

Life with Hepatitis Society of Central Alberta

PHASE II: For the Peer Supporter

Introduction

The Life with Hepatitis Society of Central Alberta advocates for and provides services to individuals dealing with the effects of the hepatitis C virus. This support is intended not only for those individuals who are infected by the virus but also those who share significant relationships with the individual. We recognize the importance of offering support to all of the people affected by this illness and because of this a Peer Support Program has been developed.

The Toronto Harm Reduction Task Force stated that “Peers have ‘insider knowledge’ that no amount of observation or formal education can master. Peers can ‘walk-the-walk and talk- the-talk’...” We strongly support this statement and believe that there are many valuable skills that a peer support person can offer to an individual seeking a peer relationship. Further, we believe that:

1. Peers provide information and insight in clear language
2. Peers are more likely to be trusted
3. Peers understand

Personal Stories

I. Life with Hepatitis

My story begins on December 5, 1978. I was eighteen years old and had just given birth to my third baby girl. The nurses wheeled my bed into the recovery room and cleaned me up. My uterus was not contracting properly and I started passing large blood clots. After a couple of hours of bleeding, they decided to call the doctor to check back on me. She pulled out the remainder of the placenta which had broken in delivery. I had hemorrhaged so badly that they decided that I needed blood transfusion to save my life. They put two units of blood back into me before I could stay awake and started to feel better. Thank God they did so that my children had a mom to raise them and for me to be here today.

Eighteen months later on June 23, 1980 I woke up feeling very tired and my skin was as yellow as mustard. I didn't know what was happening to me. I went to the doctor only to be rushed straight into a quarantine room. No one explained to me what was going on. The doctor walked in wearing a surgical mask and said that I had Hepatitis B. He said that it was very contagious and that any of my family and friends who had been in contact with me would need to be inoculated for the Hepatitis B virus. They said that this would prevent it from spreading through the community. I became very frightened when they said that they wanted to quarantine my home. They hadn't even taken any of my blood for testing but had already diagnosed me. I panicked and thought I was going to die. Instead of staying in a town which scared me, we packed up my family and moved, hoping they were wrong.

I saw another doctor after I settled into my new home. I told him I had Hep B and explained that I hadn't waited around for the results from the last doctor because he had scared me so badly. He drew blood and explained that I may need some help with my children and housework because I could get quite sick. He also said that I might be admitted to the hospital for awhile so someone could care for me and wondered if there was anyone to look after my kids. The test results came in and it turned out that I didn't have Hep B but instead the doctor explained that I had a different strain of the virus which they called non-A/non-B Hepatitis. He explained that it wasn't contagious like Hepatitis A and B but that it would cause major damage to my liver if I didn't stop drinking or take better care of myself. After I left his office I felt terrified and confused and I cried for awhile. As I arrived home my youngest daughter ran into my arms and gave me a big kiss which made me feel needed and I decided that my life was worth fighting for and I quit drinking that very moment.

As the days passed my jaundice got worse. I was tired all of the time. I could hardly get out of bed. I had no appetite and my energy levels stayed very low. My skin was itchy, my urine was a horrible brown color and I was nauseated all of the time. This went on for months before I felt any better. I lost a few pounds as well as precious time with my children. I figured it was all behind me but little did I know that Hep C would eventually consume my life.

As time passed I began to experience ever increasing health problems. I had indigestion, itchy skin, insomnia and pain in my upper abdomen. After numerous tests for ulcers allergies, they couldn't find anything wrong me. Fatigue always played a part in my life. Some people thought I was lazy and that I just wasn't trying hard enough. I thought something was wrong with me mentally and so I started to regularly see a psychologist who said that I really didn't need to see her.

In 1984 I started to see a new doctor who was confused by my symptoms. After performing blood tests he said that I had Hepatitis C. He explained that it was the same virus that I had been diagnosed with before (non-A/non-B) but that they had given it a new name. He claimed that all of my ailments were a result of my depression and anxiety over hepatitis and told me not to worry so much so I tried not to. However, I discovered that drinking was a real problem. I suffered extreme hangovers which lasted up to four

days during which my energy level bottomed out. Medications were also a big problem for me. I couldn't take any kind of painkiller, including aspirin. Most stomach medications gave me extremely bad hives as did hair spray and other chemical products. This was not the case before I contracted hepatitis. I knew something was very wrong but I learned to suffer in silence.

