

STEP Electronic Treatment E-zine

November 11th, 2002

Issue 43



The Seattle Treatment Education Project's (STEP) EZINE is an electronic treatment resource newsletter distributed monthly to case Managers, front-line workers, people affected by HIV/AIDS, physicians, other public health and allied health professionals and people living with HIV/AIDS.
STEP's contact information is: Seattle Treatment Education Project, PMB 998, 1122 East Pike Street, Seattle, WA 98122-3934, (206) 329-4857 or 1-877-597-STEP (WA, OR, AK, HA, ID, MT)

Therapeutic Drug Monitoring Community Meeting

November 14th 2002

What is TDM? How can it benefit individuals taking HAART? Is it available? We invite you to a community presentation on the benefits and challenges of Therapeutic Drug Monitoring. Presenters will be Jeff Schouten MD and Rolf Christensen, DDS. **When: November 14th 2002, Time: presentation begins at 7:00 p.m. Where: Seattle Central Community College room 3117 (Broadway entrance).**

For more information or directions to this event please e-mail us at Step100@stepproject.org or 206-329-0064 x 105.

Important Dental Update

Have you been to the dentist lately?

If you are living with HIV/AIDS, getting regular dental care is very important to maintaining your overall health!

- ◆ There are more than 350 types of bacteria in your mouth. Because your immune system fights bacteria, having increased bacteria and infections in your mouth can be taxing to your immune system.
- ◆ Persons with a weakened immune system are more prone to gum disease and cavities because of a their immune systems' ability to fight bacteria.

- ◆ Many HIV medications cause dry mouth, which can lead to gum disease and cavities.
- ◆ More than 90 percent of HIV patients will have at least one oral manifestation in the course of the disease.
- ◆ People with compromised immune systems will generally have the first symptoms show up in their mouth, according to a study through UCLA.

What programs can help you pay for dental care?

There are some programs that may be able to help you pay for dental care, including Medicaid, private dental insurance, and Ryan White funds. Contact your case manager or local AIDS Organization to find out about resources in your area. If you live in King County, call the AIDS/HIV Care Access Project (ACAP) at 206 284-9277 to find out more about dental resources in King County. You can also e-mail ACAP at acap@whf.org.

How do you find an HIV friendly dentist?

Dentists are not allowed to discriminate against patients based on their HIV status. However, there are many dentists who specialize in treating persons living with HIV/AIDS. Contact your case manager or local AIDS Organization to find an HIV friendly dentist in your area. If you live in King County, call the AIDS/HIV Care Access Project (ACAP) at 206 284-9277. You can also e-mail ACAP at acap@whf.org.

Agency Update

New Staff at the AIDS/HIV Care Access Project

We would like to welcome Justin Hahn as the new Health Access Specialist at **ACAP (AIDS/HIV Care Access Project)**. Justin has taken over the position formerly held by Denise De Leon. Justin is the point person for individuals living with AIDS/HIV to find out information on medical/dental/social service referrals as well as insurance questions. Justin is bilingual in Spanish and English and is excited to help people access the care that they need in and around the state.

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Treatment Alert

New Expanded Access Program for T-20

The Expanded Access Program for the first entry inhibitor, T-20 aka (Fuzeon) has begun.

The brand name for T-20 will be Fuzeon, and its generic name, enfuvirtide. The manufacturer, Trimeris, has had problems in making large volumes of this compound for distribution. Slowly, however the supply of this first entry inhibitor has started to increase. T-20 is a protein chain of 36 amino acids. It is not absorbed in the stomach and must be injected under the skin twice a day.

The Early Access Program began in August of 2002, and physicians can now register to participate in the Expanded Access Program at the following web site: www.T20EAP.com. It is anticipated that the drug for this program will be available in October of 2002. Healthcare providers at major hospitals and universities may have to get approval from their local institutional review board (IRB), a process that can take up to several months.

The criteria or eligibility for this program are as follows: age, 16 or older; HIV RNA viral load, above 10,000 copies/ml; and CD4 T cell count, under 100 cells/mm while on a highly active antiretroviral treatment (HAART) regimen. Individuals must also have limited treatment options in the judgment of their healthcare provider. Initially, each registered healthcare provider will be allowed to enroll a maximum of five people. As drug supply increases, it is hoped that this limit will be increased.

Reports of trials of Fuzeon have shown that it can add additional viral suppression when added to a current “failing” regimen. Difficulties can arise with the issue of twice-a-day injections (like insulin) and tender nodules can become present at the injection sites. However, in early trials the discontinuation rates were very low. Also, resistance to Fuzeon develops in some people over time.

