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Science and technology
Babbage

Treating and preventing AIDS

AIDS: At last, the good news

May 12th 2011, 17:50 by G.C.

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TEN years ago, at the inflection point in attitudes to the AIDS epidemic when both drugs and money to deal with it were rapidly becoming available in serious quantities, there was an acrimonious debate between medical experts and activists about what to do with those drugs and that money. Some (mainly the medical experts) wanted to concentrate on breaking the chain of transmission by stopping new infections. Others (mainly infected activists) wanted to concentrate on treating those already harbouring HIV. Neither, oddly, considered that the same approach might be used to do both.

But it can. That is the conclusion of a study that has just been stopped, because its results are so decisive that it was considered immoral to keep on denying treatment to those in the control arm, who were acting as a benchmark against which the approach could be judged.

The trial in question, organised by an international body called the HIV Prevention Trials Network, and paid for by America's National Institutes of Health, asked whether treating an infected individual with drugs that suppress his level of HIV also stops him passing the virus on. It turns out that it does. HPTN 052, as the trial is known, recruited 1,763 established couples (97% heterosexual, 3% male homosexual) in which one partner but not the other was infected. The couples came from 13 places in Africa, Asia and North and South America. The crucial point was that the infected individual in the couple was not ill enough to qualify for treatment under existing guidelines for drug use. Those guidelines are in place partly to avoid inflicting unnecessary side-effects on patients and partly to reduce the risk of drug-resistant strains of the virus developing.

Half of the volunteer couples were treated according to the existing guidelines, with the infected partner being offered drug treatment only if his or her condition (as measured by the level of a particular immune-system cell in the bloodstream) dropped below a critical threshold, or if he or she developed actual symptoms of AIDS. In the other half, the infected partner was put straight onto drugs. All couples were also counselled in transmission-avoidance and were given free condoms and treatment for other sexually transmitted diseases, as well as regular medical check-ups.

The study began in April 2005. Since then, 28 people have transmitted the virus to their partners. Of those, 27 were in the control group and only one in the experimental arm of the trial. Drugs, in other words, do stop transmission as well as saving lives. You can

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have your cake and eat it.

This is a decisive result, and a triumph both for the study's organisers, and for Julio Montaner of the University of British Columbia, who pioneered this approach and has been pushing for its implementation for years. AIDS is by no means beaten, but now it may be on the run.

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jomiku wrote: May 12th 2011 9:09 GMT

Problem: I don't see this getting funding if we continue in the direction we're heading. Why pay for expanding the drug coverage for people infected with what conservatives call a "lifestyle" disease? Those drugs are expensive and the moral tone of the times is they may deserve compassion but that doesn't mean we need to help them with anything other than prayers for their reformation. When the GOP plan is to push costs on to seniors, who will want to pay for drugs to keep people from spreading a disease they could not spread by not having sex?

I don't believe this nonsense but that's the way we're heading.

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carras wrote: May 13th 2011 6:38 GMT

What about the danger of selecting for drug resistant strains? Have the study checked that?

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Corduene wrote: May 13th 2011 8:25 GMT

"...(as measured by the level of a particular immune-system cell in the bloodstream) dropped below a critical threshold, or if he or she developed actual symptoms of AIDS"

Please forgive my ignorance but isn't the above one and same thing? HIV becomes AIDS when the T-cells count drop to 200 and that's when the patient starts to show symptoms of aids. Not that you people ever answer but i thought i ask anyway

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coumbiaprof wrote:

May 13th 2011 12:48 GMT

The results are a bit surprising. The conventional wisdom is that HIV+ people are not infectious after the first 3 months of infection through the point at which they develop AIDS. This study supports that...only 28/1763 actually seroconverted. But 27 lives gained by treatment, if it holds, is significant. The question, then, is whether this money would be better spent on clean water, sanitation, and immunization. To answer that, we need to know everything that HIV dollars do in society. For instance, they may actually improve access to medical care by buffing up basic health delivery systems. But the alternative uses of this money might result in more lives saved.

nschomer wrote:

May 13th 2011 4:30 GMT

@jomiku

I'll usually jump on the chance to bash social conservatives, but I don't think that is a significant factor here, after all Bush was quite popular in Africa precisely because he was seen as being behind much of the AIDS funding which came to the continent. The "lifestyle" argument pretty much died off by the end of the 80s (although I'm sure some still cling to it), and the particular strain which afflicts the poorest regions like in sub-saharan Africa actually doesn't differentiate between homo/hetero sexual preference (or "lifestyle" choices) like the strain predominating in the U.S.

This being said, progress on AIDS research continues unabated despite the dropping off of interest once the triple-drug regimen made contracting AIDS less than an inevitable death sentence in the developed world. The first vaccine with any measurable success rate is currently undergoing further testing, and I have been lucky enough to contribute a small amount to its continued development through stability testing. This vaccine is really a combination of two older vaccines which by themselves showed little effectiveness, perhaps if a third target is added then AIDS will eventually go the way of smallpox.

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