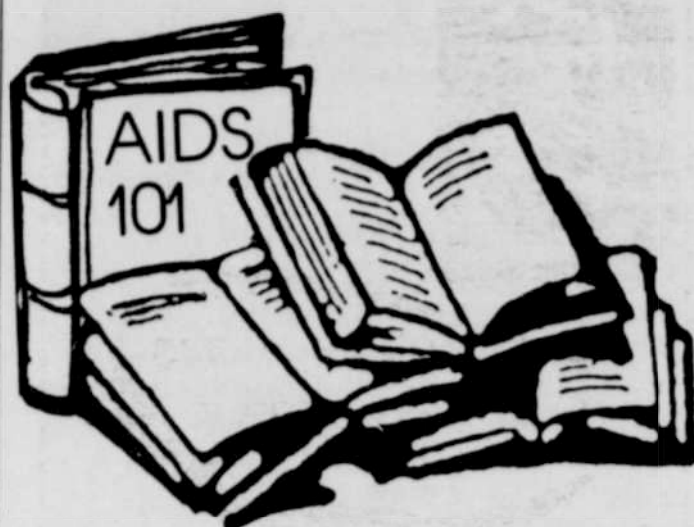


New drug reduces thrush

Thrush (oral candidiasis — a yeast infection in the mouth) disappears in PWAs after a single dose of a new drug called fluconazole, say Swiss doctors. The drug, taken orally, was effective for four days before thrush returned in some PWAs. After 42 days, half of the PWAs again had thrush. These doctors recommended repeating the treatment with fluconazole as often as thrush returns.

In another study, doctors in Belgium found fluconazole more effective than other drugs for treating thrush in PWAs.

Reference: J. Chave and others. "Single-dose Therapy for Oral Candidiasis with Fluconazole in HIV-infected Adults: A Pilot Study." *Journal of Infectious Diseases*, April, 1989, pp: 806-7, and S. DeWit and others. "Comparison of Fluconazole and Ketoconazole for Oropharyngeal Candidiasis in AIDS." *The Lancet*, April 8, 1989, pp: 746-47.



AZT and CD4 work together

In laboratory experiments, a combination of the drugs AZT and rsCD4 more effectively stops HIV from multiplying than does either drug when used separately. Each drug acts on a different step in HIV's life cycle. AZT prevents HIV from multiplying within infected T-cells, and rsCD4 prevents HIV

from attaching to uninfected T-cells. In combination, AZT and rsCD4 work at lower doses which may also cause fewer side effects. Human testing has recently begun with rsCD4.

Reference: V. Johnson and others. "Synergistic Inhibition of HIV-1 Replication in Vitro by Recombinant Soluble CD4 and AZT." *The Journal of Infectious Diseases*, May 1989, pp: 837-43.

Effects of AZT and ribavirin

Men with ARC and AIDS had lower levels of HIV after they took AZT, but not after they took the drug ribavirin, according to researchers at the University of California in San Diego. Within 8-12 weeks the men who took AZT had less than 10 percent of the original amount of HIV circulating in their

blood, but the men who took ribavirin had no change in the amount of HIV.

Reference: S. Spector and others. "The Antiviral Effect of AZT and Ribavirin in Clinical Trials and the Use of p24 Antigen Levels as a Virological Marker." *The Journal of Infectious Diseases*, May 1989, pp: 822-27.

Improved form of rsCD4

Swiss researchers have developed a new version of rsCD4. This molecule more effectively prevents HIV from infecting T-cells, and prevents HIV-infected T-cells from clumping with uninfected T-cells. As a class of therapeutic molecules, rsCD4 offers great hope for controlling HIV infection. Testing with another variation of rsCD4 recently began with humans.

Reference: A. Trauneker and others. "Highly Efficient Neutralization of HIV with Recombinant CD4-immunoglobulin Molecules." *Nature*, May 4, 1989, pp: 68-69.

Antibody test on saliva

A new HIV antibody test which uses saliva instead of blood was developed by researchers at the drug company Hoffman-LaRoche. Compared to blood, saliva is easier to obtain, and safer to test (because saliva inactivates HIV). This test is not currently available for commercial use.

Reference: R. Shoeman and others. "Antibodies to HIV in Saliva." *The New England Journal of Medicine*, April 27, 1989, pp: 1145-46.

People infected with HIV need TB tests

People who are infected with HIV should receive skin-tests for TB, recommend the Centers for Disease Control. In addition, people with positive skin-tests for TB, or people with symptoms of TB — regardless of their skin-test results — should receive chest X-rays to diagnose TB. TB is more common among people infected with HIV than among the general population.

