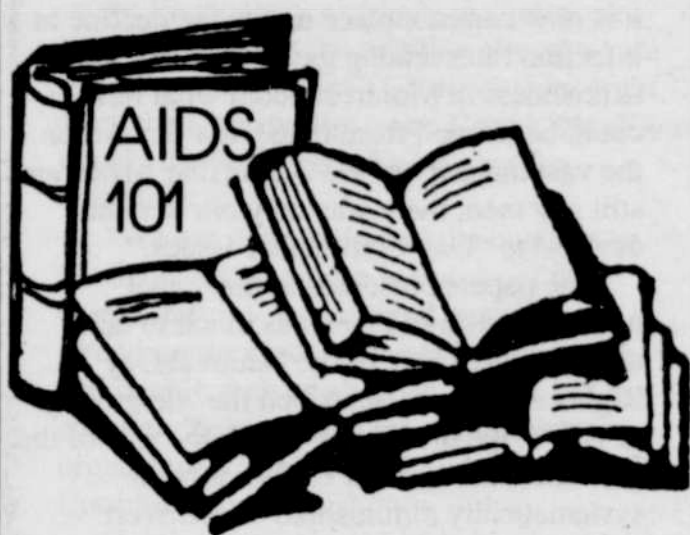


## New drug shows promise

Scientists at the Merrell Dow Research Institute are hopeful that a new group of drugs derived from chestnuts will work against HIV. Early studies in mice show that the new drugs, variations of castanospermine, inhibit HIV without causing side-effects in the mice. These drugs are an entirely new class of anti-HIV drugs. Scientists also hope that these drugs may be especially useful in combatting HIV infection of the brain and nervous system.

Reference: P. Sunkara and others. "Anti-HIV Activity of Castanospermine Analogues." The Lancet, May 27, 1989, pg. 1206.



## Why T-cells clump

Researchers have partially uncovered the mechanism that forces seemingly healthy T-cells to clump together after the person is infected with HIV. T-cells that clump together no longer fight infection, and clumped-together T-cells may weaken the immune system more than do HIV-infected T-cells alone. These results may eventually lead to therapies that specifically protect T-cells from clumping together.

Reference: J. Hildreth and R. Orentas. "Involvement of a Leukocyte Adhesion Receptor (LFA-1) in HIV-Induced Syncytium Formation." Science, June 2, 1989, pp. 1075-78.

## Some men are infected with HIV yet test antibody negative

Gay men may be infected with HIV for at least 36 months before they develop antibodies, say researchers in Los Angeles. These scientists studied gay men who were negative for HIV-antibodies using the usual tests. The men in the study continued to have anal intercourse without using condoms. Using sophisticated methods to culture the virus, scientists found HIV in 23 percent of the men. The men harbored HIV in their blood for at least 36 months before they developed antibodies. The scientists are

uncertain if these HIV-infected men without antibodies can infect their sexual partners.

Reference: D. Imagawa and others. "HIV-1 Infection in Homosexual Men Who Remain Seronegative for Prolonged Periods." The New England Journal of Medicine, June 1, 1989, pp. 1458-62.

## New drugs for PCP

People with severe PCP benefit from a new combination of drugs — clindamycin and primaquine. Doctors in Montreal gave this new therapy to 25 patients, many of whom had not responded to conventional drugs. All but four of the patients recovered, and doctors usually saw improvement within two days. PCP is a serious opportunistic infection that eventually affects 85 percent of PWAs.

Reference: E. Toma and others. "Clindamycin and Primaquine for PCP Pneumonia." The Lancet, May 13, 1989, pp. 1046-48.

## Experienced hospitals do better

People with PCP pneumonia have a greater chance of going home alive if they are treated at a hospital that is experienced with patients with AIDS, concludes a Rand Corporation study. Scientists at this California-based think tank reviewed the medical records of 257 PWAs treated in California during 1986-87. Regardless of the severity of their pneumonia, PWAs fared better at hospitals that were experienced with AIDS.

Reference: C. Bennett and others. "The Relationship Between Hospital Experience and In-hospital Mortality for Patients with AIDS-related PCP." JAMA, May 26, 1989, pp. 2975-79.

## Strains of HIV

Some strains of HIV reproduce quickly and clump T-cells together. People infected with these strains of HIV develop AIDS sooner than do people infected with other strains of HIV, say Dutch scientists. These researchers studied HIV cultures from infected people for over three years. The people with the quickly reproducing, T-cell-clumping HIV developed AIDS approximately 15 months after the study began — two to three times sooner than the people infected with other HIV strains. These results may eventually allow doctors to identify people who need early treatment with AZT or other anti-HIV therapies.

Reference: M. Tersmette and others. "Association Between Biological Properties of HIV Variants and Risk for AIDS and AIDS Mortality." The Lancet, May 6, 1989, pp. 983-85.

## SUMMER NIGHTS

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