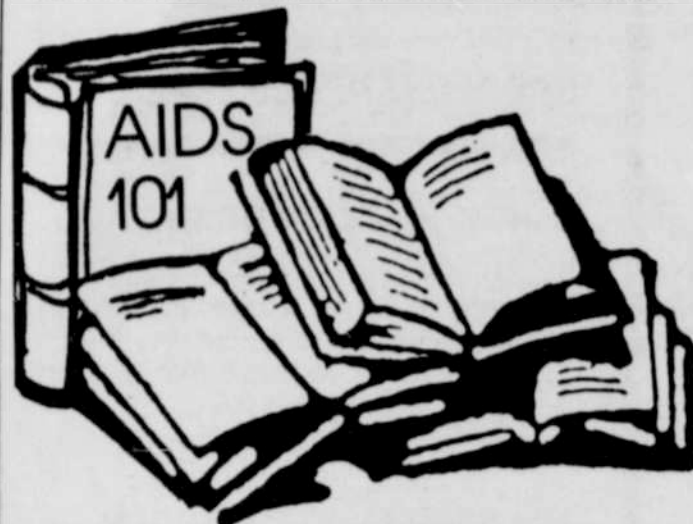


Dextran promising

Dextran, a well-established drug used in Japan to reduce fat in the blood, was tested in its oral form for possible beneficial effects on men with ARC and AIDS. After eight weeks, dextran did not improve the number of T-cells nor did it reduce the amount of HIV antigen; however, for most of the men it caused only mild side effects — insomnia, headache, diarrhea,



BY JEFFREY ZURLINDEN

feeling "speedy," and changes in liver functions. A few of the men had more serious side effects which included low white blood cell counts and low platelet counts. The researchers were uncertain how much of the lowered white blood cell counts and lowered platelet counts were caused by HIV and not dextran. Many critics of dextran have questioned whether the oral form of the drug is even absorbed. Although researchers at this time cannot directly measure the amount of dextran in the blood after an oral dose, changes in the men's liver enzymes suggest that dextran is absorbed. In theory, dextran prevents HIV from entering T-cells and thereby slows or prevents cell-to-cell infection within the same person. At this time, researchers cannot measure if dextran, or other drugs, prevent HIV from attaching to T-cells. Because dextran is apparently absorbed

and causes few side effects, researchers plan to test the combination of dextran and AZT. Dextran was recently the object of controversy when it was approved for importation in small quantities for PWAs, and it is faithfully used by some PWAs as an alternative therapy.

Reference: Donald Abrams and others "Oral Dextran Sulfate (UA001) in the Treatment of the (AIDS) and AIDS-Related Complex." *Annals of Internal Medicine*, February 1, 1989, pp: 183-88.

New priorities

More attention should focus on behavior that spreads HIV, according to the National Research Council. In a 589-page report, the council recommends studying the sexual behavior and drug use habits of teenagers and adults, and measuring the number of adults and infants who are infected. The council also supports public educational programs that use explicit language, and advocates laws that prevent discrimination against people who are infected with HIV.

Reference: G. Byrne. "AIDS Panel Urges New Focus." *Science*, February 17, 1989, pg: 887.

Alpha-Interferon plus AZT slows HIV

Men with ARC and AIDS have lower amounts of HIV when they receive a combination of AZT and alpha-interferon, according to researchers at Michael Reese Hospital in Chicago. Five men received the usual daily dose of AZT and a shot of alpha-interferon three times a week. In all five men, the amount of HIV found in their blood went down and, during the time of the study, none of the men developed an opportunistic infection. The researchers hope to find a combination of drugs that combats HIV and reduces the severity of side effects of the individual drugs.

Reference: Brian Edlin and others "Interferon-Alpha Plus Zidovudine in HIV Infection." *The Lancet*, January 21, 1989, pg: 156.

HIV multiplies after AZT therapy stops

After treatment with AZT stopped, researchers could culture HIV from twice as many men with ARC than at the beginning of the study. Six weeks after their treatment with AZT stopped, 83 percent of the men grew HIV in their cultures, compared to 41 percent who grew HIV at the beginning of the study. HIV also grew faster after the men stopped taking AZT. Once AZT therapy starts, these Canadian researchers recommend, whenever possible men continue to take AZT without interruptions.