In 1989 I was experiencing a lot of pain under my ribs. The doctor thought I had an ulcer and more tests were done. They all came back negative so I was sent to a specialist who said that my gall bladder needed to be removed. I had 22 staples up my abdomen but the pain in my stomach prior to surgery never went even after a part of my body was removed. I blame all of my ailments on hepatitis C. Over the years I have suffered through osteoarthritis, itchy skin, stomach problems, headaches, sweating, eating and sleep problems and my feet ached most of time.

In 1994 my father needed a kidney transplant. The only one of his five children who matched his blood type was me. After a discussion with my family I decided to offer to donate one of my kidneys to save my dad. The doctor was pleased that I had come forth because he felt that my father's health was failing rapidly and the odds of a man his age receiving an anonymous donor kidney were pretty low. He asked me all sorts of questions and explained that extensive blood work would need to be done. He finally asked whether I had ever been diagnosed with hepatitis and I felt sick when I told him I had hep C. He sat back in his chair and closed my dad's file. He said that I could not donate my kidney because I would pass the virus to my father and it would most likely kill him. I went home a couple of days later feeling like had failed my father. He received a kidney two years later and died a year later after developing cancer caused by his anti-rejection medications.

In 2002 my husband of 27 years discovered he was also infected with the HCV. He had been tired for a couple of years prior and his stomach was always upset but we had figured it was caused by the fact that he worked too hard. The doctor felt that the virus had been transmitted through sex or razor blades. I felt terrible for giving my husband a horrible illness. He didn't blame me and he said that since I got it from having our baby he could share some of the burden I'd carried for so many years. All I could think was that our family could lose two parents to the same illness. I felt like hepatitis C was taking another life from me.

On June 30, 2003 I had a liver biopsy done to establish how much damage had been done and to decide whether or not to start *Pegatron* injections. It showed that I was between the second and third stages of liver disease. My doctor started me on the injections on July 4, 2003. I was terrified at first because I would have to give the injections to myself. My nerves were a wreck but it wasn't nearly as painful as I thought it would be. I went to bed at 4:00 am every night and woke up feeling cold and nauseas. That went on for months and I lost 70 pounds over 49 weeks.

June 4, 2004 was my last injection day. I sometimes feel a little ill but I'm told that it will pass quickly. I'm going to have a turkey dinner to celebrate my new health because all of tests so far have shown that I'm negative for hepatitis C. I've invited all of my family and friends to celebrate that there is always hope in life. I'm living proof of it. I now have five grandchildren to spoil and watch grow up. Life couldn't be any better!

After my drug therapy I haven't had any stomach pain or sore feet. I eat better, my skin has cleared up and I don't sweat profusely anymore. I have had all of these symptoms for 25 years and it's great that they are all gone. Best of all, I have enough energy to exercise everyday and this is something I certainly couldn't do before.

I write this today in hope of the creation of a support group for people with the Hepatitis C virus; a group that can help answer questions that doctors cannot and to be there when the virus progresses. We need a group that will allow us to share similar symptoms and experiences and to express the feelings and fears that we live with every day.

Frustration runs high where Hepatitis is concerned. It feels as though nobody wants to listen or acknowledge that we exist. It seems that the government wishes we would disappear so that they won't be held responsible for allowing the virus to consume so many Canadians. Many people in my life including my husband, uncle, cousin, and three of my friends have Hepatitis C. They have made me want to help other people to find a way to live comfortably with this virus.

II. Changing My Life

My name is Donna and I am a recovering addict. This is my story.

It seems to me that my life was already messed up before I was born.

On December 23, 1950 a young woman who had been raped gave birth to a baby girl. Her father had stated that he wouldn't have anything to do with the 'bastard' child she had named Marion. The child was given up for adoption to a Christian family who had lost a baby boy at birth and who were thrilled to have a new child to love.

My new family lived on a small farm in British Columbia raising milk cattle and growing hay. They also kept a few slaughter pigs and chickens. At the age of 18 months my mother left me in charge of my new baby brother. She had to go out and milk the cows and told me that if he woke up I should come and get her. I knew that when he cried my mom would sprinkle baby powder on him so I tried it. It made him cry even harder.

