



STEP Electronic Treatment Ezine

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The Seattle Treatment Education Project's (STEP) Ezine is an electronic treatment resource distributed bi-monthly to people living with HIV/AIDS, people affected by HIV/AIDS, case managers, front-line workers, physicians, other public health and allied health professionals. STEP's contact information is: Seattle Treatment Education Project, 1123 East John Street, Seattle, WA 98102, (206) 329-4857 or 1-877-597-STEP (WA, OR, AK, HA, ID, MT)

HEPATITIS/HIV CO-INFECTION INFORMATION

In the past 20 years, two newly described human viruses, the hepatitis C virus (HCV) and the human immunodeficiency virus (HIV) (one infecting the liver and the other weakening the immune system) have changed the way that we look at viruses and human beings. These two viruses are similar in many respects. Both viruses have a single-stranded RNA genome (genetic material), they both have very high levels of viral replication, they both cause chronic subclinical infection that can persist for many years, and they share similar routes of transmission. However, HIV and HCV are also different in many respects.

Over the past several years we have expanded our understanding of HIV, HCV, and co-infection with both viruses. Eradication of HCV from the body should be much easier to accomplish than eradication of HIV. With the recent introduction of a new formulation of interferon conjugated to polyethylene glycol, (pegylated interferon) many HCV-infected individuals will have the opportunity to be "cured" from HCV infection.

To expand our continued education and knowledge of these diseases, a new brochure that is designed for HIV-infected individuals addresses hepatitis C virus (HCV), especially as it relates to HIV-infection. The brochure, which was developed by the Centers for Disease Control and Prevention, covers who is at risk of HCV, how to prevent and treat HCV infection, and information surrounding liver biopsies. It also provides additional resources.

To view the brochure go to:

< <http://www.cdc.gov/hiv/pubs/brochure/coinfection.htm#prevent> >.

NEW DOSING REGIMEN FOR AGENERASE AND NORVIR

Recent reports have indicated that low doses of ritonavir significantly slow the metabolism rates of several protease inhibitors (PIs). This enables people living with HIV to take fewer doses of the medications, which ultimately leads to lower drug costs and, hopefully, more tolerable regimens. Ritonovir was originally developed as a potent antiviral, but its effect on PIs also makes it possible for PIs to stay in the body longer with a smaller dose of the PI.

On February 5, 2002, the FDA approved a new dosing regimen for Agenerase (amprenavir) and Norvir (ritonavir) used in combination. Agenerase is a PI, a class of potent HIV medications. The FDA recommendations indicate if Agenerase and Norvir are used in combination, the suggested dosage regimens are:

Agenerase (1200 mg) with Norvir (200 mg) once daily or Agenerase (600 mg) with Norvir (100 mg) twice daily. When Agenerase is co-administered with Norvir, there may be a possibility of elevated cholesterol, triglyceride and liver transaminases. Another note of caution when Agenerase is prescribed with a non-nucleoside reverse transcriptase inhibitor (NNRTI): Sustiva and Viramune lower Agenerase blood levels, while Rescriptor raises Agenerase blood levels. The Agenerase product insert states that “appropriate doses of the combinations with respect to safety and efficacy have not been established” for the combination of Agenerase and an NNRTI. However, clinicians are combining these drugs. One way to offset the decrease in Agenerase levels that occurs when it is combined with either Viramune or Sustiva, is to increase to Norvir dose to 200 mg twice a day. Further drug interaction studies are needed, and it is inexcusable that these studies have not yet been performed, because these drugs are commonly being prescribed together.

The label hyperlinked below in PDF format:

<http://www.fda.gov/cder/foi/label/2002/21007s0101bl.pdf>

If you need PDF Reader software, it may be downloaded for free at

<<http://www.adobe.com/products/acrobat/readstep.html>>

AN EXAMINATION OF SOCIAL AND BEHAVIORAL FACTORS POTENTIALLY AFFECTING BLACK MEN’S ABILITY TO ADHERE TO HAART

Death rates for people with AIDS have decreased dramatically in the last few years. The decline for blacks, though, has been more gradual than for other groups. The amount of virus in the bloodstream (viral load) of an HIV-infected person is a predictor of disease progression. Highly active anti-retroviral therapy (HAART) is effective in decreasing the viral load and is readily available to many people in the U.S. A cohort of male participants at Project SHAPE in Seattle, Washington, showed that a slightly smaller proportion of black men compared to white men report current HAART use. In addition, reported viral loads appear to be higher among black men compared to white men, suggesting that blacks with HIV benefit less from available drug therapies and as a consequence have a higher mortality rate. Previous studies have shown that the biggest factor affecting viral loads is treatment adherence, which is mostly controllable by the patient.

Project SHAPE has released findings that examined some social and behavioral factors potentially affecting black men’s ability to adhere to HAART. Face-to-face interviews were conducted with 20 HIV-positive black men, with questions focusing on social and behavioral factors within six categories: medical care, medications, recreational drug use, general health, social structure, and “other” factors. Data showed that respondents are satisfied with their medical care, purposely avoid mixing medications with alcohol and drugs, want to trust their primary care clinician, and had emotional burdens removed by disclosing HIV status to family members. Adherence appeared to be affected by alcohol and drug use because participants voluntarily interrupted treatment for fear of adverse reactions. Significance of the “other” factors was evident though no obvious links to adherence were identified.

To find out more information on Project SHAPE, contact 1-877-758-0042. Project SHAPE is a multicultural project of the University of Washington’s School of Social Work and is funded through Public Health - Seattle King County and Centers for Disease Control and Prevention (CDC).

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 adimikam@stepproject.org or ezine@stepproject.org.

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