Reference: Mark Wainberg and others. "Cessation of Zidovudine Therapy May Lead to Increased Replication of HIV-1." *JAMA*, February 10, 1989, pp: 865-66.

New HIV antibody test

French scientists have developed a new antibody test to a specific portion of HIV which is present at the earliest time of infection, a time when the conventional antigen and antibody tests would give a false negative result. Using the new test, these researchers found evidence of HIV up to eight months before the conventional antibody test showed positive. Currently, this test is not commercially available.

Reference: Jean-Claude Ameisen and others "Persistent Antibody Response to the HIV-1 Negative Regulatory Factor in HIV-1-Infected Seronegative Persons." *The New England Journal of Medicine*, January 26, 1989, pp: 251-52.

Condoms work

HIV-infected hemophiliacs who always used condoms during sexual intercourse did not infect their female partners, but 20 percent of the men who did not regularly use condoms infected their female partners. This two-year study shows how important it is to use a condom each time an infected person has intercourse, and that condoms prevent HIV-infected men from transmitting the virus to their uninfected partners.

Reference: Y. Laurian and others. "HIV Infection in Sexual Partners of HIV-Seropositive Patients with Hemophilia." *The New England Journal of Medicine*, January 19, 1989, pg: 183.

CD4 prevents infection

A man-made version of CD4, a small portion of the surface of T-cells, prevents HIV from infecting T-cells. Normally, CD4 is the

molecule that attaches to HIV, the first step in infection; but the artificial version actually blocks HIV. In a separate experiment, researchers injected man-made CD4 into healthy monkeys and monkeys infected with monkey HIV-like virus. CD4 did not harm the healthy monkeys, and scientists could no longer isolate virus from the infected monkeys. Both studies point to man-made CD4 as a useful treatment for ARC and AIDS.

Reference: Paul Clapham and others. "Soluble CD4 Blocks the Infectivity of Diverse Strains of HIV and SIV for T-cells and Monocytes but not for Brain and Muscle Cells." *Nature*, January 26, 1989, pg: 368-70. And Mamoru Watanabe and others "Effects of Recombinant Soluble CD4 in Rhesus Monkeys Infected with Simian Immunodeficiency Virus of Macaques." *Nature*, January 19, 1989, pp: 267-70.

New drug controls HIV

Dideoxycytidine, a new drug taken orally, reduced the amount of HIV in men with ARC and AIDS during a six-month study by the AIDS Clinical Treatment Units. The men with ARC showed a greater benefit from the drug than did the men with AIDS; however, few of the men in either group showed an increased number of T-cells during treatment. The effectiveness and side effects of dideoxycytidine varied with the dose of the drug — at higher doses the drug was more effective, but led to more side effects. The men who took high doses of the drug complained of burning and pain in their hands and feet, as well as trouble walking. Men taking lower doses had rashes, fever, and sores in their mouth. The researchers hope to alternate dideoxycytidine with AZT to reduce the worst side effects of each drug.

Reference: Thomas Merigan and others. "Circulating p24 Antigen Levels and Responses to Dideoxycytidine in HIV Infections." *Annals of Internal Medicine*, February 1, 1989, pp: 189-94.

Herpes-6 speeds HIV

A newly identified strain of herpes virus, human herpes type 6, infects T-cells; and when HIV also infects the same T-cells, the T-cells quickly die, say two groups of scientists working independently. Together these two viruses kill T-cells faster than the combination of both viruses working separately. The herpes-6 virus stimulates the internal regulation of HIV to build more HIV at a very rapid rate.

Reference: Paolo Lusso and others "Productive Dual Infection of Human CD4 T Lymphocytes by HIV-1 and HHV-6." *Nature*, January 26, 1989, pp: 370-73. And Rebecca Horvat and others "Transactivation of HIV Promoter by HHV-6." *Journal of Virology*, February, 1989, pp: 970-73.



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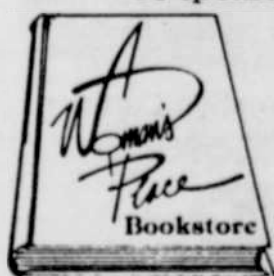
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