Off the Shelf

Protease + Hismanal = Trouble

July 1, 1998 By Staff

With hay fever sneezin' here, allergy sufferers on protease inhibitors beware: Antihistamines can be deadly. In February, the FDA issued a warning that the anti-allergy drug Hismanal (astemizole) can cause an irregular heartbeat—and possible cardiac arrest—if taken with protease inhibitors. Downing Hismanal along with grapefruit juice, antidepressants (such as Prozac) or the antibiotic Biaxin can do the same.

Reports of scary antihistamine interactions have surfaced ever since protease inhibitors were first prescribed—Seldane was even pulled off the market—but otherwise the FDA has been largely silent until now. In response to the red flag, Hismanal's maker, Janssen Pharmaceutica, beefed up the antihistamine's warning label. As always, read it carefully before beginning treatment. Claritin and Allegra (the new, safer Seldane) are alternatives for runny noses and itchy eyes, but their potential for protease interactions is still being investigated. Until speaking with your doctor, pack a box of tissues.

If You Buy One Book...

The HIV Wellness Sourcebook

The intricacies of Western medicine are tough enough for most PWAs to wrap their collective heads around, but add the Chinese variety and decision making becomes doubly daunting. Fortunately, The HIV Wellness Sourcebook (Henry Holt & Co.) can help the befuddled make both ends meet. Misha Cohen, a renowned complementary medicine clinician and researcher, outlines a comprehensive treatment program for HIV and its various pitfalls, including such infections as cryptosporidiosis and thrush, and quality-of-life destroyers ranging from diarrhea to depression. Cohen's advice is especially valuable when it comes to tips on diet, exercise, acupressure and other self-care tools. Following a concise primer in Chinese medicine, Cohen details the most effective ways one can merge and get the most out of Chinese and Western therapies. This book is a must for anyone who won't settle for less than the best of both worlds.—Bo Young

AIDSpeak

With anti-HIV drugs, it's all a matter of class

With the ever-expanding market of drugs that attack HIV, and a smorgasbord-style approach to cocktail mixing, it's more important than ever to appreciate differences in class. That is, which category (based on which HIV enzyme it targets) is a particular med a member of? And how many options do you have left in each?

Antiretrovirals—the whole kit and kaboodle of therapies that can stop a retrovirus such as HIV from reproducing; sometimes mistakenly used to refer only to "nukes"; the first class of antiretrovirals to get FDA approval.

Nucleoside-analogue reverse-transcriptase inhibitors ("RTIs," or "nukes")—the original antiretrovirals (AZT, ddI, ddC, 3TC, d4T); they contain a defective version of a natural nucleoside, which HIV's reverse-transcriptase enzyme uses to make faulty DNA.

Non-nucleoside reverse transcriptase inhibitors ("NNRTIs" or "non-nukes")—a new class of HIV zappers (e.g., Viramune, Rescriptor) that, like the nukes, target HIV's reverse-transcriptase enzyme, not by "tricking" it, but by binding directly to it.

Protease inhibitors—the antiretroviral class of '96 and beyond (Crixivan, Norvir, Fortovase, Viracept); they lock onto and block HIV's protease enzyme—a sort of chemical pair of scissors that insidiously snips out proteins to make new virus.

"Multiple nutritional abnormalities occur early in the course of HIV infection and appear to facilitate disease progression."
—Marianna Baum, PhD. Assistant Dean, University of Miami School of Medicine

"The failure of physicians and dietitians to recommend micronutrient supplementation to people with HIV is tantamount to malpractice."
—Chester Myers, PhD. Biophysical chemist and nutritional researcher, Toronto, Canada

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