The next entry inhibitor in development by Trimeris is T-1249. This inhibitor will need only a once-a-day injection, and appears to be effective even if resistance to T-20 develops. Schering also has an entry inhibitor development, Schering-C, which can be taken by mouth. Both T-1249 and Schering-C are still fairly early in development. It is not known when, or if, there will be an Expanded Access Program available for these compounds.

Current Clinical Trials at the ACTU

HPV and HIV in Women

HPV is a major cause of changes in the cervix. These changes are much more common in women with HIV and could lead to cancer of the cervix. The AIDS Clinical Trials Unit (ACTU) is running a trial on HIV and HPV that attempts to find out whether taking anti-HIV drugs will affect HPV in persons who have just started Highly Active Antiretroviral Therapy (HAART) for the first time. The study will run for 3-5 years. Study visits will include pap smears, brief pelvic exams, and colposcopy if needed. Volunteers will also be compensated **\$20** per study visit.

Call the ACTU at 206.731.3184 for further details. Ask for Lori or Alyssa and mention you are calling about study #5029

Direct Observation Therapy for people with no experience taking anti-HIV drugs

The ACTU offers a new and interesting trial called Direct Observational Therapy study (DOT). This study looks at three different groups of people who no experience taking HIV medications. The goal is to see if taking medications under the direct supervision of a health care provider improves therapy results when compared with groups of people who take anti-HIV medications with minimal or no supervision.

This study will run for about 1 year and will provide medications to all three groups. Participants will be compensated **\$20** for each study visit plus **\$5** for DOT encounter.

For more detail and specific eligibility call the ACTU at 206.731.3184 and ask to speak with Lori or Alyssa about study #5073

Therapeutic Drug Monitoring

This study will look at measuring the levels of Protease Inhibitors in the blood. The idea is to measure how much of a drug is in the blood and determine if the adjustments of these levels can help improve effectiveness of treatment. Participants would have to be experiencing a decline in the effectiveness of their second, third, or fourth anti-HIV regimen and have taken their current anti-HIV treatment for at least 12 weeks. Participation in this study can be from 4-48 weeks. There is a **\$20** per-visit compensation for all those enrolled in this trial.

You can get more information on this study by calling the ACTU at 206.731.3184. Ask for Lori or Alyssa and mention study # 5146

HIV/AIDS Cultural Competency Trainings

BUILDING BRIDGES COALITION presents the first in a series of trainings for individuals, service providers, volunteers and anyone interested in learning information and receiving skills to provide more culturally competent services. This training is free of charge and refreshments will be provided.

HIV and Women of Color. **When:** Tuesday, November 12, 2002, **Time:** 3:00pm to 6:00pm, **Where:** Seattle Central Community College, Room 4135, Seattle, WA

To register or for more information, please e-mail Building Bridges Coalition at the_bbc@mail.com or Jed Lin at 206-467-0884, extension 3403

**Question: Looking at my tongue lately, it has a white coat to it.
Could this be thrush? If so, what can I do about it?**

Brad S. Lichtenstein, ND

Answer:

Thrush, the common term for candida albicans in the mouth, is a fungus that presents when our immune system is weakened. When healthy, we have approximately 400 bacteria living in balance in the digestive tract. When this balance is disrupted, one or several organisms, such as candida, will increase (overgrow) and symptoms will develop. Typically, thrush presents as white, cottage cheese looking patches on the tongue, sides of the mouth, or the back of the throat. A simple white coat to the tongue is not necessarily thrush, so contact your doctor before seeking treatment.

As the immune system continues to weaken and CD4 cell counts drop, many patients take antibiotics to prevent opportunistic infections. Both Bactrim and Dapsone, prophylaxis for PCP, can disrupt the normal bacteria balance in the digestive tract. When this happens, candida overpopulates not only in the mouth, but in the intestines as well. Fortunately, multiple options for the treatment of the thrush exist, with the most fundamental being dietary. The first and foremost nutritional suggestion is the complete avoidance of sugar and alcohol. Candida's main source of food is sugar, and alcohol contains a great deal of simple sugars. While some naturopaths stress the avoidance of all forms of fruit in the sugar-free diet, I reserve that strict recommendation for cases of severe thrush. Eating the entire fruit or vegetable provides you with fiber that can minimize sugar's effect on candida. For those with severe thrush, for instance when it spreads into esophagus, all fruit and vegetables should be avoided. For most, however, avoid the following: fruit and vegetable juices, jellies and preserves, sodas, honey, molasses, or brown rice and maple syrup. Concentrate your diet on whole, unrefined and non-processed food sources of protein and complex carbohydrates. The protein category includes lean meats (beef, lamb, venison), poultry (chicken and turkey), fish, eggs, tofu, beans and legumes. Since the majority of my HIV-positive patients on anti-retrovirals tend to be allergic to milk products, I suggest people avoid dairy, especially when milk, yogurts, and cheeses contain sugars that are fuel for candida. Acceptable forms of complex carbohydrates are whole grains, again an issue over which doctors will dispute. Since carbohydrates are broken down in the gut into sugar, several physicians and nutritionists suggest avoiding these as well. Clinically, I have seen improvement in thrush even when patients consume whole, cooked grains, such as rice, millet, or quinoa, and avoid processed carbohydrates, such as breads, pastas, crackers or cereals. Whole, cooked vegetables are also included in the complex carbohydrate category. Once more, I suggest the total avoidance of complex carbohydrates for severe candidial infection.

