On Death, Suicide, Setbacks and Koalas

December 15, 2009 By Paul Dalton

Busy news day: four HIV stories percolating in the media right now, covering everything from koala bears to microbicides; from drugs and suicide to yet another premature loss of an important activist.

First there is the death of Dennis deLeon. Dennis was the president of the Latino Commission on AIDS, a lawyer in the Koch administration and the Civil Rights Commissioner when David Dinkins was the Mayor of New York City. Under his leadership, the LCOA grew from an organization with 2 employees, to a nationally prominent force, working with groups across the US and employing 45. I will leave it to people who knew him better to eulogize Dennis. I will say that the fights against AIDS and for civil rights lost a lion.

The next story is a candidate for the worst headline ever: '**Koalas in Australia Dying of AIDS.**..'. Koalas get AIDS? As the kids say these days, WTF? Reading the story you find out that Koalas are suffering from the twin threats of habitat decline and a viral infection that destroys their immune system. The viral infection is called KoRV, or Koala associated Retrovirus. KoRV is not related to HIV, but has some similar properties. It does not cause AIDS, but a similar disease called KIDS, or Koala Immune Deficiency Syndrome. KoRV acts like a typical retrovirus. It is an endogenous retrovirus, meaning it has successfully incorporated itself into the Koala genome and is passed from mother to infant. It is thought that virtually all Koalas carry the virus, but it only sickens some. When it does sicken an animal, it is much more aggressive than HIV.

I don’t know much about marsupial retroviruses. What I can say is the headline of this article is misleading (they get KIDS not AIDS). All headlines seek to draw a reader’s attention, but when they do so by misleading it is simply bad journalism. As Eric Cartman once said, ’I am not just sure, I am HIV positive.’

Next up: yet another setback in the search for an effective vaginal microbicide. Researchers studying PRO 20000 reported results from a large trial which showed the gel failed to protect women from acquiring HIV. The study followed over 9,000 women in South Africa, Uganda, Zambia and Tanzania. The study started with 3 arms- two different doses, or concentrations of PRO 20000 and a placebo arm. One of the PRO 20000 arms was closed early by the study’s Data Safety and Monitoring Board- an independent group of scientists who review unblended results from an ongoing trial to protect the safety of the participants.

The development of an effective and safe microbicide is among the most important fronts in the fight against HIV, particularly- though not by any means exclusively- for women. These results are the latest setback in this much-fraught search. Several once-promising candidates have proved either ineffective or even harmful. The focus of microbicide research will now be firmly on gels or rings that contain anti-HIV drugs. PRO 20000 was designed to attach to HIV before it could invade cells. One of the lead investigators described it as, ’a large sugary molecule with a charge on it.’ Several anti-retroviral (ARV) microbicides are under investigation, including one containing maraviroc (the compound in Selzentry), one with tenofovir (Viread) and another with an NNRTI called daprivirine or TMC120.

To end on some good news, a report out of Switzerland found that the widespread availability of ARVs led to a dramatic drop in suicide among HIV positive Swiss. This is not terribly surprising, but does lead to a couple of interesting questions. The two I wonder about is the impact of HIV on the brain and the role of hope in living successfully with HIV.

On the brain: We know full well that HIV replicates in the brain. We know that cognitive function might be affected by HIV, and we have some limited data on the affect of HIV drugs on the brain. Teasing out whether or not HIV replication itself leads to emotional changes would be quite tricky I imagine. Nonetheless it is an interesting question, especially as it might relate to risk of suicide.

On hope: I have long thought, and often said that one of the most important factors in long term survival with HIV is a belief that one can live a long, healthy life with HIV. This idea can and is overplayed and warped by people who take it to mean that our health outcomes are mostly or entirely determined by how happy we are (Louise Hay are you listening?!) Not so. But hope- the emotional sense of optimism and wellbeing- can influence our health in obvious and subtle ways. Making the daily decision to take our meds, having an active and fulfilling social life, being involved in the world around you- these are things that make us healthier and are often only possible when one has hope. Depression, social anxiety, isolation, self-harm- these are things that often spring from a sense of hopelessness- and lead to poor health.

So mourn the loss of Dennis, save the Koalas from KIDS, onward in the fight for a microbicide and keep hope alive.

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http://beta.docker.poz.com/blog/on-death-suicide-koa