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The once-a-day HIV pill: Rejoice, but with caution

Benjamin Ryan



Ten years ago, HIV drug cocktails changed the face of AIDS. The new medications turned a once definitively fatal infection into a potentially manageable disease. Yet the regimens were

onerously complex. Patients took 10, 20, even 30 pills a day at rigidly prescribed intervals, some of the doses with food, others on an empty stomach, some drugs even requiring refrigeration.

In July, the U.S. Food and Drug Administration approved the first one-pill, once-a-day triple-combination therapy. Marketed under the brand name Atripla, the new drug represents a major breakthrough in the ongoing quest to simplify HIV drug regimens.

Atripla includes the drugs Sustiva (generic name efavirenz), produced by Bristol-Myers Squibb, and Gilead Sciences' Truvada, which is itself a combination of Viread (tenofovir) and Emtriva (emtricitabine).

Sustiva and Truvada are already the most commonly prescribed first-line therapies for patients who are "treatment naïve": Approximately 60 percent of HIV-positive Americans starting antiretroviral therapy for the first time go on this regimen. In all, 60,000 people are now taking these two drugs. Most are expected to switch over to Atripla.

Studies have shown that simplified drug regimens improve patients' diligence toward their medication schedules. The fewer the pills, the more likely people are to take their drugs at or above the required 95 percent adherence rate. Dropping below that rate increases the likelihood that drug-resistant strains of the virus will

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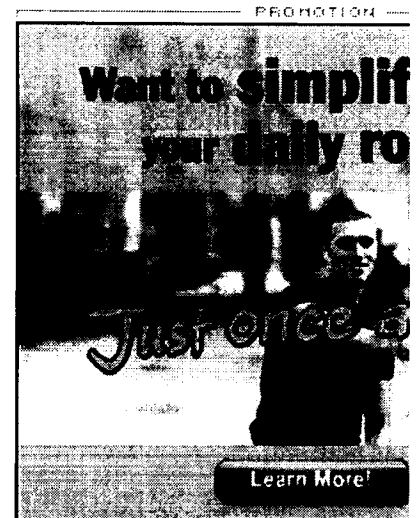
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So suffice it to say this new drug is a big deal. Atripla could significantly improve the overall health of many people with HIV and could be groundbreaking in the attempt to provide antiretrovirals to developing nations. On a lesser -- but not insignificant -- note, the drug will reduce the number of patients' copayments, which can exceed \$35 a month per prescription on many insurance plans.

While there is definitely cause for celebration, this is also a time to exercise a healthy caution about the unintended message the release of this new drug may send.

The last thing we need is to further impress upon guys that HIV is nothing to worry about: You take a pill a day, then you're done thinking about it. The addition of this new drug in no way means that we're finished with the days of medicine cabinets filled with prescriptions. Patients taking this pill may still have to take various other medications. And there is no guarantee against the emergence of drug-resistant strains. Eventually, the drug may no longer work for those taking it, and these patients will have to move on to other drug combinations.

That said, merely equating the severity of HIV infection with the number of pills required to stay alive tells a very limited picture of what it means to live with the virus. Furthermore, the most devastating aspect of getting infected may have nothing to do with all the tedious visits to the doctor, the side effects of the drugs, the huge financial drain or the uncertainty of living with a virus as complex as HIV. For many, the greatest toll may be a

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WILL ASTROTURF BE GREENER ON THE UPPER WEST SIDE?

It seems that New Yorkers may very well love their grass even more than their suburban counterparts. Indeed, a fear and loathing of AstroTurf spawned a just-say-no attitude in Community Board 7 when the members debated whether a new breed of 21st-century synthetic grass should cover a pair of multi-use play fields in Riverside Park.

"It's a very bad idea to replace natural soil and grass with artificial turf," said William Crain, a die-hard opponent of artificial vegetation and a professor of psychology at CUNY who has done research on children's need for nature. "There's growing research that our kids are increasingly growing up in synthetic, artificial environments," he told the assembly. "They desperately need more contact with natural settings."

Mr. Crain, a public member of the board's Parks and Preservation Committee, had voted against the bogus greenery at the committee's March 13 meeting, while the six other committee members voted in favor.

The larger issue that the full board

was examining at its April 7 meeting was the reconstruction of two playing fields (used for soccer, Little League and softball) located at West 103rd and 107th streets in Riverside Park. The \$3 million project is being funded with both public and private money from groups like the Riverside Park Fund, and will include new fencing, lighting and regraded surfaces. Currently blanketed in good old-fashioned grass, the fields are to be covered in what Parks Department spokeswoman Jocelyn Aframe described for *The Observer* as "not your grandfather's synthetic turf." The artificial ground cover—two- to three-inch-long polyethylene and polypropylene fibers planted in a base of crushed rubber pebbles—is intended to have the look and feel of grass. The relatively new material, called "synthetic turf," is sweeping the city and the nation thanks to promises of fewer athletic strain injuries than those resulting from activity on AstroTurf. And according to Ms. Aframe, reluctant communities usually change their minds once they experience the wonders of this impostor grass.

"It's beautiful, beautiful stuff," gushed Riverside Park coordinator K.C. Sahl at the meeting. To warm laughter, he admitted: "I can't say it's natural—but it's really amazing stuff." He explained that the material has an excellent drainage capacity. And while it is more expensive to install than grass, it is far cheaper to maintain, requiring only periodic sweeping during its eight-to-10-year life span. And, unlike grass, which must be closed off frequently to allow for rejuvenation, synthetic turf can be used all year round.

Tell that to the grass lovers. Board

member Dan Zweig opined that he would rather have a field of the real stuff to sit on when the ball players weren't around; he also scoffed at the notion of 24/7 soccer. "If you want to get the highest use for the increasing population of New York, then you could make what I think is a silly argument," he said. "But you could extend that argument to say, 'Well, shouldn't we [put this stuff] everywhere in Riverside Park, so we can go sit on the AstroTurf?'"

On the other hand, board member Sharon Parker-Frazier, who was not ashamed to admit that she belonged to a certain famed demographic, contended: "I'm a soccer mom, and I think it's important for us to have options."

David Bloom, 32, a soccer enthusiast attending the meeting, reacted with incredulity to the board's decision. "I've played for 25 years on the fields in New York City—on dirt, the old AstroTurf and this new stuff," he told *The Observer*. "And I would choose this new stuff every single time. It's far superior."

Ultimately, with a 15-to-14 vote, the board voted to disapprove of the new synthetic turf.

"We do appreciate the community board's involvement, and we're going to take their comments into consideration," said Ms. Aframe about the vote. The Parks Department, which has the final say on the project, hopes to begin the nine-month renovation in the fall.

—Benjamin Ryan