REASONS FOR HOPE

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educator Elly Sendi.

A lack of accessible and affordable antivirals isn't the only problem facing those with HIV in the developing world. Clinical monitoring tools, such as helper-T-cell tests, are not easily obtainable. Even terms like "viral load" were completely foreign to many delegates who attended the conference due to the fact that many HIV- and AIDS-related tests are not available for their use. Additionally, it is almost impossible to get highly priced therapies to treat opportunistic infections. Few solutions on how to bridge this gap have been found.

After much political pressure, the pharmaceutical giant Glaxo-Wellcome lowered the price of AZT in developing countries. This discount, however, is only available for HIV-positive pregnant woman to prevent transmission of the virus to their children. The drawback is that it will still cost hundreds of dollars for a full course of the drug to prevent mother-to-infant transmission.

"The price is still far out of reach for millions of women," said Chip Lindner, an advisor to the conference chairman.

In Geneva, the only program that seemed to offer hope for treating HIV in the Third World was the HIV Drug Access Initiative, which is a pilot program set up by the United Nations and the World Health Organization in cooperation five drug companies to introduce the latest HIV treatments along with the necessary counseling and testing to ensure the therapy is successful. The initiative will be limited, however, with only five countries receiving clinical support and medications.

"World leaders such as Clinton should be playing a significant role in getting these drugs to all who are in need of them," said one U.S. activist.

Without increased support from the developed world, the future looks grim for HIV-positive people in poorer countries, many conference attendees said.

For those who are fortunate enough to have access to antivirals, other problems persist. Patients face complicated dosing regimens, drug side effects and viral resistance to the drugs. Data from Geneva suggest new developments may help alleviate some, but not all, of these problems.

One current trend in HIV drug development seeks to make antiviral dosing less frequent. Clinicians hope this will help ensure patient adherence to a drug combination regimen.

Data presented in Geneva show that once-a-day dosing of the drug DDI appears as effective as twice-a-day dosing. Some protease inhibitors, meanwhile, may also be dosed less frequently as long as they are combined with other protease inhibitors.

Unfortunately, not all the data on these new dosing regimens has been conclusive. Drug levels in the blood can vary significantly from person to person, and less frequent dosing could put one at risk of developing resistance if drug levels fall too low.

Another subject that received considerable attention in Geneva was lipodystrophy, a side effect thought by some to be caused by the use of protease inhibitors. Lipodystrophy involves wasting of muscle tissue on the face, limbs and buttocks, and an increase in fat on the abdomen, hips or breasts. This condition has been appearing in an increasing number of patients, especially women.

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Data presented showed some success in treating the problem through the use of steroids and exercise.

In addition, there have been a few reports of heart attacks in patients possibly as a result of increased cholesterol levels due to protease inhibitor use. These levels will have to be carefully monitored in patients on protease drugs, especially those who have a history of heart disease.

Perhaps the most frightening news of the conference dealt with the transmission of drug-resistant strains of virus from one person to another.

One study of 67 recently seroconverted patients living in Geneva showed a small number of them had been infected with an HIV strain that is resistant to a variety of reverse transcriptase inhibitors, such as 3TC and Nevirapine (also known as Viramune). Furthermore, several patients were found to have a strain of virus resistant to all the protease inhibitors currently on the market.

This data suggests that unless additional antivirals which can stop these resistant strains of HIV are forthcoming, an entirely new epidemic may be in the future.

■ THE AIDS WRITERS GROUP *will report more on the Geneva conference in the coming months with "the hope that the world will soon recognize the challenge facing our planet and unite in defeating this virus once and for all."*

THE SPECTER OF AIDS

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while, took another hit with an updated report from Dr. Ruth Ruprecht of the Dana Farber Cancer Institute in Boston.

She vaccinated 15 monkeys with a live attenuated HIV vaccine. In the ensuing 3 to 5 years, one has died of AIDS and three have high viral loads. Ruprecht obtained even more deadly results in infant monkeys with immature immune systems.

"There is a mini-Darwinian experiment going on in every single vaccinated animal," she said. "In the end, we have disease."

The core of therapy options in the United States is much the same as it was two years ago when protease inhibitors first came into widespread use, said Dr. Robert Schooley of the University of Colorado Medical Center. What has changed, he added, is an increase in "data about how these drugs can be used in a larger number of combinations."

Several new drugs seem likely to become available within the next 6 to 12 months. All seem to be variations of existing approaches that may offer comparative advantages for some individual patients. But any new breakthrough in therapy seems at least two years away, possibly longer.