Stop and Start

The AIDS shindig in South Africa marked an eclipse of HAART-for-life and the dawning of cheap meds for poor nations.

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Not with a bang, but a whimper. So ended the era of high hopes for long term HAART. Although there was no formal death notice at the 13th annual International AIDS Conference, held in Durban, South Africa, there was a definite sense of 'Now what?" as yet more bad med new piled on worse—side effects, metabolic abnormalities, lipodystrophy, adherence problems, liver toxicity, and so on. In a widely quoted presentation, Anthony Fauci, MD director of the National Institute of Allergy and Infectious Diseases, articulated the growing consensus among AIDS doctors: "given the antiretroviral agents available, it is now clear that the eradication of HIV is not possible...Unfortunately, prolonged courses of continuous HAART are not an option for most HIV-infected individuals because of the short-and-long-term problems associated with a variety of regimens. With the current drugs, it is almost certainly not feasible to have people on therapy for an indefinite period of time." And so, Fauci urged, new approaches to long term HIV control must be developed. He then shifted focus to what he called Structured Intermittent Therapy (SIT), a stop-and-start protocol—previously dubbed STI, for Strategic Treatment Interruption—the result of which might mean that a HAART-taker would only need to be on meds for four to six months a year (See "Sit Up, Sit Down?").

This could turn out to be good news for the 95 percent of the world's HIVers whose pockets are not deep enough for antiretrovirals. Ironically, at the same conference where the demise of HAART-for-life was announced, a newly energized movement to provide HAART to the developing world seemed within striking distance of its goal. Countless discussions from podium to parking lot included mention that effective combinations might become available from generic-drug makers for as little as a few hundred dollars yearly—based on the actual cost of producing the simplest drugs. And those estimates were based on the year-round-use of the meds. If research shows that SIT actually works for long-term control of HIV, the cost might fall within reach pf even the poorest countries. And if the lowered intake of toxic drugs decreases the side effects and complications of therapy, HAART might pose fewer problems in areas with limited medical resources. But those are iffy *ifs*—and there's a line of red flag: Every treatment-interruption researcher warns that much more research is required to understand the effects, if any, SIT on the immune system and exactly how it might work best, and for whom. So for now, don't SIT there. Sit tight.

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