The best food item you can consume if you suffer from thrush is garlic (for issues regarding garlic and anti-retroviral medications see Ask Dr. Brad column in the previous issue of the STEP Perspective. One of garlic's

many healing properties is its ability to kill funguses, bacteria, and other microorganisms. The best form is raw garlic. The active part of garlic is the allicin, or the odor-producing portion. Unfortunately, garlic must be macerated or chopped in order for it to be active, so swallowing a clove of garlic whole provides little benefit. Furthermore, cooking garlic causes allicin become less potent. I recommend one clove of crushed garlic mixed with a tablespoon of an essential fatty acid, such as flax seed oil, one to two times a day. If swallowing raw garlic with olive or flax seed oil alone is not palatable, try making a salad dressing with oil, vinegar, and one clove of crushed garlic. Or try adding one clove of crushed garlic for taste to your vegetables, grains or protein after they are done cooking.

Since thrush develops from an unbalanced bacteria ratio, supplementing with healthy microorganisms is beneficial. The lactobacillus species (acidophilus - primarily in the small intestines, and bacillus - primarily in the colon) facilitate digestion of carbohydrates in the gut, and as a by-product of this process, they produce lactic acid. Lactic acid is unfavorable to many forms of yeast and bacteria like candida albicans. Lactobacillus species also help keep the balance of organisms in the gut in check through the production of antibiotics (acidophilin, lactocidin, and acidolin) that prevent toxic bacterial organisms (E. Coli, Helicobacter pylori, and clostridia, etc.) from seeding the GI tract. In addition to these properties, lactobacillus helps synthesize B vitamins and butyric acid, an essential fuel source and healer for the cells that line the colon, improves lactose digestion and absorption, and helps maintain normal bowel functioning by reducing diarrhea, constipation, gas, bloating, etc. Regarding sources, I always recommend a dairy-free (no acidophilus enriched milk), wheat-free, refrigerated, powdered or liquid form to be mixed with water (no juice due to the sugar content) and taken on an empty stomach an hour before food or two hours after food.

Another organism that has been used for the treatment of thrush is the yeast called sacchomyces boulardii. Unlike candida, sacchomyces is a non-pathogenic or friendly yeast. Like lactobacillus, it, too, helps rebalance the organisms in the gut flora, but is not destroyed by antibiotics, as lactobacillus will be. Sacchomyces comes in capsule forms and should be taken like acidophilus, on an empty stomach. If you currently on antibiotics, the recommendation is to take either or both lactobacillus or sacchomyces daily. If you are suffering from thrush without taking antibiotics, continue with supplementation for at least a month after the thrush clears. I recommend that patients with recurrent thrush continue prophylaxis treatment of lactobacillus or sacchomyces at least three times a week as a precautionary measure.

Finally, oregano oil has been found to kill many pathogenic yeasts, like candida. Encapsulated oregano oil taken three times daily has been quite successful in the treatment of mild to severe thrush when taken in conjunction with the above measure.

ACKNOWLEDGEMENTS

- Please note that this is not a complete list of all HIV-related treatment information. STEP strives to provide the very latest in
- HIV treatment information, research and drug development information. The most current research directions and antiretroviral drug data are provided throughout the Ezine publications. You will find highlight reports as well as extensive follow-up reports from many of the AIDS research and science conferences on the Ezine. In addition, all STEP quarterly treatment journals are available on our Web site at <http://www.thebody.com/step/steppage.html> or by calling our Talkline at 1-877-597-STEP. STEP works hard to give unbiased treatment information to all interested parties. If you have comments, questions, suggestions or grievances, please contact betsyd@stepproject.org or ezine@stepproject.org.

Special thanks to the following for contributing written material or editing this publication

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