

## Coventry Cycle Works

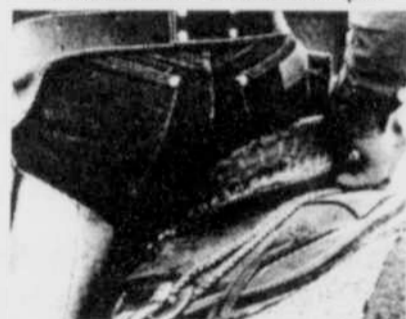


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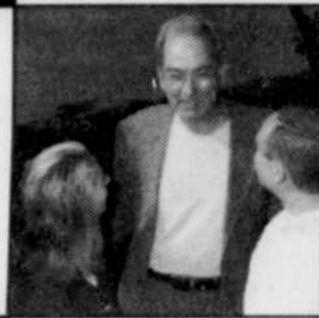
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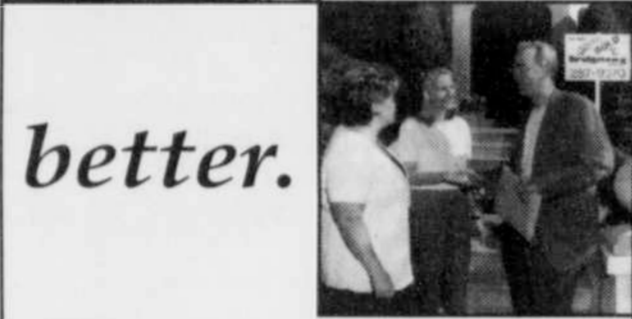


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## local news

### The state of AIDS

The disease drops to the No. 2 cause of death for younger adults nationwide; local doctors test testosterone as AIDS treatment

by Inga Sorensen

**T**he head of Oregon's largest HIV/AIDS nonmedical service organization says while she's encouraged by recent reports suggesting a dramatic turnaround in deaths from AIDS complications in the United States, she fears such news could lead to complacency in the battle against the disease. "The danger is that people will think the pandemic is over," says Susan Stoltenberg, executive director of the Cascade AIDS Project, which provides an array of HIV/AIDS services. "The fact is, we're running a marathon, not a sprint.... We have to prepare to live a long, long time with this disease."

According to federal health officials, in 1996 the death rate from AIDS complications dropped by 26 percent—more than 10,000 fewer people died in 1996 than in 1995.

Additionally, the disease is no longer the No. 1 killer of people between 25 and 44, bolstering optimism by some that the deadly epidemic is slowing down.

AIDS has dropped to the second leading cause of death for people in that age group. First are accidents—such as falls and automobile crashes—cancer is third.

Steve Modesitt, who manages the HIV surveillance section of the Oregon Health Division's HIV Program, says he's encouraged by what he's seeing in this state.

According to Modesitt, 344 people in Oregon died of AIDS complications in 1995. That number dropped to 236 in 1996.

He says for men between the ages of 25 and 44, AIDS was the second leading cause of death in 1995 and 1996. Accidents were No. 1 both years.

Modesitt also says there has been a 43 percent drop in new reported AIDS cases in Oregon during the first six months of 1997.

For that period in 1996 there were 260 new cases; in 1997 there were 147.

"So we're seeing a decline both in deaths and new cases," he says. "I think we're experiencing a real sea change...though slippage is always a concern."

Findings in a new federal Centers for Disease Control and Prevention report, based on information from birth and death certificates filed in each state, mirror earlier surveys signifying a slowdown.

The CDC says last year the actual number of AIDS-related deaths declined for the first time since the epidemic began in 1981.

"It's reassuring," Dr. John Ward, the CDC's chief of AIDS surveillance told The Associated Press. "You like to have multiple studies saying the same thing before you begin to consider what you're seeing is indeed the truth."

According to the CDC, in 1996 the AIDS death rate fell to 11.6 deaths per 100,000 people, down from a rate of 15.6 in 1995.

For those between 25 and 44, the rate fell to 27.2 deaths in 1996 from a rate of 36.9 in 1995. In 1994, when AIDS took over the top spot, the rate was 36.7 in that age group.

According to the AP, Ward tempered the "good" news by noting that thousands of people are still living with AIDS and taking drugs that take a huge toll on the body.

Not only that, more people with the disease will live longer and need HIV/AIDS-related care and services along the way.

"After so many years of this pandemic, it seems some of the sense of urgency has dissi-

pated, but in reality the needs remain huge and we still don't have a cure," says CAP's Stoltenberg.

CDC official Dr. Ronald O. Valdiserri, meanwhile, echoed that concern when he told United Press International, "[while] we're beginning to see the payoff of over a decade's work of prevention and treatment...this hasn't ended the problem."

He further noted that the epidemic is too complex to make possible any predictions about future trends of the disease.

Back in Oregon, this year's AIDS Walk Oregon—a major annual CAP fund-raiser—raised \$110,000, down from the \$147,000 collected in 1996.

According to Stoltenberg, an estimated 3,200 people participated in the Sept. 7 event—an increase of a couple hundred from the previous year "but they didn't bring as many pledges along this time."

She says she's very concerned, given the fact that CAP's caseload jumped 60 percent from last year. Stoltenberg says CAP currently serves an estimated 1,500 clients.



PHOTO BY LINDA KLEVER

In other AIDS news, two Portland-based researchers say testosterone injections may improve the quality of life for men living

with AIDS.

Drs. Gregg and Marcia Coodley of Fanno Creek Clinic in Southwest Portland conducted a study involving 39 AIDS patients who experienced serious weight loss as well as symptoms of weakness and fatigue.

Gregg Coodley says he and his wife decided to study testosterone's possible effects on men with AIDS by theorizing that since testosterone acts as an anabolic hormone, fostering muscle mass and strength, it may benefit men with AIDS, who often lose muscle while maintaining fat, which can lead to fatigue.

According to Coodley, study participants were randomly assigned injections of either 200 milligrams of testosterone cypionate or a placebo.

He says those who received the hormone every two weeks for three months did not gain weight, but felt an increased sense of well-being.

"They said they felt like they had more strength and energy. Like they could do more things and live a more normal life," he tells *Just Out*.

According to Coodley, several participants dropped out of the study when they were switched to a placebo.

"They were feeling so good when taking the hormone that they noticed a big difference while on the placebo," he says, adding of the 18 people who received testosterone first, nine dropped out when they began taking the placebo, compared to three dropouts in the placebo-to-testosterone group.

Coodley says due to the high dropout rate, there wasn't enough data to say whether the hormone made a difference with respect to weight gain.

At the same time he says he's encouraged by the findings, which suggest that testosterone injections may bolster one's quality of life.

The September issue of the journal *AIDS* includes a report on the study.

Fanno Creek is currently seeking participants—both HIV-positive men and women 18 or older—for two studies whose goal is to increase lean muscle mass. One study involves a growth hormone and the other, a steroid known as oxandrin. For more details contact Toni Kempner at 452-0915.



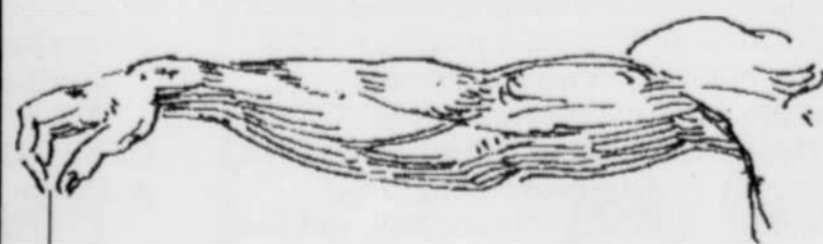
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