AIDS
U·P·D·A·T·E
• By Sean Hosein •

Lower doses or use in combination offsets AZT toxicity, prolongs life

While it is true that AZT can be highly toxic for many people, there is no doubt that for those who can tolerate it, AZT can prolong their lives. Due to its toxicity doctors and their patients are using either reduced doses of AZT or combining it with other drugs in an effort to increase its anti-HIV effect. Combination therapy may be especially useful in cases of increased AZT resistance by HIV. In many parts of the world AZT is still the only approved/available drug for treating HIV infection and much research has been done with it.

AZT + ACYCLOVIR

The use of AZT with Acyclovir (ACV for short) is a popular combination for several reasons. Test tube studies indicate that the drug may increase the anti-viral effect of AZT and also because ACV can inhibit herpes viruses which can cause fatal infections in HIV infected people. Some doctors are skeptical about this particular combination as both drugs are made by Burroughs Wellcome and are expensive.

From the University of Munster in West Germany come the results of a trial of 50 people (19 AIDS, 35 ARC) given 800 mg/day of each drug, 200 mg 4 times per day. Therapy was interrupted in 11 cases because of lowered red and/or white blood cell counts. By the sixth month 4 of the patients had died. Of the 6 patients who experienced opportunistic infections, 4 did while interrupting their therapy for more than 4 weeks (because of toxicity).

Eight people (out of 10) who had initially high p24 antigen levels (an HIV protein which usually reflects viral replication) saw them drop with treatment. The drug therapy did not affect T4 counts, Beta-2-microglobulin or other indicators of immune system status. The doctors concluded that low dose AZT therapy seems to have similar effects to standard AZT monotherapy. *V Intl. Conf. AIDS*, Montreal, 1989 abstract W.B.P. 318.

AZT + ACV in early HIV infection

Doctors in the USA (Univ. of California at San Francisco) have conducted research which suggests that the use of AZT early on in the course of HIV infection may result in greater benefit than when it is taken late in the course of HIV disease. Twenty HIV positive men with no symptoms were treated with 500 mg/day AZT with either 2 or 4 g/day of Acyclovir (ACV) for 52 weeks. Sixteen men remained well and in the study by that time (3 withdrew due to toxicity and one developed cancer). A significant reduction in the average red blood cell count occurred. While not statistically significant, the average T4 count rose from 512 to 580 by the end of the study. *V Intl. Conf. AIDS*, Montreal, 1989 abstract M.B.O. 50.

Another combination trial with HIV asymptomatics, this time in the Netherlands, using 500 mg AZT twice per day with some also taking 800 mg/day ACV showed that ACV appeared to cause no significant difference. One important discovery that did emerge from the 48 week study was that AZT in a dose of 500 mg/12 hrs was able to cause significant suppression of HIV replication. However, disease progression can still occur. *V Intl. conf. AIDS*, Montreal, 1989 abstract M.B.P. 352

AZT + DEXTRAN SULPHATE

Meanwhile at the University of Essen, West Germany, doctors have conducted a six month trial of AZT (800 mg/day) with or without 1800 mg/day dextran sulphate. The experiments were carried out on two groups of 9 people. There were no significant differences between the two groups in terms of beneficial effects. What the study did show was that dextran sulphate did not cause blood clotting disorders nor worsen the toxic effects of AZT. *V Intl. Conf. AIDS*, Montreal, 1989 abstract W.B.P. 324.

AZT: Different doses

As HIV infection worsens levels of the enzyme 2,5A (2'-5'A synthease) increase. This enzyme is an indicator of interferon activity and may be an early indicator of disease progression according to Canadian doctor Stan Reed.

In a study of 22 HIV infected men (asymptomatic and ARC) who were given 600 mg/day of AZT researchers found that levels of 2,5A dropped and minor improvements in immune function occurred. When patients were given 1200mg/day the effect was not as dramatic and levels of 2,5A eventually rose to high levels. *V Intl. Conf. AIDS*, Montreal, 1989 abstract Th.B.O. 26.

INFECTION FIGHTERS—Preventing PCP

Doctors in California have found that treatment with 300 mg of aerosolized pentamidine appears to reduce the incidence of PCP. The study consisted of 408 patients who received either 30 mg every 2 weeks, 150 mg every 2 weeks or 300 mg once per month, delivered with a respirgard II nebulizer. By the ninth month over 90% of people receiving the 300 mg dose had no relapses while the other groups had experienced more relapses. *V Intl. Conf. AIDS*, Montreal, 1989, abstract T.B.O. 3.

Low dose dapsone prevents PCP

Doctors in San Jose, California, gave 21 patients with AIDS and 3 with ARC oral doses of dapsone (50-100 mg/day) as a preventative measure (prophylaxis) against PCP. Three patients have died while in the study but none from PCP. After an avg. period of 108 days of using the drug, only one patient developed a relapse and 4 people stopped taking the drug because of suspected toxicity. *V Intl. Conf. AIDS*, Montreal, 1989, abstract T.B.O.5.

A larger study in New York (St. Luke's/Roosevelt Hospital Centre) with 221 patient on dapsone or septra showed that both drugs were equally effective as prophylaxis although dapsone appeared to cause less side effects. *V Intl. Conf. AIDS*, Montreal, 1989, abstract T.B.O.4.

PCP: Erythromycin treatment

In a review of hospital records, doctors in Hamburg, West Germany have found that treatment with the antibiotic erythromycin has been useful in cases of PCP.

