

ADDED TO THE ARSENAL

The Food and Drug Administration has approved a new drug that may replace protease inhibitors in some treatment regimens by Bob Roehr

The Food and Drug Administration approved a new antiretroviral treatment Sept. 18.

DuPont Pharmaceuticals will market efavirenz under the trade name Sustiva. It is a non-nucleoside reverse transcriptase inhibitor. Two other drugs in this class, delavirdine and nevirapine, have been used for years as part of the therapeutic arsenal designed to combat HIV.

Sustiva differs from the other two in that it is taken only once a day, which should facilitate adherence to an often complex regimen of combination therapy.

People taking anti-HIV cocktails may swallow up to 40 pills on a precise schedule throughout the day. Missing even a few pills allows the virus to mutate and become more difficult to treat; increased compliance is therefore an important goal for patients, physicians and drug-makers alike.

Sustiva "is really, really important," says Spencer Cox, spokesman for the Treatment Action Group in New York. "It provides the

basis for once-a-day therapy that is well tolerated and seems to be at least as effective as anything out there on the market."

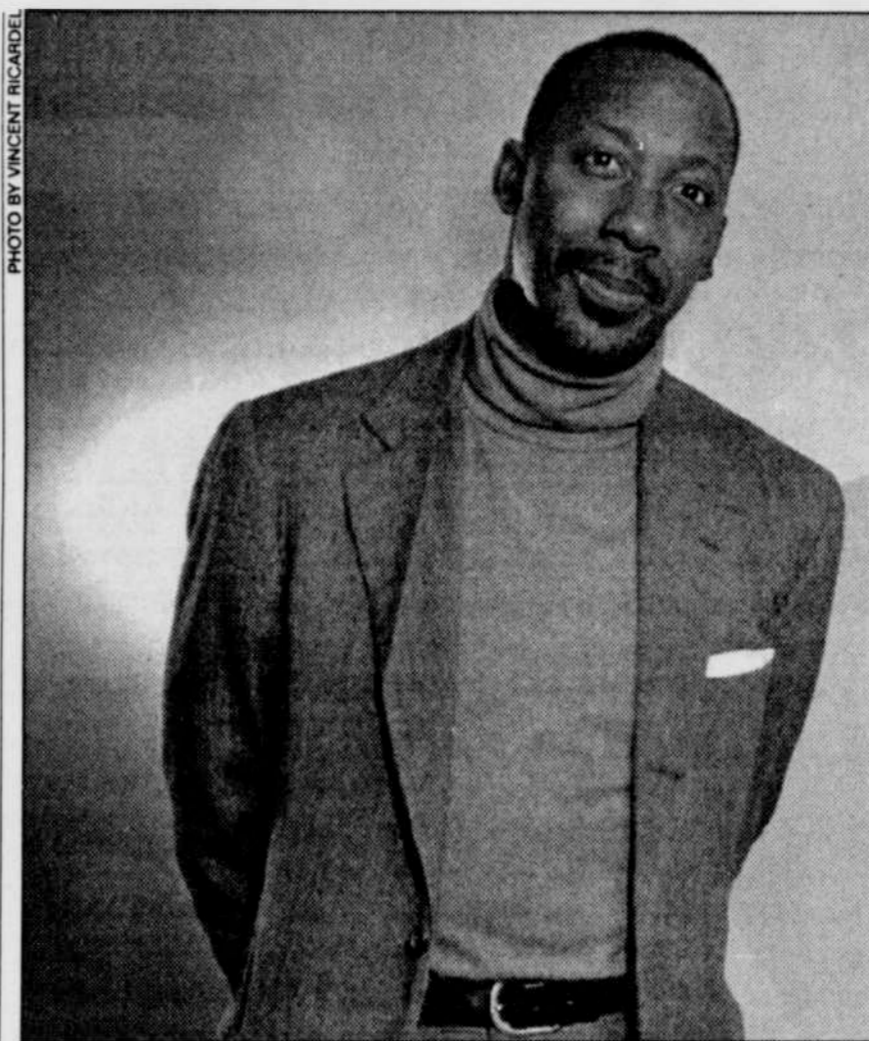
Cornelius Baker, executive director of the National Association of People With AIDS, praised the drug for its much needed once-daily dosing and tolerance profile that will mean new treatment options for children.

Cox, meanwhile, says DuPont's primary study "demonstrates very nicely how, over a six-month period, Sustiva can be used to replace either a protease inhibitor or two nucleoside analogs in a standard [combination] regimen."

Still, not all is perfect. Studies show HIV quickly mutates resistance to Sustiva when the drug is taken as monotherapy. It should be used only in combination with at least one other antiviral drug.

Also, a study of the drug's effects on monkeys suggests a possibility of birth defects, so women of child-bearing years probably should not take the drug.

Then there's the issue of cost. AIDS activists had speculated the drug would be expensive,



Cornelius Baker

"perhaps even in the range of the protease inhibitors that [it] would supplement or sometimes replace," according to a consensus state-

ment signed by representatives from most of the nation's major AIDS organizations.

