Mailbox

May 1, 1997

The Morning After

Perhaps one shuld compare the resistance of pulmonary tuberculosis to that of HIV following the use of the new antiviral therapies (“The Morning After,” February 1997). Those of us who have treated patients with TB have often had to deal with resistance to drugs, especially when the patient was not compliant.

If only one drug is used, resistance arises fairly quickly. If a second drug is added, the patient is still, in effect, on only one drug and resistance to it may arise as well. We always begin therapy with at least two or three antituberculosis drugs.

Why should HIV be different? It has developed resistance to every drug so far. Let us assume a patient has been treated with AZT, and resistance has developed. If a protease inhibitor is then given along with the AZT, the patient is, in effect, on only one drug. It should not surprise us to find that resistant develops to the protease inhibitor. This means that a careful drug history should be taken, and, if possible, a patient should be started on two drugs (including a protease inhibitor) never before administered. Compliance should be carefully observed.

--Emery Lane, MD
Louisville, Kentucky

My compliments on Mike Barr’s excellent article. It seems ominous to me that so many treatment activists and journalists have ignored the dark lessons of the AZT years, particularly as they apply to “early intervention.” Barr’s arguments about the true meaning of “undetectable” were eye-opening.

--Celia Farber
New York City

It seems like every time I open a magazine someone is touting the great progress made in AIDS treatment. Unfortunately, my lover and many of my friends are not experiencing the benefits of protease inhibitors. No one is talking or writing about us. It is dangerous for the media and our community to be saying everyone is benefiting from these drugs when many are not. Government and private funding for services may be re-evaluated or cut if this continues.

--Gay DuFresne
San Francisco, California

Nutrition Query

As a former HIV nutrition practitioner who keeps current on AIDS nutrition, I agree, in principle, with some but not all of the recommended treatments in “Build a Strong Defense” (February 1997). The article raises several questions:

1. Why was nutrient-dense food left out of the recommended treatment under the first goal to reverse nutrient deficiencies before obvious disease occurs? Micronutrients will only work optimally if they have sufficient macronutrients (fats, carbohydrates and protein) with which to work.

2. How can PWAs best interpret these recommendations removed from the research context? Some recommendations may be very effective, others might be mildly effective or ineffective, and still others might be detrimental.

3. How can we best communicate information about HIV-related antioxidant deficiencies when scientists disagree about the effectiveness of supplementation? Some researchers maintain that apoptosis (cell suicide) may actually be hastened by antioxidant supplementation.

The piece reminded me of something I heard at a nutrition conference a few years ago: PWAs need to treat their bodies like gardens--tending them and adding a little of this and that. A beautiful metaphor that I agree with in principle, but gardens can shrivel up when overwatered and overfertilized.

--Vivica Kraak
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Tin Zen

There is absolutely nothing “Zen-like” about Mark O’Donnell’s AIDS Zen. The popularity of the feature notwithstanding, I figure the average person with AIDS is already subjected to a surfeit of bitterness and sarcasm. O’Donnell’s December contribution (“The Dating Game,” December 1996/January 1997) is a trite, cynical piece written under Prozac withdrawal. And he gets paid for this?

--Jan L. Albright
Oxon Hill, Maryland

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