

A CURE IN 10 YEARS?

(the **XIV WORLD AIDS** Conference,
Barcelona, VII. 2002)

(translated from Latvian)

Although the amount of conference delegates was greater than ever (**14.000!**), the conference did not bring any big revelations in AIDS field.

For some, the conference started earlier: in order to economize, EATG decided to link its traditional E European and S European workshops with this big event. The 2 days long EATG pre- conference also guided attendees through the big programme to follow. Unfortunately, not a single Latvian representative attended this **EATG event**.

As a contrary (concerning **activism**), some PWA from Australia covered their trip expenses themselves just to have the possibility to work as volunteers at the conference!

Speaking of **voluntarism**, we know already that some Western PWA's parents become AIDS activists. Finally, this trend can be observed in the East as well (e.g., the pre- conference was attended by a PWA from St. Petersburg and his father).

Conference volunteers – professional **masseurs** – even provided their free services - one just had to check their timetable.

The conference exhibition (with an NGO sector in it) was huge as usual. **“The Body”** (“AIDS and HIV Information Resource”) booth provided information on this NGOs web- page www.thebody.com, where one can connect with America's top experts and get answers to personal HIV- related questions.

And now some glimpses from the conference abstracts.

Old methods are on return! Passive Hyperimmune Therapy (PHI) means receiving a boost of T- cell rich **blood from other HIV- positive** person with high CD4 counts. A study from America shows that donors benefit as much as recipients.

Donating a pint of plasma a month created new anti- HIV antibodies in donors, and stabilised their CD4 count at 400.

From the other hand, PHI can delay the onset of AIDS in recipients. A “win – win” therapy! (“Positive Nation” II, 2002)

Weight loss is still a problem. Good news is that PI- sparing HAART combinations reconstitute muscle mass in HIV infected individuals with wasting syndrome >10% (but not in those with moderate or no weight loss) (WePeB5893).

Comparing countries' treatment guidelines, the U.K. ones also clearly recommend 2 NRTIs + either NVP or **Efavirenz** as a preferred first- line choice ("PTN", Spring, 2002). Patients, taking Efavirenz- based combinations were 25% more likely to achieve undetectable VL than those taking regimens based on NVP or any PIs ("Pos. Nat.", II, 2002)

Many patients are doubtful whether and which vitamins to supplement – some advice to those on HAART": **vitamin E** levels increase while taking ARVs without any additional supplements! (WePeB5998).

As we all known, **Selenium** deficiency dramatically increases the risk of HIV- 1 related mortality. Participants on ARV during a U.S.A. based trial received 200 µg Selenium pill daily. Decline in CD4 count was observed in 36% of patients in placebo arm compared to only 12,5% (and lower VL) in Selenium arm. (WePeB5891)

Previously, **sexual dysfunction** (SD) was associated with the use of PIs. But a Canadian study found no association between PI use and SD. Still, an association with some specific PI- based combination should not be excluded (TuPeB4515).

And what about **transmission**?

An Italian study shows absence of detectable viremia in semen of HIV- infected patients on effective Efavirenz- containing ART regimen (just 2 out of 22 had VL>50). This leads to a suggestion that their seminal fluid has a low risk of transmitting HIV. Yet, it does not imply one can "fuck around" without a condom!

Some homosexuals who "feel lost and without any community to embrace them" have started chasing HIV+ sperm "donors" on the Internet.

They want to join HIV- positives, "cause they are like a fraternity, like a cohesive group". Another reason: "it is the ultimate taboo, the most extreme sex act left on planet". While their numbers are small, that's a major issue when talking about how to control the spread of the virus ("Rolling Stones", Jan. 23, 2003)

Respiratory infections are still responsible for a large number of hospitalisations and deaths in HIV disease. As much as 82% of PCPs, 80% of bronchitis and 57% of pneumonias are occurring in **smokers** (half of them being on HAART!) (ThPeB7379)

Besides, smoking creates oxidative stress, which may cause increased replication of HIV, loss of immune function, chronic weight loss and a greater chance of toxic ARV side- effects. If you can't quit, be sure to eat lots of fruits and vegetables and take antioxidant supplements for counteracting some of the damage. ("Nutrition for Healthy Living", Fall, 1999)

As we all know, a **well balanced diet** has been attributed to prolonged life-span of HIV patients. Nutritional counsellors from Tanzania are witnessing good QL and no OIs in patients who strictly observed the following diet: 10 fresh oranges (for Latvia – fresh or frozen local berries or fruits– e.g., black

currants are much richer in vit. C!), 1 egg, raw vegetables daily and a glass of fresh carrot juice before bed time. (ThPeF8213)

NB! My proposal (see the brochure "Jaunas atziņas HIV inficēto ārstniecībā") to follow the Westerners and drink at least 8 glasses of water per day seems to be their misunderstanding, misinterpreting and exaggeration. Scientists ("American Journal of Physiology") could not find a single favourable reason for this habit. Instead, "**water intoxication**" is possible (several sportsmen have died of it). The conclusion is: drink when you are thirsty (or when the drug regimen asks for it)!

The **future of HIV therapy** is in pharmacogenetics and individualized therapies. Having tested positive, you would have to visit a doctor, give him a single strand of hair and get a computer-generated result with a personally tailored prescription on the best time to start therapy and on the most effective drug combination least likely to cause side effects. This prescription (with a tailored dose for you) could cost 350-500\$. ("Lancet", III, 2002)

While no cure has yet been found, still there is a silver lining: scientists have discovered a gene that altogether stops HIV replication.

Which means that there is a **hope for a cure** in some 10 years!

During the conference some ex drug-user told me: "Just imagine, years later we may meet us here, both healthy, HIV-negative and wondering: what was all that big fuss years ago we were so much involved in here?..."

A.Kalnins,
AGIHAS