Reference: "TB and HIV Infection: Recommendations of the Advisory Committee for the Elimination of TB." *MMWR*, April 14, 1989, pp: 236-48.

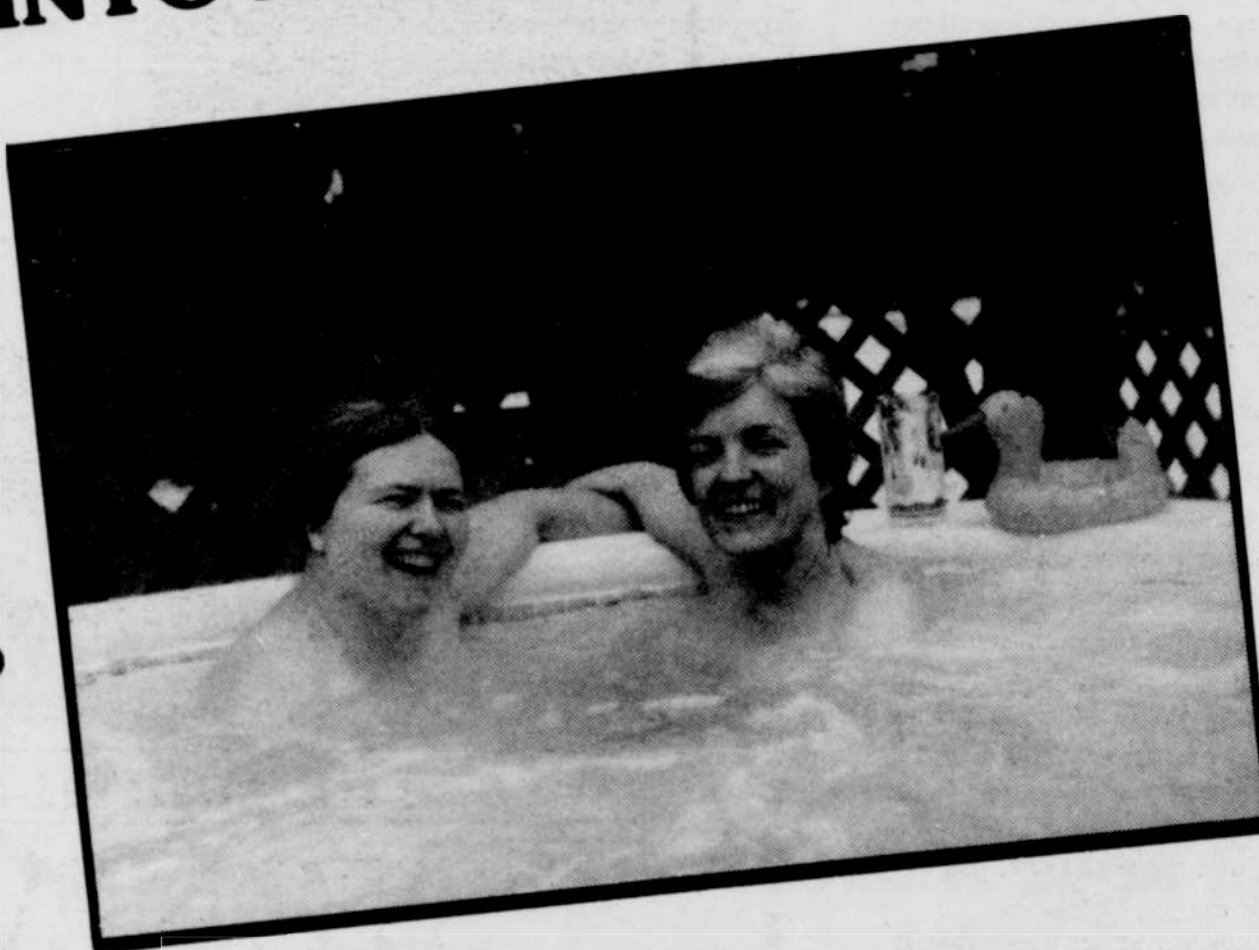
New drug may stop herpes in PWAs

A new drug, foscarnet, shows promise for treating PWAs who have herpes simplex that is resistant to the usual drug, zovirax. Doctors at San Francisco General Hospital successfully treated four men who had resistant strains of herpes. The men received foscarnet intravenously three times a day for two to three weeks.

Reference: K. Erlich and others. "Foscarnet Therapy for Severe Acyclovir-resistant Herpes Simplex Virus Type-2 Infections in Patients with AIDS." *Annals of Internal Medicine*, May 1, 1989, pp: 710-13.

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