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AIDS study may aid govt policy

By VINODHINI

Chennai, May 10: When should ART (Antiretroviral therapy) treatment be given to HIV positive persons? Is CD4 count sufficient to calculate the immunity of a patient? Can we prevent the need for second line drugs by administering ART at an early stage? These crucial questions will be answered in a study initiated at the YRG care here in collaboration with AIDS Clinical Trials Group, National Institute of Health, USA.

Through the seven-year collaboration several clinical trials will be conducted wherein three groups of volunteers will take different therapeutic drugs. "Most Antiretroviral drugs are tested only in the US and the UK. The trials will help find which combination best suit Indians, check for any side effects, measure drug resistance and adherence to drugs," said Dr Constance A. Benson, chair, AIDS Clinical Trail Group. Trials funded by the group are on in 22 centres throughout the world and one such clinical trial is going on in Pune and another in Chennai headed by Dr N. Kumarasamy of YRG care.

Scientists dispute the claim that the best time to start on ART is when the CD4 (a white blood cell) count to measure immune resistance drops below 250. "We at ACTG believe that there are not enough studies to substantiate that. In India where tuberculosis is the most common opportunistic infection with HIV, we want to find out if starting on ART earlier will help the infected patient recoup faster and reduce the need for second line drugs that are costlier. All through the tests we will find out which drug combination is effective by calculating viral load as sthe CD4 count may not be the best way to detect the progression of the disease," said Dr Robert Schooley, ACTG.

The study results can influence the present policy guidelines prescribed by the Union government on treatment of HIV/AIDS. If favourable it can also save the government money, says Dr Schooley. "By initiating every HIV positive person into ART, the government may incur an extra cost of say Rs one lakh initially in the first three months. But it saves Rs 3 lakh in the next six months by eliminating the necessity of second line drugs and reducing fresh infections," he said, pointing out to the Taiwan example where new infections reduced by 50 percent when ART drugs were introduced free of cost.