

BEWARE HEALERS' ADVICES!

(the V International Congress
"DRUG THERAPY in HIV INFECTION",
Glasgow, X. 2000)

(translated from Latvian)

For the first time in the history of scientific AIDS conferences, an NGO took part in its organisational process. This NGO was **EATG**. For a whole day it was chairing one of the conference sections (having chosen its themes and speakers).

To achieve this status, EATG had to do lots of lobbying before. In the future, this and maybe other conferences will eventually be more open to treatment advocates from NGOs. Two EATG BOD members made presentations during plenaries.

Jorma Koskinen (Finland) during his witty speech pointed out that he as a patient can also be a "pain in the ass" to his doctor. He also said that most of doctors are dealing with the virus itself and not encouraging patients to fight it.

Epidemiological data worldwide shows a dangerous trend. E.g., in today's England 25% of newly HIV- diagnosed patients are **already resistant** to different ARVs. Unfortunately, this trend has an increasing tendency. The conclusion is – do use condoms!

New ARVs and methods are being advertised in the congress exhibition hall. E.g., GSK's **MEMS** (mechanical electronic memory s.) – a vial that checks each time it is being opened. Some eventual future users argued they never take whole bottles with them.

Comparing different **initial combinations** (PI + 2 NRTIs; 3 NRTIs or NNRTI + 2 NRTIs), the prominent AIDS specialist C. Catlana stressed that the question is not on which of them is the best but which is the most appropriate for the given patient.

Their efficacy is quite similar, concluded scientists from the "Atlantic" clinical trial.

A clinical study from Pitie Salpetriere hospital (abstr. P61) analysed PI-sparing initial regimens in naïve patients at a late HIV stage (CD4<200, VL>50.000). Little research has been done in this PWA group. Two NRTIs (d4T/3TC, ZDV/3TC or d4T/ddI) in combinations with one NNRTI (NVP, EFV or ABC) were compared. Results after 48 weeks showed first- line PI- sparing combinations as highly effective, safe and good for patients in the late stage of HIV. These regimens did not show metabolic disorders or lipodystrophy in contrast to combinations with PIs. Nowadays these initial combinations are prescribed to patients with a long- term HIV infection.

Discussions on **STIs** are still ongoing. One of opinions is that it's not a rule that they lead to resistance or influence the future choice of combinations.

British scientists (abstr. P12) gave evidence on their clinical study. Effectiveness of the following **complimentary treatments** was probed: BHT (butylated hydroxytoluen – 33 weeks), vit. C and β - carotene (mixed and separately for 24 weeks) and todoxin (59 weeks). None of the ARV- naïve arms on these ingredients had any VL depletion or CD4 count increase (though, it often happens that scientists discover what they wanted to discover...).

Still, other complementary treatments will be studied in the future.

In his abstract on pentoxiphilin (the suppressive TNF agent) A. Wanchu (“PGIMER”, India) proves that it has antiretroviral effect and capability to prevent OIs in HIV asymptomatic patients.

Some pro- Americans or fans of electronics may get interested in the new **MediMOM** – a confidential service to help patients (including PWAs) to remember their regimens. The service helps:

- to stick to the prescribed drug regimen
- to keep a personal medical diary
- to remember visiting doctors and other chores (e.g., to buy a milk, to feed the dog etc.).

MediMOM will send a message in due time by mobile, pager, email or PDA (personal digital assistant).

And here comes a message to all the PWAs – be extremely cautious taking **healer’s** advice!

A full programme of any healer should be first approved by at least two HIV doctors. A member of AGIHAS light- heartedly agreed to follow A. Stankevic’s (“Dzīves skola”/ “School of Life”) advice. His programme involves fasting – something absolutely not recommended in HIV case! During the presentation of his programme to AGIHAS (in the presence of 2 doctors) he did not stress the week- long fasting, which actually is the main element of his method. Fasting causes loss of muscle mass (especially dangerous with HIV!), which later on with no physical exercise may get replaced by fat.

With no medical (or even high- school!) education he made believe he understands AIDS mechanisms (he sees them similar to other diseases...). During the programme he being a distributor of some German company recommended dietary supplements. Their costs highly exceeded similar ones by other companies. He insisted on their higher bio- availability... Besides, there was no cheque after the purchase.

Essential part of his scenario was three hours long session of persuasion to follow his method.

Here comes the result: a 5 kg weight loss, which could not be restored during 10 consecutive years. N.B.! Subcutaneous fat practically is not restorable...

Beware!

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