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LIPOWATCH[®]

NEWS

Lillian Thiemann
Editor-in-Chief
 Krista Martel
 Mike Salinas
Editors
 Robert Munk, PhD
 Jacob Lalezari, MD
 Charles Gonzalez, MD, PhD
Medical Editors

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Welcome to LipoWatch, a new program by Visionary Health Concepts, an HIV community-based health & medical education company owned and operated by HIV- and hepatitis- infected individuals. Because we are of the community we serve, we have a deep understanding about the emotional pain and suffering metabolic abnormalities cause the patient. This monthly educational fax on topics of interest related to lipodystrophy is one of several programs we are producing in 2002 to support the HIV community of care (See next page for more FREE Metabolic-related programs available to you and your organization).

Because all the questions about lipodystrophy have not been answered, the LipoWatch fax program is designed to be a vehicle to report ideas from the scientific world and to support providers and their patients with education that integrates a "real world" focus with scientific data. Future LipoWatch faxes will include updates on recent lipo-related scientific

data, therapeutic interventions, antiviral strategies, lifestyle support information about vitamins and supplements, exercise and diet, hormone replacement (testosterone and Human Growth Hormone), plastic surgery and other useful information to support providers treating HIV-positive patients on antiretroviral therapy.

For example: At the Conference on Retrovirus and Opportunistic Infections (CROI) in Seattle this year, researchers presented some interesting data pertaining to lipodystrophy (peripheral wasting in the arms, legs, and—most distressing to patients—the face). It is believed that the primary cause of lipodystrophy is antiretroviral therapy, although there are different ideas about whether protease inhibitors, some nucleoside analogs, or a combination of both, is the cause. Even when therapy is stopped, doctors are not observing a swift return of fat to the affected areas. At CROI, some data were presented that reported some partial success in managing lipodystrophy by switching antivirals: [Abstract 32].

This study included patients with moderate to severe lipodystrophy taking either d4T (Zerit[®]) or AZT (Retrovir[®]). Eminent Australian lipodystrophy researchers, Carr and Cooper, randomized the 111 adult patients into three groups: those that continued their treatment, or substituted abacavir (Ziagen[®]) for the d4T or AZT. After six months, detailed analysis of limb fat (using either DEXA or CT) found an improvement in lipodystrophy in the group that switched to abacavir but not in those that continued on d4T or AZT. Patients didn't change their own assessment of their lipodystrophy in that six-month period, but the rate of change estimated by the researchers suggested that it would take some time (maybe years) for the lipodystrophy to disappear.

The switch to abacavir also resulted in lowered lactate, and a minor decline in viral load of 0.25 logs. Other information on this topic from CROI can be found at <http://www.retrovirus.org>: Abstracts: 701-T, 700-T, 684a-T, LB13, 704-T. ■

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