially important to be well informed about these issues. Here are a half-dozen things that women wishing to live long and well with HIV should consider.

1 LIFE ISSUES

First and absolutely foremost, all the aspects of a woman's life that affect the likelihood that she will be properly cared for must be addressed. Many women living with HIV are caregivers. Some have jobs where they work long hours. Many have lives that are simply overwhelmed by the demands of daily living, to which HIV adds another huge burden. The result may be that taking care of themselves — body, mind and heart — may go by the wayside. And that absolutely must not happen.

Mardge Cohen, MD, the director of Women's HIV Research and the senior physician at Cook County Hospital in Chicago, says, "The biggest issue that women with HIV face is how many issues they face. Managing their medication regimens as well as their jobs and families, worrying about transmission to others, recovering from the difficulties of disclosure, and managing other medical and gynecologic problems are all major issues. For some women, the combination of these medical and psychosocial problems can be quite devastating."

It is estimated that worldwide almost two-thirds of women with HIV/AIDS are caring for at least one child under the age of 16, and for

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