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AIDS TREATMENT IN TORONTO  
ARE WE UP TO SCRATCH?

Toronto is thought to provide some of the best AIDS care in North America but a recent study by AIDS ACTION NOW! and the Community Research Initiative Toronto (CRIT) indicates that many People living with AIDS and HIV may not be receiving basic standards of treatment.

In 1989 CRIT established an observational data base which now collects treatment information on more than 700 HIV+ patients through their primary care physicians office. When activist researchers reviewed a sample of these cases there were some alarming results.

**PCP**

PCP (pneumonia) is a major danger for people with less than 200 T cells. The good news is that PCP is almost completely preventable with the use of prophylaxis. The bad news is that according to the data bases 30% of those with T cell counts between 100 and 200 T Cells appear not to be doing any PCP prophylaxis. Of those with less than 100 T cells, 9% are not taking precautions to prevent this serious illness.

A second concern is what prophylaxis people are using. Septra is clearly the most effective prevention for PCP and US studies show that 90% of people can either tolerate it, or if they have a reaction, can be made to tolerate it, through desensitization programmes. Yet in Toronto only approximately half of those with T cells below 200 are using septra. The data base shows no

evidence of doctors desensitizing patients who have problems with this drug.

### **Anti virals**

Many people are not taking anti-virals, (26% of those with less than 100 T cells, 11% of those between 100 and 200, and 24% of those between 200 and 500). Given concerns about weak benefits and serious side effects from existing anti virals these figures may reflect informed choice.

Of those under 500 who take antivirals AZT is still most popular (58%). Only 17% use combination therapies, in spite of increasing evidence that combinations of available anti-virals (AZT, plus DDI, or DDC) are more effective than any one agent alone.

Of those who still have more than 500 T cells only 22% take anti virals. While American studies have shown benefit for such early treatment, the recent European Concorde study disputes these findings. In Canada anti-virals continue to be labelled for use by those with under 500 T cells, which clearly discourages such early use. A 1992 AAN! survey found that half of Toronto HIV physicians would not prescribe antivirals to those with more than 500 T cells, a situation that seriously restricts the options for many people with HIV.

A final concern flagged by the study is an apparent failure of physicians to order important tests. While there is still debate on the usefulness of newer tests such as P24 antigen and antibody, beta 2 microglobulin and neopterin, significant numbers of HIV+ patients in some groups appeared not to have been given

even standard tests for syphilis,(55%), hepatitis B, (36%), TB, (25%), or toxoplasmosis,(21%), all enormously dangerous infections for people with depressed immune systems.

A data base is only as good as the information that is stored there. Do the results of this study indicate a failure to provide basic treatment and testing, or simply a failure to properly report treatments and tests provided? The only people to know for sure are people living with AIDS and HIV. If you have doubts about the level of care you are receiving you should consult AAN!'s AIDS and HIV Management Goals which describes appropriate tests, treatment options and prophylaxis for different T cell levels. If your doctor is not providing these then its time you sat down and found out why.

For the full 18 page report Living with AIDS: An analysis of Treatment Standards and Practices in Toronto or a copy of AIDS and HIV Management Goals contact CRIT at \_\_\_\_\_. CRIT can also advise you in how to enrol in its observational data base and make your data work for the whole community.