When I was eight years old I was expected to pick raspberries, to clean up my brother's rows and to supervise the other pickers. I was also learning how to play the piano. I enjoyed it because I loved music. When I was twelve I started to baby-sit for my friend's older sister. They had a newborn baby who was eight days old. They also had a three year

old girl who cried the whole time they were gone. On several occasions the father of these children tried to touch me in all of the wrong places.

At the age of fourteen my mother requested that I go to work at a poultry farm where chickens and turkeys were slaughtered. I worked in the cooler where the birds were placed in vats and then hung up on hooks. I hung the birds. The job paid \$1.47 an hour and the money I earned went towards attending a Christian school (and I didn't want to be there). I rebelled and went to work at a dairy bar where they had ice-cream and also soup and sandwiches. I really enjoyed the job and it wasn't nearly as hard on the back as those nasty birds.

I attended church, Sunday school and high school with all of the same kids and teachers and was bored by this. At the age of sixteen I decided that I wouldn't put up with it any longer and decided that I would get married to the first man I met. This happened right after my sixteen birthday, Dec 23, 1966. I didn't really have any feelings for this man but it got me away from the boring lifestyle I was living with my parents.

We lived in Vancouver and it was here that I met the heroine addicts who became my friends and introduced me to my drug of choice. I was seventeen years old, on the street and scared so I decided to leave Vancouver and hitchhike to Calgary. How I got there is still a mystery.

I met the father of my first child in Calgary. Buddy worked for a carnival out of Tampa, Florida. I started to hang out in the arcade where he fixed the machines. His boss offered me a job and I took it because I could be closer to my new love. We got together one day after work and drank horrible red wine. This started our relationship. He was from Kansas and wanted me to go there with him. I went willingly and in 1971 I gave birth to a beautiful baby girl. I was deathly afraid of her and wanted nothing to do with her.

We lived in Tampa for six months and moved back to Kansa for a year. His family members were alcoholics and I soon became one of them. Eventually I grew tired of the lifestyle and was afraid for my daughter. I decided to make a change which only made things worse. I finally left after Buddy tried to kill me and our daughter. I left for Canada to see my parents. I was confused and worried that they wouldn't want to have anything to do with me. It wasn't true; they loved me and were willing to do anything for me. I ended up moving in with them and eventually left my daughter with them so they could raise her.

I found myself back in Vancouver except this time I found new friends - 'speed freaks'. This became my new favorite drug. It gave me energy and soon I was selling it. Then I met Barry, the father of my second child. I gave birth to baby boy in 1976. He was my life and nothing would change that. Barry was the man who could've helped change my life if I had let him. I think I really loved him but I was scared. I was an addict who only knew how to hurt people because I had been hurt. I hurt everyone, including Barry.

We moved around a lot because I was afraid to settle down. I didn't want the responsibility. It must have been hard on my kids but I didn't care. I was number one, my needs came before theirs. But, I always made sure they food, clothing and a place to live (sometimes not for long).

As my daughter grew older we grew apart. She ran away to Edmonton when she was thirteen years old. My son was left home alone because I was at work and she phoned Child Welfare on me. Another nightmare started. They took my kids away on based on the word of a thirteen year old child. This of course gave me an excuse to use even more.

I had moved to Fort St John, I'm not sure when, where drugs were easier to get than any other place I had lived before. This gave me even more opportunity to use and sell. In 1994 I had lost so much weight my friends and dealers refused to have anything to do with me. I knew I needed help so I contacted Social Services for a ticket to detox and treatment.

I entered a 90 day program and I was doing well. I had been there about 4 weeks when one of the girls challenged me to fight so I did. As a result we were both kicked out of the program. I moved in with my mom once more and buried myself in the church in an effort not to use. Life was great as long as I stayed with my mother. When it was time to get out on my own again things were a little different. I seemed to pick the wrong people to hang out with. My church activities dwindled as my appearance deteriorated. I had started using again except this time it was heroine and crack cocaine. I was heart broken because I had failed, again. I moved back to Calgary in another attempt to quit. It was a foolish thing to do because I knew exactly where to get it.

In 1997 I was diagnosed with Hepatitis C. This gave me all the reasons I needed to keep using. I went from city to city to get away from it but I found it everywhere. I thought I was doomed. In 2000 I met a woman who had two small girls. She was also hooked on crack and wanted to quit so we moved to Saskatchewan. We didn't know anyone there and were able to stay clean for 8 months. We spent most of our time with the girls and we had a blast. She was notified my child welfare that her kids were going to apprehended so we ran to a small town where we camped with the kids. She lost her kids anyway and this gave us an excuse to return to the scene.

