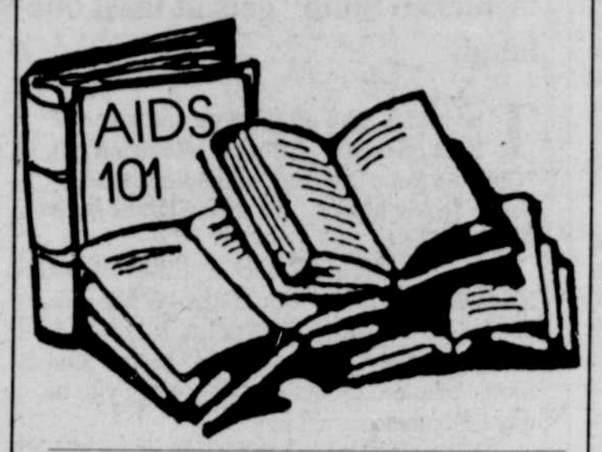
Probenecid decreases the amount of AZT needed

The daily dose of AZT may be cut in half by giving each dose eight hours apart, say doctors at Johns Hopkins, if HIV-infected people also take a drug called probenecid. After studying a small group of PWAs, doctors found that probenecid changes the way the liver metabolizes AZT. Probenecid increases the concentration of AZT, as well as extends the length of time that AZT remains active. Considered a safe drug, probenecid has been used for years to treat gout, and in combination with penicillin to treat gonorrhea. Doctors are uncertain if probenecid will interfere with other drugs commonly taken by people infected with HIV.

Reference: D. Kornhauser and others. "Probenecid and Zidovudine Metabolism." The Lancet. *August 26, 1989, pp: 473-75.*

Chronic hepatitis B and HIV

HIV-infected gay men who also become infected with hepatitis B remain contagious for hepatitis B longer than do men who are not infected with HIV, according to researchers in Australia. However, the HIV-infected men with chronic hepatitis B had less liver damage than did men with chronic hepatitis B



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who are not infected with HIV. T-cells appear to cause the liver damage in people with chronic hepatitis B. When HIV reduces the number of T-cells, there is less liver damage from chronic hepatitis B. Chronic hepatitis B does not increase the likelihood of developing AIDS.

Reference: N. Bodsworth and others. "The Effect of Concurrent HIV Infection on Chronic Hepatitis B: A Study of 150 Homosexual Men." The Journal of Infectious Diseases. *October 1989, pp: 577-81.*

rCD4 experiments continue

Scientists at Harvard demonstrated that a genetically engineered form of CD4, known as rCD4, can prevent all strains of HIV from infecting T-cells in test tube experiments. rCD4 also prevented HIV from infecting new cells by direct contact with infected cells. However, other researchers at the FDA studied rCD4 using the blood from people infected with HIV. According to the FDA, the naturally occurring antibody to HIV limited the effectiveness of rCD4 in blocking HIV infection of additional T-cells. Therefore, rCD4 may only be useful to fight HIV within the first few months of infection. Additional studies will clarify the value of the potentially useful treatment.

Reference: R. Byrn and others. "Characterization of In Vitro Inhibition of HIV by Purified Recombinant CD4." Journal of Virology. *October 1989, pp: 4370-74. L. Callahan and M. Norcross. "Inhibition of Soluble CD4 Therapy on Antibodies to HIV."* The Lancet. *September 23, 1989, pp: 734-35.*

Blue-green algae promising

Blue-green algae contains a group of compounds that are "remarkably active" against HIV in laboratory experiments, say researchers at the National Cancer Institute. These compounds, known as sulfonic acid-containing glycolipids, are a new class of anti-HIV compounds. Although scientists do not know how these compounds fight HIV, scientists have determined the compound's chemical structure. The Decision Network of the National Cancer Institute placed a high priority for continued research and eventual clinical trials with these compounds.

Reference: K. Gustafson and others. "AIDS-Antiviral Sulfolipids from Cyanobacteria (Blue-Green Algae)." Journal of the National Cancer Institute. *August 16, 1989, pp: 1254-58.*

Estimated time from infection to HIV antibodies

Scientists at the CDC estimate that half of the people infected with HIV develop antibodies two-and-a-half months after the time of infection, and the remaining half develop HIV antibodies within six months after infection. Using polymerase chain reactions, scientists tested the blood samples for particles of HIV that indicate infection, but occur before antibodies appear.

Reference: C. Horsburgh and others. "Duration of HIV Infection Before Detection of Antibody." The Lancet. *September 16, 1989, pp: 637-39.*

ACT UP changes AIDS drugs testing

The AIDS Clinical Trial Group (ACTG), the world's largest network of study centers to test treatments for AIDS, is undergoing changes recommended by ACT UP (AIDS Coalition to Unleash Power). ACTG was started in 1986 by the National Institute of Allergy and Infectious Diseases to speed human testing of promising AIDS drugs. In response to ACT UP, the ACTG is changing some of the requirements for entering AIDS treatment studies; and more importantly, statisticians are developing ways to determine more quickly if the new treatments are working. Traditionally, researchers have had to wait until patients die in order to determine if a treatment improved survival. The ACTG is also developing methods that do not rely on placebos to determine if a treatment is effective. In the past, PWAs have been reluctant to participate in research studies that used placebos.

Reference: J. Palca. "AIDS Drug Trials Enter New Age." Science. *October 6, 1989, pp: 19-21.*