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# 好朋友茶坊

九記小何 

有兩個無名女子，因緣巧會，透過社記進而互相結識。她們的性格都不相同，唯一相同的就是她們不知道哪條筋不對，就是熱忱的去交朋友，天下大抵沒有人可以拒絕她們。她們像蝴蝶翩翩起舞，穿插在九記，建立了一個好朋友茶坊，把朋友一個一個找出來關心，彼此交流，互相鼓勵與支持。

這個茶坊為好朋友開闢了釋放自己的小天地，有時朋友會在那裡大吐苦水，有時笑說自己的傻事。還記得A君很喜歡走進這茶坊一歇，她說在這裡感到很溫暖。看著她，心裡有一陣悸動，問她：「你為何憂悶？」失意，孤寂都是慢性病毒，如果不小心處理及防治，它會把一個人的喜悅，自信和目標吞噬得蕩然無存。有人說遇見困難的問題，感到彷徨無助時，可以嘗試做三件事。一是睡覺，因為心情太差，只想時間過得快一點，睡覺是蠻有用的方法。有時，給自己一段休息時間，心情轉移了，看待事情的角度又會不一樣。二是看書，找一些能鼓勵或是安慰自己的書。三則是透過語言，打開你的心房，分享生活的樂與悲。這樣相信你的日子會過得更順意更愉快。是不？

第二位朋友B君，她很有愛心，又會關心別人。別人的事，她都會當作自己的事一樣著緊。可惜最近她的工作不如意，她像由高處墮下，心被砸碎，整個人像洩了氣的汽球。幸好她有家人的支持，有好朋友茶坊為她打氣。再想想街上有多少人也是孤單失意；孤兒院有多少孩童從來沒有嘗過家人的愛。當我們將目光放遠一點時，就明白自己是世上何等幸福的人。想辦法在逆境中培養積極的情緒，用另一角度去看待不愉快的事情，最後反敗為勝。

第三位朋友C君，最近他的父親去世了，看著堅強的他，縱然幾次強忍著淚水，結果眼淚還是不受控制地從眼眶滾下來，「太突然，真的太突然...」他說。C君，你若是要哭就好好地哭一場吧，但你要保重身體，為你的母親，為著你敬愛的父親而保重。

第四位D君，那天板著一張臉，來到好朋友茶坊道出令他不快的事；E君無奈地訴說他與家人糾纏的關係，還有更多，更多...

**好朋友茶坊盛載著很多珍寶，有很多動人的故事。**  
**希望來到茶坊的朋友，會覺得精神為之一振。**  
**我們盼望看見身邊的朋友都找到快樂，**  
**學習在愛中成長，無論是友情，是愛情，是親情。**  
**歡迎來到好朋友茶坊一聚。**



# Forthcoming anti-HIV drugs in Hong Kong

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Dr Kenny Chan



Patients of Integrated Treatment Centre are certainly no strangers to drugs. After all, a lot of them take them on a daily basis. And every time they return to visit, both the nurses and doctors will reiterate the importance of religiously adhering to the treatment.

The benefits are obvious to many. Viral load is now undetectable and CD4 count is up. Other drugs that used to be necessary are now discontinued. These include drugs to prevent *Pneumocystis pneumonia* or medications to suppress certain opportunistic infections such as atypical mycobacteria and toxoplasmosis. Most importantly, patients are now healthy and look forward to a much improved life expectancy as well as quality of life.

Yet, there is no ideal drug yet. If there were, there would not be the need to continually churn out new drugs. One major reason is that HIV is able to generate resistance to all existing and probably future drugs, if they are not used properly or well adhered to. Thus, second line drugs with activity to previously resistant viruses are now being developed. There are two new protease inhibitors which fit into this category.

**Tipranavir (TPV)** - this is a protease inhibitor currently approved for use in patients with prior resistance in both Europe and North America. In Hong Kong, it is also available. However, in order for it to be effective, it should be given with other drugs that are also active. If not, HIV will also develop resistance to it. Preliminary experience with this medication is mixed. While it certainly is helping selected patients, its tolerability is poor and has a relatively high propensity of causing liver problems. Furthermore, it has a complex interaction profile with other drugs and therefore should be used with caution.



**Darunavir (DRV)** - another protease inhibitor with a similar role as TPV. It should be available in Hong Kong soon. The same caution with TPV also applies to DRV, although this drug is expected to be better tolerated.

In the battle against resistant HIV, nothing is more effective than using a totally new class of drugs that has no cross resistance to existing drugs. One such drug is Fuzeon, also known as T20. It is an injectable drug, similar to insulin. Thus most patients will be averse to it. However, it is highly effective if given with other active drugs.

Another major problem with current drugs is pill burden. In this direction, fixed dose formulation has been a major achievement. Most patients are now taking no more than 8 pills a day, as opposed to up to 20 in the past. To carry the theme to the extreme, a new pill called **Atripla** has been approved in the US. It is a combination of Efavirenz and Truvada which in turn is a combination pill of two drugs. Although Atripla only reduces the pill burden from two to one, it has had a tremendous psychological impact to a lot of patients. 'One pill a day' certainly reduces the image of HIV being a devastating disease.

Another drug is new in the form of formulation. **Saquinavir** is now prescribed as 1000 mg twice a day. As the current formulation is only 200 mg, it alone accounts for 10 pills a day. The new formulation is 500 mg and should make be more acceptable to patients.



