

New HIV Therapies Challenge Gynecologic Care

With more than 30 treatment options, obstetricians' knowledge of HIV drugs should go beyond AZT.

BY JANE SALODOF MACNEIL
Contributing Writer

HOUSTON — New retroviral therapies are making human immunodeficiency virus infection a chronic disease that physicians need to monitor when providing obstetric and gynecologic care, according to Hunter A. Hammill, M.D.

"You can't work in a vacuum anymore," Dr. Hammill told clinicians at a conference on vulvovaginal diseases sponsored by Baylor College of Medicine.

With 30 different treatment options being used in multiple-drug combinations, zidovudine (AZT) should not be the only HIV drug with which ob.gyns. are familiar. "They need to be aware there are many new agents, and with the new agents, it is becoming a chronic disease," said Dr. Hammill of the Houston-based college.

Today, half of all HIV-infected patients worldwide are women. As people are living longer with HIV infection, the gynecologic patient population now includes postmenopausal women and young

women who were infected congenitally.

"I have had patients who should not have lived and now are pregnant teenagers," he said.

In the United States, he estimated 950,000 people have HIV, but a quarter of them do not know they are infected. In addition, some patients will claim not to know about their status rather than tell a sexual partner. Dr. Hammill described one such woman who tested positive after giving birth. It turned out she had participated in an HIV trial he had conducted 5 years earlier.

Some states require pregnant women to be tested for the virus. In Texas, where the conference was held, the law allows disclosure to a patient's spouse without consent, but physicians can "pass the buck" when a patient tests positive by simply notifying the health department, he said.

Physicians need to be aware of many new agents, and with the new agents, immunodeficiency virus infection is becoming a chronic disease.

Even patients who are asymptomatic and not pregnant should be monitored regularly for CD4 count and viral load, according to Dr. Hammill. "The CD4 count is your army," he said. "The viral load is the enemy's army."

Typically, an asymptomatic patient will have an intermediate CD4 count between 200 and 350 and a viral load around 55,000, Dr. Hammill said. If the count is lower, patients could be vul-

nerable to pneumonia and opportunistic infections.

Retroviral treatment can bring a patient's viral load down to less than 50, which is not detectable. This is especially important if

surgery is planned, he said, as needle sticks are dangerous to physicians and nurses.

He also urged resistance testing for antibodies to antiretroviral drugs and studies to determine which agents will work against a patient's strain of HIV, as the virus can and usually will mutate after treatment. "If you have resistance testing and they are not resistant to the drug they

are on, and the viral load doesn't go down—it is going up—what do you think is happening?" he asked. "They are not taking their drugs."

Gynecologists also should be on the alert for opportunistic infections that can develop rapidly. "With HIV everything gets accelerated," he said, directing attention to pneumocystis pneumonia, cardiomyopathy, erosive herpes, and giant condyloma.

Addressing concerns that HIV medications can interfere with the efficacy of oral contraceptives, Dr. Hammill said he prescribes the OCs at higher doses. He also warned of a high incidence of cervical dysplasia and recommended that women with abnormal Pap smears be screened every 3 months, although many insurance companies will not pay for the added tests.

"You would hate to have a woman die of cervical cancer that could have been prevented and her HIV is in remission," he said.

Finally, he urged physicians to touch women with HIV as they would other patients. "These patients feel very ostracized. All the normal things we do with patients can be done," he said. ■

CDC Study: Most New Cases of HIV, AIDS in Women Occur in Blacks

Black women account for the majority of new cases of HIV and AIDS among women in the United States, and this is particularly true in North Carolina, according to the Centers for Disease Control and Prevention.

In 2003, the HIV infection rate in that state was 14 times higher for black women, compared with white women (MMWR 2005;54:89-94).

An epidemiologic investigation of 31 of the 208 black women aged 18-40 years in North Carolina who were diagnosed with HIV between January 2003 and August 2004 and 101 controls recruited from HIV testing sites showed that most women in both groups engaged in HIV sexual risk behaviors. Those receiving public assistance were more likely to be HIV positive (adjusted odds ratio 7.3), as were those with a history of genital herpes (adjusted OR 10.6). Women who discussed sexual

behaviors and history with their male partners were less likely to be HIV positive (adjusted OR 0.6).

The most common reasons given for engaging in risky sexual behaviors were financial dependence on male partners, feeling invincible, low self-esteem coupled with a need to feel loved by a male, and alcohol/drug use.

The findings underscore the need for a multifaceted approach to reducing HIV infection among black women, including programs that encourage delayed sexual activity, condom use, monogamy, and communication.

Improved availability of HIV and STD testing and treatment and attention to the economic constraints that appear to contribute to increased HIV risk in black women are also needed, according to the CDC.

—Sharon Worcester

FDA Issues Class 1 Recall on Urine Processing Kit, Citing False Outcomes

The Food and Drug Administration has issued a Class 1 recall of the Probe-TecET Urine Processing Kit, designed to aid in testing female and male urine specimens for chlamydia and gonorrhea.

The laboratory test—made by Becton Dickinson Diagnostic Systems—may cause indeterminate or false-negative clinical results, which could lead to the patient not receiving treatment. Untreated infection could result in worsening infections,

further disease transmission, pelvic inflammatory disease, infertility, ectopic pregnancy, and other sequelae.

Class 1 recalls are the most serious type of recall and involve situations where there is a reasonable probability of serious injury or death.

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—Kerri Wachter

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