In 2002 we moved to Red Deer and stayed at a homeless shelter there for 3 weeks. This gave us a chance to look for a place to live. During this time we were also attending church and I met a new man. I thought he was the next thing to sliced bread, but it turned out not to be true. Ron was an alcoholic so using became a big part of my life again. He drank while I used so we got along quite well.

In December 2002 I decided to ask for help because I managed to make all of us homeless again. I found myself in the AADAC office crying and telling anyone who would listen that I needed to stay stopped from using. To my surprise it was that hard to ask for help.

Ron moved to Calgary with me but he went to work out of town and after I had been clean for six months he called me. We tried to live together again but after a few months he resumed drinking. My first instinct as an addict was to go out and use. But I looked at all the work I had done and decided to move out instead. I had already planned on taking another shot in a treatment center as part my Relapse Prevention Plan. I left for program in November and returned in January.

I had experienced another success and valued the time I had been clean and sober. I took my 1 year on January 23, 2005 and am now living for the Lord and trying to do his will. Some days I have a hard time but then I think of all the things He has done for me in the past year and it becomes easier.

While I was in treatment the last time the doctors discovered that my Hepatitis C was gone but instead I was diagnosed with TB and will be going to Calgary where I have an appointment with a lung specialist. After that I'll know whether or not I will require surgery. Ron and I are trying to work things out but he knows he can never drink again. This will cause me to either relapse or to leave him.

I now work with different agencies telling my story to anyone who wants to listen. I've worked with the Life With Hepatitis Society, first year nursing students and hope to go to different churches and schools as well.

I want to thank all of the people who have faith in me to carry on with the changes I've made in my new life.

III. A Family Legacy

The Role of Peer Supporter

I. The Peer Supporter

A peer support person is someone who can:

- listen and understand
- suggest options, discuss alternatives and help identify consequences
- offer friendship and emotional, moral support
- provide information

- refers to applicable agencies
- stimulate new ideas, participate in brainstorming exercises
- shares enthusiasm
- provide a healthy role model
- assist in identifying goals and offers help to realize those goals
- help peer experience success in life
- be available to just talk
- provides positive feedback on personal issues

An HCV Peer Supporter is:

- a member of the group (i.e. HCV infected)
- interested in helping others
- motivated toward their own continued personal growth and positive change
- dedicated and disciplined
- doing well in their own situation
- someone accepting of their situation and having realistic expectations
- interested in developing and maintaining good communication and “people skills”
- open and direct, inspiring trust and protecting confidentiality
- non-judgmental and non-critical
- interested in hearing other peoples' stories, sharing their lives
- adaptable and sensitive to changing situations
- prepared to share any concerns they have with their supervisor; does not isolate his or herself from available help and resources
- aware of the limits of their responsibilities in the capacity as peer supporter

II. Supporter, not counselor

It is critical that as a peer helper you aware of your limits in regards to reasonable expectations and personal abilities:

- You may offer support, expressed through a willingness to listen and by showing that you care about the individual
- You may be able to offer specific help (i.e. accompany peer partner to a doctor's appointment to help with remembering and understanding all that is said)
- Your shared life experiences may be a great source of comfort and familiarity for your peer partner – provides a common ground for a meaningful and beneficial relationship

- Your life experiences have provided you with many skills and unique qualifications

It is very important to remember that you are not expected counsel or facilitate your peer partner's well being:

- You are not required to assist your peer partner in any capacity that causes you personal discomfort
- Mutual requirements and expectations must be discussed between peer partners/supporters; independent boundaries must be established and maintained (respected)
- Peer supporters are not counselors
- They are not babysitters, taxi drivers, house cleaners or loan officers

Peer helpers do not:

- Demand respect, they endeavor to earn it
- Lecture or judge
- Compromise confidentiality
- Make decision for their peer partner, instead the offer to assist in the process
- Become a servant to their peer partner
- Make loans of a financial nature
- Make commitments they aren't certain to keep

It is up to you to know your limits and to communicate them to your peer partner before you feel the integrity of your relationship is threatened.

If any situation arises over the course of your peer relationship that you aren't confident dealing with alone, don't hesitate to speak to the program supervisor.

