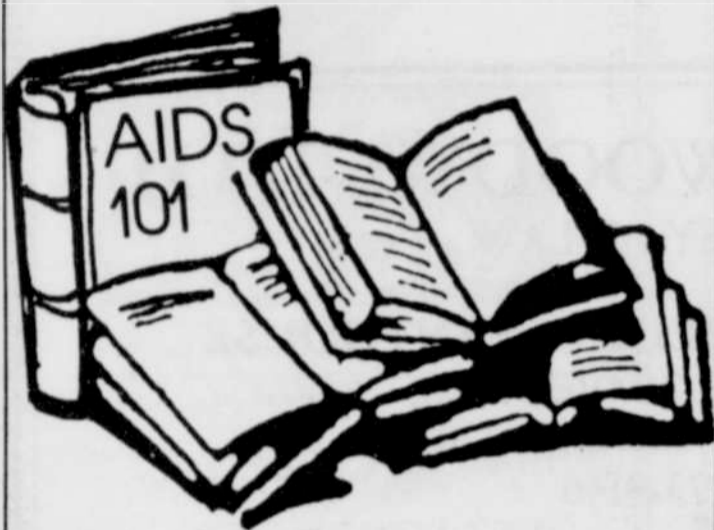


New hotline for experimental treatment studies

The National Institutes of Health now operates a telephone hotline to provide information about experimental drugs to treat HIV-related and opportunistic infections. Called the AIDS Clinical Trials Services, this hotline provides information for professionals, as well as people infected with HIV. Callers learn the research protocol and a phone number to call to enroll. The hotline has operated since May and responds to over 400 callers weekly. Currently, the hotline describes research studies that are sponsored by the National Institutes of Health, but soon it will also include studies sponsored by the Food and Drug Administration. The hotline operates Monday through Friday, from 9 a.m. to 7 p.m. Eastern Standard Time. Telephone 1-800-TRIALS-A.



BY JEFFREY ZURLINDEN

Recreational drugs do not speed AIDS

HIV-infected men who use alcohol or recreational drugs do not develop AIDS sooner or more often than men who do not use

alcohol or recreational drugs. According to researchers at the Multicenter AIDS Cohort Study (which includes Howard Brown Memorial Clinic), men infected with HIV do not run a greater risk of developing AIDS if they continue to use alcohol, poppers, cocaine, marijuana, ethyl chloride, uppers or downers. Continued alcohol and drug use did not lower the number of T-cells. However, the researchers warned that alcohol and drug use impairs judgment and may lead to sexual behavior that spreads HIV.

Reference: R. Kaslow and others, "No Evidence for a Role of Alcohol or Other Psychoactive Drugs in Accelerating Immunodeficiency in HIV-1-positive Individuals." JAMA. June 16, 1989, pp: 3424-29.

Virus-like agent may lead to AIDS

Doctors at the Armed Forces Institute of Pathology announced that a new virus-like agent may lead to AIDS. This agent can be isolated from some people with AIDS, and it causes a slow but fatal disease in monkeys. So far, the Armed Forces Institute of Pathology has refused to allow other researchers to experiment with the virus-like agent. Although supporters hope that this agent may explain why only some HIV-infected people develop AIDS, critics maintain that it is a meaningless contaminant found in the laboratory or a hoax.

Reference: B. Merz. "More Details of AIDS-linked Virus-like Infectious Agent Revealed." JAMA. June 16, 1989, pp: 3361-62.

people who do not show signs of illness have T-cells tests every 6 months in order to determine when to start taking anti-PCP medication.

Reference: CDC. "Guidelines for Prophylaxis Against PCP for Persons Infected with HIV." MMWR. June 16, 1988.

FDA approves new AIDS treatments

The Food and Drug Administration approved two experimental drugs used to treat serious complications of HIV infection. Ganciclovir, also known as DHPG or Cytovene, was approved to help combat cytomegalovirus infections in the eye that lead to blindness. These eye infections occur in one out of every four people with AIDS. The drug is given intravenously twice a day for two or three weeks, then followed by a single daily dose. Researchers at the FDA are still studying the side-effects of ganciclovir, as well as its effect on AZT.

Erythropoietin was also approved by the FDA. This hormone-like drug stimulates the body to produce more red blood cells and therefore counteracts anemia. According to the FDA, nearly half of the 20,000 people who take AZT suffer from anemia. The FDA continues to gather data concerning the effects of erythropoietin, and patients who agree to participate in this research will receive the drug free.

Both drugs were made available through a new streamlined program at the FDA that speeds preliminary approval of promising experimental drugs. Said Doctor Sullivan, Secretary of Health and Human Services, "This and other recent developments in AIDS treatment demonstrate a commitment by HHS and its component, FDA, to speed the availability of AIDS-related drugs."

Aerosol pentamidine prevents PCP

Aerosol pentamidine prevents people with AIDS from developing a relapse of *Pneumocystis carinii pneumonia* (PCP), say French scientists. Patients who had recovered from PCP were divided into two groups. One group received monthly aerosol pentamidine and AZT, while the other group got only AZT. During the next 10 months, only nine percent of the people receiving aerosol pentamidine developed another bout of PCP. However, 61 percent of the people who received only AZT later had PCP.

Reference: P. Girard and others. "Prevention of PCP Relapse by Pentamidine Aerosol in Zidovudine-treated AIDS Patients." The Lancet. June 17, 1989, pp: 1348-52.

CDC guidelines for preventing PCP

The Centers for Disease Control recommends that HIV-infected people receive medicine to prevent *Pneumocystis carinii pneumonia* (PCP) if they have fewer than 200 helper T-cells or if their T-cells are less than 20 percent of their total number of lymphocytes. The CDC also recommends that everyone who has had PCP receive anti-PCP medicine regardless of the current number of their T-cells. Medicine to prevent PCP includes either aerosol pentamidine once a month, or trimethoprim-sulfamethoxazole taken orally twice a day. Medicine to prevent PCP would be taken in addition to AZT. The guidelines also recommend that HIV-infected

Testing begins with new AZT-like drug

Testing began this month on an experimental drug called AZDU. Like AZT, the new drug prevents HIV from reproducing. According to researchers at the University of Georgia, AZDU showed significant anti-viral activity in laboratory experiments and was well tolerated in animal studies. In laboratory studies on human bone marrow cells, AZDU was 20 times less toxic than AZT on early-stage white blood cells, and almost 100 times less toxic on red blood cells.

Research studies at UCLA and the National Institute of Allergy and Infectious Diseases in Maryland will test the safety, side effects, anti-viral activity, and immune-enhancing ability of AZDU. These studies will establish the drug's best dose and schedule. At each study site, approximately 15 people with ARC will take escalating doses of AZDU for 12 weeks. Triton Biosciences hopes to analyze the results and start Phase II testing within six months.

Managing stress does not bolster the immune system

After taking an eight-week course to reduce stress, men infected with HIV did not strengthen their immune systems, say San Francisco researchers. However, after completing the stress-reduction course, the men did report having fewer sexual partners. Although learning to reduce stress may improve the quality of life, this study did not find any measurable, short-term improvement in the immune system.

Reference: T. Coates and others. "Stress Reduction Training Changed Number of Sexual Partners but Not Immune Function in Men with HIV." American Journal of Public Health. July, 1989, pp: 885-86.

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"Negotiating Safer Sex"

Gay & Bisexual men are invited to practice negotiating safer sex. Drop in between 6:30 and 8:30pm Thursday, August 17th, 408 SW 2nd, Room 427



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