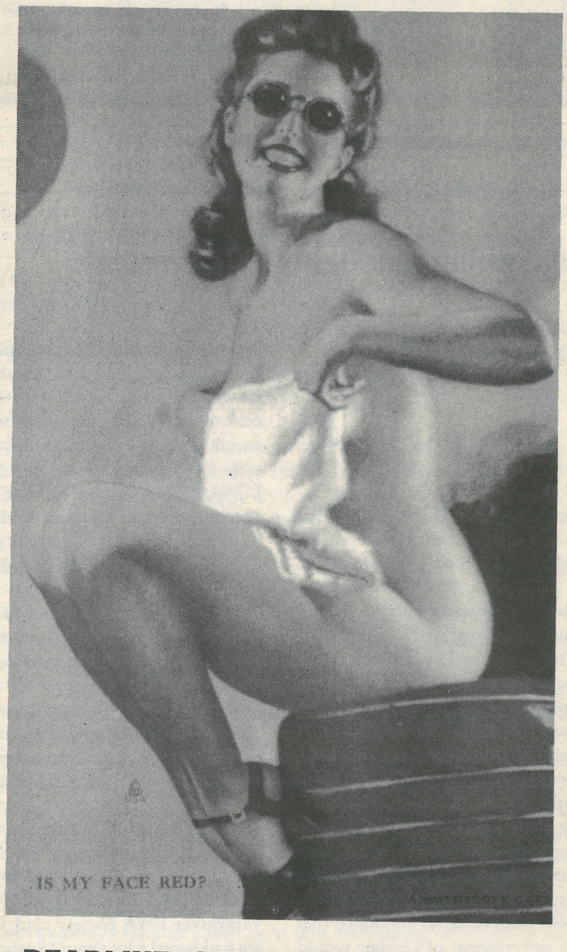
WE WANT YOUR BODY

In the tradition of the classic Lesbian Sex Poster, and the Drawing the Line spread, Rites is continuing in our commitment to exploring the diverse erotic possibilities of our bodies.

The upcoming November issue of Rites will feature an erotic supplement. We encourage our readers to submit fiction, photos, graphics, exploring what it is that turns you on most about gay male and lesbian erotic culture and desire.



DEADLINE: SEPTEMBER 30
Send work to: New Works Group
c/o Rites Box 65, Station F
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Promising new drug DDI reduces dementia, blocks HIV protei

The perception of AIDS as a medical disease is changing. Previously considered fatal in the short term and amenable only to palliative measures, AIDS is viewed increasingly as a long- term disease, HIV infection, in which therapy might significantly prolong life and some complications might be totally preventable.—*Journal of the American Medical Association* 1989;261(20):3016.

Anti-HIV

The most promising anti-HIV drug discussed at the recent V Intl. conference in Montréal was DDI. Like AZT, DDI works by blocking the formation of a vital viral enzyme called RT (reverse trans- criptase) which is needed if new viruses are to be made.

Given intravenously and also orally, DDI caused the avg. level of T4 cells to rise in a study of 26 patients, 10 of whom had been unable to tolerate AZT. DDI treatment caused a reduction in the amount of the HIV protein p24 (which is associated with viral replication) and in some people p24 could no longer be detected. DDI penetrates the brain which is also a site of HIV infection. Use of the drug improved HIV associated dementia. Many patients gained weight. There were no serious side effects associated with the drug. Initally about 14 people experienced side effects such as headaches, insonmia and irritability but these symptoms were generally mild and became less frequent as treatment continued. Some patients have been on the drug for nine months and have been doing well. Abstract in *V International Conference AIDS*, Montréal, 1989. Th.B.O.4.

Toronto based physician/investigator Dr. Stan Reed hopes to see trials of DDI later this year in Toronto. DDI is made by Brystol- Myers.

AZT + EPO

EPO (Erythropoietin) belongs to a group of substances known as colony stimulating factors (CSFs). These substances stimulate the growth of bone marrow cells—the manufacturing site of red and white blood cells. Decreases in the levels of blood cells (known as anemia and leukopenia) can occur as a result of HIV infection. A similar problem is often encountered by users of AZT, a drug which is toxic to bone marrow. Some AZT users must reduce their dose or stop taking the drug because of its toxicity. Others may cope by opting for a blood transfusion.