III. Confidentiality and Privacy

It is imperative that everyone participating in a peer support program feels that they can trust one another. Building trust will take time, but the support program will fail without the sure knowledge that confidentiality

will be maintained. Everyone wants to know that their privacy will be protected at all costs.

Peer supporters and partners must understand and agree that they are not to share any personal information about any other person that they learn while acting in a peer support/partner role. Any breach of this agreement may result exclusion from participating in the support program and/or termination of association with the Life with Hepatitis Society of Central Alberta.

Before entering into a Peer Support/Partner relationship, all participants will be asked to sign the following Confidentiality Agreement:

OATH OF CONFIDENTIALITY AGREEMENT

Life with Hepatitis Society of Central Alberta

I, _____, hereby agree to protect all confidential information acquired in the course of my group/peer/volunteer (circle applicable) involvement with the Life with Hepatitis Society of Central Alberta. I will disclose confidential information only when authorized by the Executive Director and in accordance to the confidentiality guidelines of the society and FOIP. I understand that a breach of this agreement could result in the termination of my association with the Life with Hepatitis Society of Central Alberta and potential legal complications for which the society will not be held accountable.

_____ Name (please print)	
_____ Signature	_____ Date
_____ Witness	_____ Date

IV. Maintaining Personal Boundaries

Peer helpers are asked to be both insider and outsider, at the same time. Peers are meant to connect with a partner in a way that others cannot, and yet maintain a certain distance. This can be difficult at times.

In our personal lives we need boundaries to establish our identity, maintain our privacy and our integrity. We have rules and rituals that we follow every day like closing the door when going to the bathroom in public.

Personal boundaries are the limits you set for how others may act or speak in your presence. They are lines that you draw that define your values. Boundaries act as filters, allowing what's acceptable into your life and keeping other elements out.

Boundary violations can occur when:

- You develop an unhealthy attachment (fondness) for your peer partner
- All conversations with your peer partner are about you and your personal information
- You feel as though you are the only person who can help your peer partner (ignoring other available resources)
- Unrealistic promises are made (i.e. "I'll *always* be here for you)

- Your peer partner asks you for things that go against your personal values or rights
- People are allowed to take anything they want from you
- Others attempt to define you

V. Healthy Relationships

Healthy relationships:

- Make people healthier and ease stress
- Are realistic and flexible
- Mean sharing and talking
- Include self-care

Tips for healthy relationships:

- Keep expectations realistic: accept people as they are
- Talk with each other: take the time, really listen, ask questions, share information
- Be flexible
- Take care of you
- Be dependable
- Don't criticize
- Don't assign feelings or motives
- Don't assume things
- Show your emotional warmth
- Keep your life balanced
- Be yourself

Hepatitis C: Symptoms and Treatments

I. What is Hepatitis C?

According to the Public Health Agency of Canada, 251,000 Canadians are infected with hepatitis C and, because there are no symptoms, 95,000 of them don't know it.

Hepatitis C is a disease of the liver caused by the hepatitis C virus (HCV). You may be at risk for hepatitis C and should contact your medical care provider for a blood test if you:

- were notified that you received blood from a donor who later tested positive for hepatitis C.

- have ever injected illegal drugs, even if you experimented a few times many years ago
- received a blood transfusion or solid organ transplant before July, 1992
- were a recipient of clotting factor(s) made before 1987
- have ever been on long-term kidney dialysis
- have evidence of liver disease (e.g., persistently abnormal ALT levels)

(Information courtesy of the Center for Disease Control and Prevention - Division of Viral Hepatitis – <http://www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm>)

Hepatitis C can be treated. It is important to find out if you have the virus and get treatment as soon as possible.

II. How is it transmitted?

It gets into your body through contact with blood and/or body fluids. This includes:

- blood transfusions
- shared needles and rigs, spoons, water and works
- tattoos and body piercings
- snorting cocaine
- sharing a toothbrush, nail clippers or razor
- unprotected sex with an infected individual (especially if you have multiple sex partners)

III. How can it make you feel?

Fatigue is the most common symptom affecting people with Hep C.

