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Conference explores new ways to treat AIDS, related disorders

By Kirsten Fermaglich

The Columbia Gay Health Advocacy Project (CGHAP) sponsored its second annual daylong "AIDS: Improving the Odds" conference this Saturday at the Katherine Bache Miller Theater.

The conference was designed to provide HIV-infected individuals with new information and advice on how to treat AIDS, according to Laura Pinsky and Paul Douglas, the moderators of the conference. Pinsky and Douglas are co-directors of CGHAP and co-authors of the Essential AIDS Fact Book.

Physicians experienced with treating the disease and AIDS activists comprised a 16-person panel which discussed various AIDS-related topics. The program's morning session dealt with Pneumocystis carinii pneumonia (PCP), "The number one killer of people with AIDS," according to Michael Callen, a founding member of People with AIDS Coalition (PWAC). The panel also discussed Azidothymidine (AZT), a controversial drug used to treat AIDS.

The panel discussed the various forms of treatment of PCP and the symptoms of PCP, including weight loss, diarrhea, and fever. They urged AIDS patients to inform their doctors within a couple days after symptoms develop.

"The earlier the diagnosis, the earlier treatments will work," advised Dr. Ronald Grossman, a clinical instructor in medicine at New York Hospital-Cornell Medical Center.

The panel disagreed about whether AZT,

about two years, should be prescribed.

Dr. Joseph Sonnaband, AIDS practitioner and researcher, and Dr. Michael Lange, Assistant Chief of Infectious Diseases and Epidemiology at St. Luke's Roosevelt Hospital Center both criticized AZT. Sonneband called it a "poison;" Lange claimed that "the premise that AZT works as an anti-viral agent is based on clay feet."

But other panelists praised the drug.

Grossman argued that "people on this drug have much less frequency of opportunistic infections," and that the drug "can buy [AIDS patients] quality time."

Co-director of Project Inform Martin Delaney called Sonneband's ideas "scientific poppycock. Let's not close the door on this drug until we've found something to replace it," he said.

Dr. Craig Metroka, assistant professor of medicine at Columbia's College of Physicians and Surgeons, emphasized that AZT "is not a cure for AIDS," but that "it will slow down the progress [of this disease]."

Dr. Donald Kotler, associate professor of clinical medicine at St. Luke's/Roosevelt Hospital Center, spoke at the afternoon session about the effects of AIDS on the gastrointestinal system. Kolter discussed the breakdown of an HIV-infected intestine and the deterioration of the body during the more advanced stages of the disease.

"[Death comes] not from the disease causing the wasting process, but from the magnitude of the wasting process itself," he said. Noting the hush that fell over the audience, Kolter added, "I'm sorry if this is . . . painful. The point has to be made."

Dr. Richard Price, associate professor of Neurology at Cornell University Medical Center, spoke about the neurological effects of the disease. He concentrated on AIDS Dementia Complex, which he said has received a good deal of publicity. It affects thinking, concentration, motor coordination, and behavior, and can become a severe and disabl-

ing disorder, according to Price.

Nevertheless, he said, concern over whether AIDS Dementia leads to work disability is unjustified.

The rest of the conference consisted of shorter lectures on opportunistic diseases, which strike when one's immune system is weak, Kaposi's Sarcoma, lymphoma, testing for the HIV virus, and testing of experimental drugs.

Pinsky said there is a clinic in John Jay Hall that can help Columbia students and affiliates afflicted with AIDS. The clinic provides periodic evaluations of the immune system, gives referrals to specialists in the field, and offers education and psychological counselling.