According to the records there were 14 patients with 17 episodes of PCP. The patients had allergies to either Septra/Bactrim or IV pentamidine. Erythromycin was given orally, 500 mg 4 to 6 times per day. The treatment resulted in cures 15 out of 17 episodes. The two non-responding cases had been previously treated with Septra/Bactrim and improved when given IV pentamidine. A follow up of the cases showed that after successfully treating 7 episodes with erythromycin, a relapse occurred after an average of 7 months later. Abstract in *V Intl. Conf. AIDS*, Montreal 1989, T.B.P. 39.

Eye injections for CMV

Many drugs can cause serious side effects when given intravenously. When the same drugs are directed to a specific area the rest of the body is often spared the side effects. Such is the case with aerosolized pentamidine which goes to the lungs where it is needed.

CMV infection in HIV+ people can cause pneumonia and an eye infection called CMV retinitis which can lead to blindness. The drug ganclovir (DHPG) can inhibit CMV replication but has serious side effects on the bone marrow. Now doctors at the University of Milan, Italy, have found that by injecting small doses of ganclovir directly into the eye the patient does not suffer from its toxic effect on the bone marrow.

Eleven patients with CMV retinitis were given a series of five injections (each consisting of 200 mg of ganciclovir) over a period of 15 days. Nine patients showed a rapid recovery resulting in improved vision. Two patients did not have any better vision because of optical disk involvement. Two patients experienced relapses at the second and third months respectively. According to these doctors, intravitreal ganciclovir seems to be well tolerated and more effective than systemic therapy. Abstract in *V Intl. Conf. AIDS*, Montreal 1989, W.B.O. 34.

Fungal infections in AIDS and ARC

The immune suppression caused by HIV infection often allows infection by micro organisms to get out of control. Current treatment regimens are often toxic, especially in HIV infected people and less toxic therapies are needed. Fluconazole is a new antifungal drug which is finding wider acceptance as a treatment of various fungal infections. This drug has been licensed in England for the treatment of vaginal yeast infections and is also available in France for treating fungal infections seen in AIDS and ARC.

Doctors in Bologna, Italy, have recently evaluated fluconazole and found it effective in several fungal infections common in PLWAs. The drug was given as 400 mg on the first day and 200 mg/day after. was successful in 11/13 people wit candida infections of the throat, 1/ person with candida infection of th airways of the lungs. Only in 1 ou of 3 cases of widespread cryptococ cocis was it of any help as a first lin of therapy. In 2 cases it was foun useful in suppressing the infectio of cryptococcal meningitis after th patients had had 30 days of am photericin B.

Treatment of candida infections was evaluated in patients with ARC and PLWAs. Group 1 consisted of 8 ARC and 8 AIDS patients who received fluconazole 200 mg on the first day and 100 mg/day after. Group 2 was given ketoconazole 200 mg twice per day (8 ARC and 10 PLWAs). The fluconazole treated group had a slightly higher cure rate (81.2%) vs 77.8% for the other group. Overall, 19% of fluconazole treated patients had a "moderate increase" in liver enzymes but these were mostly in people with existing liver disorders. Fluconazole was judged safe and effective. Abstract in *V Intl. Conf. AIDS*, Montreal 1989 M.B.P. 96.

CANCERS—Kaposi's Sarcoma and the prosorba column

One of the least toxic therapies appears to be the prosorba column, a blood filtration device, which has been useful in treating another complication of HIV infection called ITP. The prosorba column removes substances which may have a suppressing effect on the immune system such as excessive antibodies and immune complexes. Research presented at the Montreal conference indicates that the device may now be of benefit to some people with Kaposi's sarcoma (KS). The prosorba column was used in a study of 23 PLWAs who had KS and had received no other anti-viral or anti-cancer therapy. The patients received 12 treatments with the column over a period of 4 weeks.

Significant regression of KS lesions was seen in 9 patients. New lesions appeared in 4 patients. Lesions tended to become flatter and lighter in colour while others disappeared. In people who responded to therapy, increases in the T4/T8 ratio were seen. There were no serious side effects associated with the treatment. *V Intl. Conf. AIDS*, Montreal 1989, abstract T.B.P. 287.

David Marriage: Gentle courageous activist

David Marriage died on June 23, 1989. He waged a determined battle against AIDS on every front: political, medical, and personal. David's efforts have helped extend and improve the lives of all people living with AIDS. His gentle courage will continue to inspire us all.

David was an actor and carpenter; his creative skills helped give AIDS activism more strength. From empty coffins symbolizing government negligence to the multi-coloured painter hats sold at last year's Pride Day, David had a major impact on AIDS ACTION NOW!

His warmth and humour were very welcome features of many AAN! meetings and gatherings. David was an articulate speaker in combatting AIDS neglect. In a January CBC news program David was featured explaining how federal government restrictions forced him to search all over the globe to get promising drugs. "Maybe what we need," said David, "is for a cabinet Minister to get AIDS." The program was a key element in the victory with the government's Emergency Drug Release Program. People living with AIDS/HIV can now use this program to get access to some experimental drugs.

David was a firm believer in a holistic approach to combatting AIDS. As well as political action he researched and experimented with drug and complementary therapies and was a dedicated supporter of the AIDS Mastery, which helps build emotional and spiritual defenses against AIDS.

AAN! joins David's many friends and his family in celebrating his compassion and spirit. David wished to be remembered through donations to AIDS ACTION NOW!

Glen Brown

Activist David Marriage (centre), 1948-1989