

ARE PLWHA LACKING VITAMINS AND MINERALS?

(the III International Conference
“NUTRITION & HIV INFECTION”,
Cannes, IV. 1999)

(translated from Latvian)

Weight loss cases: it is essential to keep the body mass index BMI>21 (approximately the same as weight (kg) = height (cm)-110). Previously it was presumed that body fat has no role to play in AIDS cases, now the Tufts University's discovery is that initially it protects the lean body mass decreases in PLWHA.

A new strategy (Iowa State Univ.) in raising weight (including muscle mass) is to supplement nutrients that are known to target muscle turnover: *beta-hydroxy beta-methylbutyrate (HMB), glutamine and arginine*.

One of the alternative ways in weight gain (Germany) is to use the extract of mistletoe plant (*Viscum Album*) – *Iscador QuFrF*. It has been used in Europe for many years as an immunomodulator in cases of cancer. Treating PLWHA on AZT & 3TC with mistletoe resulted in substantial weight gain, which compares favourably with the results from expensive anabolics or growth hormone.

Lipodystrophy (loss/ storage of fat in different parts of the body) might correspond to persistent responses to stress becoming inappropriate while the specific role of PIs is debatable (France). It may also be developed because of NRTIs – the biggest contribution came from D4T+DDI combination (88%) in contrast to the ZDV+ 3TC arm (2%) (Spain).

There appears to be no significant risk of developing lipodystrophy when delavirdine is added to NRTI combination therapy (Italy).

Treatment activists' viewpoints could be heard along with scientists' and doctors'. This time they were protesting the increasing price during AIDS era of lipodystrophy treatments (800- 1000 %!). Activists also stressed that the expensive human growth hormone *Serostim* (1600\$/ week) could be substituted by *bovine growth hormone* (5\$/ week). (NB! Hormones may be harmful, too!)

To measure the body parameters, Western doctors are using the bioelectrical resistance method: by placing electrodes on patient's body and introducing his/her parameters into the computer, they can get data on lean tissue mass (& its ideal limits) and else.

Other companies' programmes can give doctors – dieticians' advice on the needed supplement of nutrients even in case of a small injury (its size is entered into the programme). Even a small injury diminishes your energy and weight!

Marijuana impairs antioxidant status and does not significantly increase dietary intake or body weight in PLWHA – in contrary to a strong belief of many (U. S. A.).

Vitamin levels are not related to CD4 counts. Vitamin deficiencies are the lowest in homosexual patients; the mainly deficient vitamin in PLWHA is vit. D (26% of PLWHA), other deficiencies are rather small: A (11%), E (3%), B12 (6%), folate (8%). (Spain).

Trace element (Zn & Mg) levels were measured by atomic absorption spectrophotometry (Spain). It has shown that deficiency in PLWHA (100<CD4<900) is very low: Zn (1%), Mg (5%). Scientists concluded that there is no relationship between the concentration of Zn & Mg and the route of infection (or anthropometric measurements).

Community **booklets** (Canada, 99) remind us that PLWHA should use a safer food, e.g., a canned pate instead of a raw one, a pasteurised honey instead of the usual one, raw eggs may be used only pasteurised. It is mentioned that the real need for vitamins and trace elements in PLWHA is not clear. It is also concluded that high doses can even weaken immune system, causing undesirable side effects.

Internet source <http://www.jag.on.ca/hiv> allows patients and doctors alike to get acquainted with the “*HIV Medication Guide*” (Canada) in lay English and French. It comprises 5 modules. Some of the modules:

- patients' chart for storing patient- specific data,
- medication scheduler,
- drug interaction manager (including drug- food interactions).

Treatment activists' (U. S. A.) information on complementary treatments (approx. 600 pages) is available at <http://www.immunet.org/daair>.

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