## How and how NOT to use this information

Up-to-date knowledge of medical information is not only a must for care providers, but highly desirable for patients. There is seldom concrete, black and white decision in medicine. HIV is no exception. The rapidly advancing nature of HIV-related research means that management decisions should be well informed.

What NOT to do, however, is to have a knee jerk response to request the newest drugs. All persons are not the same and the most appropriate regimen varies according to your medical profile, concurrent treatment and what not. The most important factor is probably past treatment history. If you have been doing well on a certain combination, the best advice is not to temper with it. However, if there are adverse effects that bother you, you should not be afraid to discuss with your doctor and nurse about possibilities of change.



# 一個特別的聖誕節

Luck Luck 

聖誕節是一個普天同慶的日子，特別在香港，聖誕節的氣氛很是濃厚。每年到了十一月尾，大廈的外牆已掛起燦爛的燈飾，百貨公司的櫥窗也佈置得五光十色，商場內播著聖誕音樂；走在街上，人們總拿著大包小包的聖誕禮物。有些家庭會在客廳掛上聖誕裝飾如小燈泡和閃亮的掛飾，更有放置聖誕樹的，而筆者則最喜歡真聖誕松樹散發那種清香。派對更是聖誕節不可少的活動，人們都趁這個日子相聚一起，彼此關懷、分享歡樂。在西方，聖誕節更是家人團聚的好日子呢！一家人圍著火爐談心，交換禮物，渡過一個歡欣的晚上。

九龍灣綜合治療中心的醫護人員為各病人及其家人提供有關健康及心理的支援服務，關係密切，也有病人視這裡為自己的另一個家。筆者被調派到九龍灣綜合治療中心不足一年時間，初次參與這裡聖誕派對的籌備工作，和同事們負責場地的佈置、派對當晚各環節的運作等等；而聯絡病人及嘉賓、安排表演節目、選購禮物……等等工作就由社工負責。

派對在十二月中一個晚上舉行，我們下午開始佈置，用有限的資源把場地裝飾得充滿聖誕氣氛。約六時左右，病友、合作機構的同工開始陸續到達，有病友帶同家人、朋友來參加，也有帶同下一代的；一班活潑可愛的小朋友和BB令派對更高興熱鬧。司儀們致歡迎辭後，便開始表演環節，參與表演的包括病友、現任及已調職的社工、與及專程到來支持的朋友，節目有唱聖詩“Silent Night”的、唱“You Are So Beautiful”的、更有奏古箏的……；精彩的表演帶來了熱烈的掌聲。緊隨表演環節的是遊戲時間，參加者都顯得興高采烈，而小朋友玩遊戲時的歡笑聲更令滿室暖洋洋。到了享用茶點的時候，大家愉快地享受著豐富的食物，小朋友們排隊輪候棉花糖……，說說笑笑終於到了抽獎的時候，雖然所抽到的並非很名貴的禮物，但彼此都享受著拆禮物的喜悅。

八時許，  
愉快的一晚終於要結束了，  
病友臉上的笑容令筆者感到  
自己今年過了一個很特別的聖誕節；  
因為筆者小小的付出  
令病友們過了一個愉快的晚上。

With Best Wishes  
for Christmas & the New Year!



# 藍天與烏雲



我的心情有時像藍天，很欣喜很舒服，有些時候卻受情緒病影響烏雲密佈。日常生活發生的事，十分容易令我困擾多天，尤其是健康出了問題的時候。我受痛症困擾多年，最初擔心不知哪一種藥物適合自己的病情，後來試過多種藥物後，方知藥物無效。醫生開始用止痛藥以外的藥物，又要再考慮其他方法，在那一刻我很沮喪。

患病多年，深知道做化驗時，沒有腫瘤，沒有出血，便是化驗結果正常，但並不代表你沒有感覺不適。作為一個長期病患者，日子久了有很深的體會。研究一種新藥物需要很長的時間，臨床有人願意試藥，藥物方可有機會面世。明知藥物的種類有限，能夠改變的便是自己對於患病的心態。接受自己行動不方便，要長期覆診。病情最差時要卧床休息幾個月。接觸很多專科門診醫生，感恩的是主診醫生很有耐性聽我傾訴，病情如何發展，研究一下用藥後預期幾天身體會好些，安排最快的覆診日子。因為已經試了很多種藥物，故此希望儘快覆診，告知病況。心底明白藥物只是舒緩作用，但醫生對病人的關心，也是一種良藥。在此多謝主診醫生的關懷。

近兩個月情緒又跌到谷底，醫生知道我有自殺的念頭，問是否需要見社工，考慮一會後告訴不用了。回家之後，心情很差，一方面想自殺，另一方面又同自己講，生命很寶貴。我平常參與很多義務工作，我一生很有價值、很有意義。但今天負面的思想又再出現，我的社工約我今天見面。離家之後，思維正面許多。向社工傾訴後，事情解決了。回家告訴家人，今天我又再有自殺念頭，平常家人也很愛我，只是以往我覺得如果讓對方知道我哭，情緒很低落、困擾時，家人會很擔心。因此每次有事的時候，也不敢告訴家人。後來才知道，家人樂意去分擔我的喜與憂。正如我也願意與家人分擔一樣。明知對方有事發生，但又不知發生何事，令我更加著急，或者懷疑彼此的關係。

藉此與大家分享長期病患的心情，**祝喜樂!平安!**

**紅絲帶 Red Ribbon**  
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## 徵稿

歡迎任何人士藉不同形式投稿，  
如文章、漫畫、短詩等等，  
抒發感受、分享經驗、傳達關懷。

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