Other Possible Symptoms

- Anxiety/irritability
- Ascites (swelling in the stomach area)
- Dark Urine

- Dry Skin, itching
- Edema (swelling of the hands, feet & legs)
- Excessive Bleeding
- Eye or eyesight problems (blurred vision or dry eyes)
- Fever, Flu like symptoms
- Gallstones
- Grey, yellow, white or light colored stools
- Headaches
- Hepatalgia (pain or discomfort in liver area)
- Indigestion/excessive gas
- Inflammation in the joints/arthitis
- Jaundice (yellowing of eyes and/or skin)
- Joint pain/muscle aches
- Mood changes/swings
- Memory loss, mental confusion, depression
- Menstrual problems
- Nausea/vomiting
- Rashes/Red spots/Red palms
- Sleep disturbances
- Slow healing and recovery from illness
- Susceptibility to illness/flu
- Sweating/weakness
- Vertigo (dizziness)
- Water retention
- Weight gain/Weight loss

(Information courtesy of hepatitis-central.com)

IV. Treatments

What is the current standard of care in the treatment of chronic hepatitis C?

The current standard of care is a combination of 2 antiviral drugs: pegylated interferon alfa-2b plus ribavirin dosed according to body weight.

What about the pegylated interferons?

Pegylated interferons are a new, slow release, longer-lasting form of traditional alpha interferons. The interferon is attached to a molecule of polyethylene glycol (PEG), a chemical used in many common products.

How effective is the pegylated combination therapy?

Recent studies with the newly approved pegylated combination therapy indicate that the overall cure rate is about 54%. In genotypes 2 and 3 the cure rate is over 80%. In genotype 1 it is about 40%. Compared to standard interferon combination therapy (Rebetron), the newly approved pegylated combination therapy provided a clear advantage in patients with genotype 1 and low viral load. However, no advantage has been noted in patients with genotype 1 with high viral load.

(Information courtesy of the Canadian Liver Foundation)

V. Alternative Treatments

Herbal Remedies

Natural does not always mean safe. Some herbs can do more harm than good:

- Herbal products have not been proven to cure hepatitis C or to ease the symptoms
- Some can be toxic to your liver
- Some can interfere with *interferon* and other prescribed medications

For more information about treatment for hep C (HCV) consult the “Knowledge is Power – Take Control of Hepatitis C” booklet published by the Canadian Association of Hepatology Nurses or contact the Canadian Liver Foundation

Healthy Lifestyles

I. Nutrition and the Liver

The liver is the body's 'refinery'. It is the largest organ in the body (weighing 1 – 1.5 kg in adults). All of the blood that leaves the stomach and intestines must pass through the liver before reaching the rest of the body. It takes nutrients and drugs absorbed through digestion and changes them into forms that are easiest for the body to use. Also, your liver plays a major role in removing toxins from the blood and converting them into substances that can be easily eliminated from the body.

Carbohydrates (sugars) are converted into glycogen and are stored by the liver to be used to produce energy between meals. Without this ability, we would need to eat constantly to keep up our energy levels.

Proteins in foods are broken down through digestion into amino acids and are passed to the liver to produce body proteins. These amino acids are either sent to the muscles for use or are passed through the kidneys and then removed through urination.

Bile, a substance produced by the liver, makes it possible to absorb dietary fat as well as vitamins A, D, E and K.

Because of the liver's importance to the production of useful nutrients to the body, malnutrition is associated with many liver diseases. For example, people with cirrhosis often display a loss of muscle tone and an emaciated (very skinny) appearance. It is known that dramatic weight loss (35-40%) can be associated with liver disease of any type.

Because of this, it is very important that people with liver diseases maintain a balanced diet. A diet that ensures adequate calories, carbohydrates, fats and proteins will not only help to keep the body nourished but can also assist in the regeneration (production) of new, healthy liver cells.

(Information courtesy of the Canadian Liver Foundation – Medical Information Sheet “Nutrition and the Liver”)

II. Canada Food Guide

For adults, the recommended daily intake of food should include:

- 5 – 12 servings of grain products per day (hot/cold cereals, bread, pasta, rice, bagels, etc.)
- 5 – 10 servings of vegetables and fruit per day (fresh, frozen or canned fruits and vegetables, juice, etc.)
- 2 – 4 servings of milk products per day (milk, cheese, yogurt, etc.)
- 2 – 3 servings of meat and alternatives per day (meat, poultry, or fish, eggs, beans, tofu, peanut butter, etc.)