Now it appears that the drug EPO may such people. Researchers have recently conducted a six month trial of EPO + AZT and found that 8 out of 9 people no longer needed transfusions by the end of the study. The subjects were given upto 900 unit/kg of body weight of EPO with no serious side effects seen. Abstracts in *V Intl. Conf. AIDS*, Montréal, 1989. M.B.P 328 and M.B.O 48. EPO is made by Ortho pharmaceuticals and AmGen and has recently been licensed for use in cases other than AIDS in the USA.

AIDS
U·P·D·A·T·E
By Sean Hosein

Colchicine—possible trial in Toronto

Toronto based physician/investigator Dr. Stan Reed presented data

at the conference showing that the plant extract colchicine inhibits HIV in test tube experiments. Colchicine which is an extract of a lilly has been used for thousands of years for many disorders. More recently it has been used in the treatment of gout and various skin disorders. Experiments conducted by Dr. Reed and co-workers at the U of T indicate that the drug inhibits HIV replication at doses which can be obtained by oral use. While blood levels of the drug peak about 1 hr after ingestion, the drug appears to collect inside cells and is released slowly over a number of days. This may mean that frequent doses may not be necessary. Colchicine also appears to exhibit greater anti-HIV activity when used together with AZT. The main side effects of colchicine are gastrointestinal (GI) and Dr. Reed urged caution in its use as many HIV infected people often have existing GI problems. Dr. Reed plans a pilot study of the drug later this year. Abstract in *V Intl. Conf. AIDS*, Montréal, 1989. W.C.O 26.

Peptide T rescues brain cells

Research suggests that HIV can damage cells directly without infecting them. The virus' outer coat or envelope (called gp120) acts as a poison injuring cells and suppressing the immune system. Inorder for HIV to enter a cell it must first bind to the CD4 receptor on the cell's surface. Peptide T fits into the CD4 receptor and blocks gp120 from binding to the cell.

Results from a 12 week trial of peptide T in 30 patients showed that the patients gained weight and had less fatigue. Their men- tal functioning improved. Three people who had detecable HIV p24 (i.e. p24 positive) before therapy became p24 negative after therapy. No p24 negative person became p24+. While there were no changes in the T4 count, increases in the T8 count occured, an event which often heralds a T4 increase. One patient who has been on peptide T for almost a year has had a sustained increase in his T4 count. Peptied T appears to be safe and without side effects. *V Intl. Conf. AIDS*, Montréal, 1989. W.B.O 45a. According to Dr. Michael Ruff, one of the develope of the drug, larger international t als of peptide T are planned

C. Ribavirin useless?

Scientists at the University California, San Diego, have recer ly completed a six month doubl blind, placebo controlled trial of t antiviral drug ribavirin. Twen patients received the drug. All we male, over 18 yrs. and infected wi HIV and CMV. None were dia nosed with AIDS and their T4 c counts were all below 500 cells. T patients got either (1) 1200 mg/d of ribavirin for 7 days followed 8 mg/day or (2) 2,400 mg/day for days followed by 600 mg/day. Bo regimens were done for six month At the end of the study there was improvement in markers of the ir mune system. It appeared th ribavirin was of no benefit. This r search raises serious questio about the use of ribavirin as an ant HIV drug. Rather than dismissin the drug entirely, the researche suggest that higher doses may b used if there are any further trial *Journal of Infectious* Diseases 198 159;822-828.

New Canadian combo for PCP

PCP is the leading cause of deat of PLWAs in North America and u to 85% of such people eventual develop this infection. Whil aerosolized pentamidine is rapid becoming the preventative c choice amongst knowledgeab physicians and their patients, does not appear to be suitable as treatment.

Now researchers in Montré have tried the drug combinatio clindamycin + primaquine in PLWAs, 17 of whom had been i tolerant in response to conventio al therapy. Treatment con- sisted clindamycin given by IV 600 m four times per day or orally 300-4 mg, four times per day. Primaqui was given orally in a dose of mg/day. A full course of treatme lasted 3 weeks.

Clinical improvement wa usually seen in less than 48 h Most patients were cured of PCP. one patient the treatment faile probably because he had receiv the drug for less than 5 days. Mo patients got the drug for 15 days less because of their speed recovery and also the developme of a rash. Generally the treatme was well tolerated. Relapses c curred in 5 patients, the earlie being 7 months after initial therap All of the patients were receivi AZT. Clindamycin and primaqui have anti-PCP properties on when combined.

The doctors concluded that t therapy was safe. They caution that therapy in PLWAs and esp cially people of colour should on be started after a test for the enzy G-6-PD (glucose-6- phospha dehydrogenase) is done. Prim quine may be toxic for people wi low levels of this enzyme. *Lan* 1989;1:1046-1048.