In an effort to keep costs down, they petitioned DuPont to price Sustiva "in accordance with other drugs in its respective class."

In a press release, DuPont officials said Sustiva will cost \$3,942 a year, "in the mid-range of the antiretroviral class"—that is, about a \$1,000 a year more than the other non-nucleoside reverse transcriptase inhibitors, but substantially less than protease inhibitors.

DuPont officials claimed in their media statement: "When used in a triple-combination therapy, as it was studied, Sustiva will be less expensive than the current standard of care including protease inhibitors." Sustiva's main side effects are dizziness, insomnia, impaired concentration, abnormal dreams and drowsiness. Unlike

those caused by most AIDS drugs, these side effects usually disappear over time, the FDA said.

DEPRESSED? GET CHECKED

Oct. 8 is National Depression Screening Day

Hate your job? Your lover? Or the lack thereof? Things aren't going well with the family? Whether or not your life sucks, clinical depression can make it seem that way.

"Gays and lesbians probably do have somewhat higher rates of depression," says Dr. Jeffrey S. Akman, past president of the National Lesbian and Gay Health Association. He attributes it to the pressures of coming out and internalized homophobia.

Signs of depression may include a sense of hopelessness, sadness and anxiety. Physical symptoms include headaches, stomach problems, difficulty sleeping or sleeping all of the time, and changes in eating or weight.

While many people grapple with depression, most never receive treatment.

"A lot of times people aren't even aware of the levels of the symptoms they go through," says Robert Cabaj, a psychotherapist in San Mateo, Calif.

He adds the stress of work or dealing with an intolerant society "can be a real disguise for chronic depression."

Oct. 8 is National Depression Screening Day. More than 100,000 people are expected to take a 10-question screening test, meet with a mental health professional and, when necessary, be referred for further evaluation.

The program is free at more than 3,000 sites across the nation. In the Portland area, screenings will be held at Legacy Emanuel Hospital (call 335-3500 to preregister), and Ability Center (call 636-0111 for schedule).

Reported by BOB ROEHR

REALIZING RISK

Research shows lesbians have higher rate of breast cancer risk factors; scientists call for further investigations

Are lesbians at higher risk for breast cancer? The question has been posed at many gay and lesbian medical conferences, and the issue has been explored in both the mainstream and gay press. But no scientific study had been reported—until now.

According to a Sept. 28 press release from the Gay and Lesbian Medical Association, the September issue of the *Journal of the Gay and Lesbian Medical Association* is reporting on the first study to compare breast cancer risk factors in lesbian and heterosexual women. Though GLMA says more research needs to be done, the results indicate there are indeed significant differences between the two groups of women.

The study, "Differences in Risk Factors for Breast Cancer: Lesbian and Heterosexual Women," was conducted by researchers Stephanie Roberts, medical director at Lyon-Martin Women's Health Services in San Francisco, and Suzanne Dibble, an associate adjunct professor at the University of California, San Francisco.

Their study was based on an analysis of the medical charts of 1,019 women who were treated at Lyon-Martin between 1995 and 1997. Nearly all of the women were low-income and lacked health insurance; about 58 percent identified as heterosexual, while the rest identified as lesbian.

According to GLMA, Roberts and Dibble found that the lesbians had a higher body mass

index, fewer pregnancies, and more breast biopsies—three previously identified risk factors for breast cancer.

Although cigarette smoking has not been definitively shown to be a risk factor for breast cancer, the study did find that the heterosexual women were more likely to be current smokers.

Regarding risk factors such as family history



of breast cancer, current or past alcohol use, or having had a mammogram, there were no significant differences between the two groups.

In addition, there was no significant difference in the prevalence of breast cancer between the two groups: Five cases were identified in the lesbians, three in the heterosexual women.

The researchers note, however, that breast cancer risk increases with age, and that the relatively young age of the women in the study—the mean age for the lesbian women was 41 and for the heterosexual women about 44—could account for this result.

"Our study underscores the need for more research that compares lesbian and heterosexual women of different ages and economic groups and from various geographic regions," says Roberts. "It's still too early for us to develop specific mammography guidelines for lesbians, but our study shows the importance of encouraging lesbians to seek medical care on a regular basis."

Roberts and Dibble, who first presented their results at GLMA's 16th annual meeting held in late-August in Chicago, are embarking on a three-year prospective study of 5,000 lesbian and heterosexual women that will be funded by California's Breast Cancer Research Program.

In addition, Dibble has received a grant from GLMA's Lesbian Health Fund to study treatment differences between lesbian and heterosexual women who have been diagnosed with breast cancer.

"For far too long lesbians have had more questions than answers about their health," says GLMA President Kathy Oriel, an assistant professor of family medicine at the University of Wisconsin. "The results of this study and of Roberts and Dibble's future research will play an important role in providing the long-awaited information lesbians need."

GLMA, which is based in San Francisco, is an organization of 2,000 lesbian, gay, bisexual, and trans physicians, medical students and their supporters. Founded in 1981, the group works to combat homophobia within the medical profession and in society at large and to promote quality health care for sexual minorities.