



PROGRAM SPOTLIGHT

Jemsek Clinic By Denise Li, BS

Location: 16630 North Cross Dr., Huntersville, NC 28078

Telephone Number: 704/987-2111 **Principal RD:** Heidi Lichtner, RD, MA, LDN

E-mail Address: HL@jemsekclinic.com or HeidiNCPA@aol

Year Program Started: 2000

Service Provisions: Heidi is at the site 2-3 days/week; Wednesday, Thursday and every other Monday.

Funding Source: Self funded. Fifty percent of Ms. Lichtner's salary is covered by a pharmaceutical RD program and 50% is funded by the clinic.

Population Served: Heidi notes, "We serve approximately 1,000 adult clients well mixed with regards to gender (60% male, 40% female) and race (equally Caucasian/African American). Our Latino population is increasing."

Patient Referral Source: Jemsek clinic gets referrals from MDs, their web site <<http://www.JemsekClinic.com>>, ads, or word-of-mouth. It is also affiliated with the Ryan White Care Act via Metrolina AIDS Program (MAP).

How often are patients seen? Patients are seen as needed for medical purposes. Visits are scheduled at least every quarter for BIAs, DEXAs, and wasting monitoring. Ms. Lichtner sees patients in the wasting program every 4-6 weeks to monitor labs, diet records, the effectiveness of any anabolics, etc.

Are all patients screened for nutritional risk? Yes

How often do you provide nutritional assessments and follow-ups? Assessments and follow-ups depend on the patient's stability, reaction with meds, etc. If a patient is on anabolics, then BIAs and labs are done more frequently. Diet records/recalls are taken at least twice a year. If a patient is using supplements, we ask for a 24-hr food recall every time the patient is seen. Diet records/recalls are used to determine if patients are in fact not eating well and relying on supplements for calories. It also helps us to determine if there are other reasons a patient isn't eating well – fatigue, access to services or foods, etc.

Other Provided Nutritional Services: The Jemsek Clinic provides BIA testing, DEXA, on-site visits, and clinical studies. An in-house nutrition education periodical - via the web site – features an article every quarter.

Patient Education Materials: According to Heidi, "I don't like to re-invent the wheel so I rely on educational pieces provided by pharmaceutical companies as well as publications specific to HIV for patients to review. I use some ADA

educational materials for more general things such as diabetes, cholesterol/triglyceride and low fat information. I use information from the National Cancer Institute as well. To address alternative and complementary medicine we are now in the process of making up Nutraceutical Cards for our patients so that they have some sort of a guide to use for supplements that have some science-based evidence behind their use."

What was the most difficult issue you had to deal with when you started?

The most difficult issue for Ms. Lichtner was the realization that there are almost no follow-up services to refer patients to once they leave the office – no food pantries, no supplements.

"More and more patients seem to become less eligible for support these days and it is a difficult and slow process to obtain food stamps, meal support services, etc. In a hospital setting, it was easy to send a patient home with a case of Ensure. But here at the

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clinic we don't have access to supplements like that. Not all patients have caseworkers to help network them into the system and even if they do, the system here in Charlotte seems weak. Ryan White money is spread out over several doctors agreeing to see patients, but even though it is Title III, there are no provisions for nutritional services including food or counseling that I have been able to uncover. To overcome this, I solicit representatives for supplies to at least give the patients something to try and use for a limited time. We are also reaching out to some of the ministries here that are active in HIV/AIDS support. We hope to work with the agency that has Ryan White money to improve how they are currently disseminating their grant funds and to also add a non-profit foundation at the clinic to help cover patient needs."

Who is your best ally? The medical staff she works with—on the days that she is not available in the clinic, they still keep nutritional services in mind. "They will track a patient that I need to call to schedule an appointment with. Both Dr. Jemsek and our physician assistant (PA) incorporate nutrition as part of routine care for patients."

What differences exist between current clientele and that of the HIV+ person in the early 1980s? "Well, for the most part

patients aren't dying as quickly. In the 80's I didn't know anything about BIA, DEXA or anabolic programs. Wasting is still prevalent and unless a patient has access to some type of body composition testing it may be overlooked. Nutritional status of patients is still compromised and not necessarily well addressed in all situations. The lipodystrophy syndrome has certainly made things more interesting and complex—I see a lot more lipoatrophy with and without central shifts than dorso-cervical relocation. Using the DEXA scan has been interesting because even with facial/peripheral fat loss, there is some degree of central shifting seen in a patient whose overall fat percentage is very low. I counsel a lot more patients on diabetes and cardiac issues also. Patients are more complex in that they can have 3 or more chronic conditions going on at the same time—diabetes, hyperlipidemias, Hepatitis C co-infections, osteoporosis, etc."

Ms. Lichtner also notices differences between men and women. The women tend to have more central deposition than the men, and complain of increasing breast size, fat pads behind the neck, etc. She does not see facial wasting as prevalent in the female population. She finds most of the females remain working and are also caregivers.

Is someone involved in program operation actively involved with the local HIV/

AIDS Health Services Planning Council? Yes. The PA that works for the clinic is currently working with MAP. They have the Ryan White money for the Charlotte metro-area—to improve the services they are supposed to provide.

Do you participate regularly in HIV/AIDS networking groups? No, due to the fact that there is little networking amongst the groups. There doesn't seem to be any interaction or coordination between the support ministries and Ryan White funds—no AIDS Service Organizations. Ms. Lichtner is active and supports RAIN (Regional AIDS Interfaith Network) in Charlotte.

What have you found to be most useful in helping to keep up with the current research on nutrition and HIV? "I joined the HIV/AIDS Dietetic Practice Group (DPG) of the American Dietetic Association—there is a quarterly newsletter and an email listserv that keeps me abreast of hot issues. I also read the Nutrition and Complementary Care DPG newsletter and use the Natural Medicine database website to help wade through all the information on nutraceuticals, etc. I scan the HIV Medscape website weekly and try to read NUMEDX and HIV+Plus monthly. I find that going to seminars and discussing/networking with other RDs, to find out what they do routinely, is also helpful."