III. Specific diet tips for those with Hepatitis C

Eat Well:

- Focus on lower fat choices within each food group
- Drink 6 – 8 glasses of fluids every day
- Keep your energy level up by eating smaller meals and snacks more often

Take Care

- Avoid alcohol
- Do not take more than one multivitamin a day – you may need one without iron.
- Talk to your health care provider if depression affects your ability to eat well

IV. Staying Active

- Enjoy light to moderate physical activity (walking, gardening, swimming, stretching)
- Build up slowly to 30 to 60 minutes of activity at least 4 times a week

V. If you have complications

Such as cirrhosis or fluid retention:

- eat smaller meals every few hours
- you may need to limit your intake of salt if you have swelling of the abdomen (ascites) or legs (edema)
- Try extra-strength liquid nutrition

Fatigue:

- have prepared snacks on hand
- when you cook, prepare extra food and freeze it

- keep liquid nutritional supplements on hand (Boost, Ensure, etc.)
- ask family and friends to help you make meals

Nausea or Vomiting:

- eat what you can and eat most when you feel hungry
- sample dry, bland foods and see if they stay down
- avoid spicy foods
- drink lots of fluids (separately from meals)

No appetite or feeling full quickly:

- eat smaller portions more often
- try different tastes to boost your hunger (bitter, sour, salty, sweet)
- do some light exercises before eating
- drink milk, milkshakes, juice or fortified soy beverages instead of calorie beverages like tea, broth and coffee

Diarrhea:

- eat smaller portions more often
- drink lots of fluids

Taste changes:

If red meat tastes bitter

- try chicken, fish, baked beans, cheese, yogurt, and other protein foods
- try meat cold or at room temperature

(Information courtesy of The Dieticians of Canada – Handout “Nutrition Tips for People With Hep C”)

When Other Help Is Needed

I. Depression

Studies have shown that up to 30% of HCV patients have a diagnosis of depression; 60% of these people require treatment for the depression. The reason for this high rate is unknown but it is likely due to excessive fatigue and/or concerns about their long-term health.

In addition, it's suspected that the drug therapy used to treat hep C (*interferon* therapy) may also increase depression. The causes for this also remain uncertain but because interferon therapy can cause chronic flu-like symptoms, gastrointestinal distress and alopecia (hair loss), it likely has a profound impact on a person's sense of well-being.

(Information courtesy of “Hepatitis C: A Medical and Psychiatric Disorder – Steven Kipnis MD)

Possible signs of depression:

- tired, listless, lack energy
- eating more or less than usual
- changes to sleep patterns (more or less time spent sleeping)
- withdrawing from others, not participating in pleasurable activities
- forgetfulness, difficulty concentrating
- feeling helpless, worthless, hopeless

(Information courtesy of “Caring for the Mind: A comprehensive guide to mental health)

II. Grieving

When a person is diagnosed with a serious illness he or she may respond in ways that appear very similar to responses to death. In fact, grief is a normal reaction not only to the loss of a *person*, but also, to the loss of a *thing or idea*.

The stages of grieving include:

Denial and Isolation (shock and disbelief).

- The reality of the situation is not believed
- Discussion about the illness will be refused or open denial will continue (this can last for several months)

Anger (searching for answers, someone to blame)

- The individual stops denying that the situation (illness) exists
- This is often a difficult stage for others to deal with because the person may become angry with those trying to help
- This stage can last a year or more

Bargaining (looking for alternatives)

- Because denial and anger have not worked, the person may seek to bargain with a powerful force (God, doctors, counselors, etc.)
- This may also last for up to one year

Acceptance (Rebuilding)

- The individual is able to face the reality of the situation
- The person may now reach out toward life
- This stage is not necessarily a happy one, the person may appear 'numb' but this should not be confused with 'giving up'

(Information courtesy of Kubler-Ross 1969)

Signs of grief can include:

Emotional – sadness, helplessness, shock, fear, anxiety, etc.

Behavioral – withdrawal, crying, sleep/appetite disturbances, etc.

Physical – dry mouth, breathlessness, feeling of panic, fatigue, etc.

Cognitive – disbelief, confusion, denial, etc.

III. Suicide Prevention

Warning signs of suicide:

- Verbal statements revealing a desire to die
- Depression
- Change in mood or behavior
- Previous suicide attempt
- Making final arrangements
- Loss
- Hopelessness and helplessness

What do if someone appears suicidal:

Believe It

- Take all indications of suicidal feelings seriously, no matter how casually they be expressed

Encourage the person to talk about the problem

- Don't be afraid to say the word "suicide" – Be direct
- Talk freely and show that you care
- Don't judge – Don't increase the person's feelings of guilt by saying things like "Think how much better off you are than some other people"
- Be calm, accepting and supportive
- Acknowledge your feelings of fear and helplessness, but don't let these feelings get in the way of your support for the suicidal person

Determine seriousness of the situation

- Try to ask the following questions:
 - Have you thought about how you would end your life?
 - Have you made a plan?
 - Have you acquired the means (gun, pills, etc.)to follow through with the plan?
- Answers to these questions may indicate how close (soon) the danger of suicide is. If a plan and the means are in place, the risk

may be very high. Even if the plan seems vague, get professional help as soon as you can.

Remove the means if possible (gun, pills, etc.)

- Particularly if the risk is high

Encourage the person to get help

- Don't leave the person alone if the risk is high
- At the very least, make a contract with the person to go for help or to call you if the suicidal feelings become stronger

Consult with a family member or a consulting agency (or peer program supervisor)

- If the person refuses to seek professional help, talk to a reliable member of his or her family or another source of information about suicide
- Get support for your efforts to help the suicidal person

Maintain contact with the suicidal person

- Call the person the next day; discourage the isolation many suicidal people impose upon themselves

(Information courtesy of Suicide Prevention Services)

Additional Information/Resources

- **24 Hour Distress Line**
403-340-1120
- **Aboriginal Community Council (Neighborhood Place)**
403-348-5172
- **Academic Express**
403-340-1930
- **Aboriginal Neighborhood Place (Rocky Mountain House)**
403-844-3009
- **AIDS and STD Information**
1-800-772-AIDS (2437)
- **Al-Anon and Al-Ateen**
403-346-0320

- **Alberta Adolescent Recovery Centre (AARC)**
403-253-5250
- **AADAC**
403-5274 or 1-866-33A-ADAC
- **Alberta Blue Cross**
403-343-7009 or 1-800-661-6995
- **Alberta Health Care**
Dial 310-0000 (RITE Line) then 780-427-7164
- **Bibles for Missions Thrift Store**
403-340-2522
- **Canadian Liver Foundation**
1-800-563-5483
- **Canadian Mental Health Association**
403-342-2266
- **Career Assistance Network**
403-341-7811 or 1-866-341-7810
- **Central Alberta Diversity Association**
403-340-2143
- **Central Alberta Housing Society (People's Place Shelter/Inn from the Cold)**
403-342-4722
- **Central Alberta Women's Shelter**
403-346-5643 or 1-888-346-5643
- **Citizen's Action Bus**
403-343-1199
- **Crisis Centre (formerly Sexual Assault Centre)**
403-340-1124
- **David Thompson Health Region – 49th Street Community Health**
403-341-5225

- **David Thompson Health Region – Mental Health Services**
403-340-5466
- **Employment Placement and Support Services**
403-343-6249
- **Innovative Housing Society of Canada**
403-346-1455
- **Lacombe and District Family and Community Support Services**
403-782-6637
- **49th Street Youth Shelter**
403-342-6500
- **Landlord and Tenant Information Services**
403-346-4636 or 403-343-0400
- **Lawyer Referral Services (Dial-a-Lawyer)**
1-800-332-1091
- **Loaves and Fishes**
403-347-1844
- **RCMP – Complaint Line**
403-341-2000 in Emergency call 911
- **RCMP Rural Detachment**
403-343-5591 in case of emergency call 911
- **Red Deer Action Group**
403-343-1198
- **Red Deer Family Services**
403-343-6400
- **Red Deer Food Bank**
403-346-1505
- **Red Deer Hospice Society**
403-309-4344
- **Red Deer Housing Committee**

- 403-346-1455
- **Red Deer Life Line**
403-343-4550
 - **Red Deer Regional Hospital**
403-343-4422
 - **Residential Society of Red Deer**
403-342-7512
 - **Safe Harbour Society**
403-346-8858
 - **Street Ties**
403-342-2285
 - **Suicide Prevention Services**
403-342-4966
 - **Transitional Housing**
403-342-4722
 - **Victim Services**
403-341-2041
 - **Workers Compensation Board**
403-341-8670 or 1-866-922-9221