should have access to through healthcare providers. Many of the drugs listed in the Standard of Care chart are FDA approved for other uses, but can be prescribed for OI prevention. This is called "off-label" use and it is a cornerstone of medical practice.

The Standard of Care is not intended as an exhaustive listing of all the possible strategies for OI prevention and treatment (such as drugs available through buyers' clubs, or enrollment in clinical trials). For more comprehensive treatment strategies, see, for example, PI Perspective (October 1991), Beta (November 1991), AIDS Clinical Care (June 1991) . Likewise, the Standard of Care does not include treatment strategies for *all* the HIV-related illnesses (such as skin infections, various minor fungal infections, KS, lymphoma, PML). And note that *none of these tests or prophylaxes should be substituted for self-monitoring: early detection of symptoms may save your life.*

The Standard of Care is meant to help you focus on key areas in HIV treatment that are often overlooked by healthcare providers. Each individual's approach will vary, and should be discussed with a physician. But ACT UP/ Boston believes it's time to move beyond the "basics" — AZT at 500 t-cells, and PCP prophylaxis at 200.

BACKGROUND BASICS:

The pace of research is usually far too slow, and as a result we don't yet know as much as we'd like about all the OIs that hit PWAs. To get you started, the following are capsule summaries of the reasons for our approach to each OI. More in-depth articles on each topic are available from the HIV Resource Library at AIDS Action Committee of Mass. (617-437-6200, ext. 432)

• Toxoplasmosis: Prophylaxis is only necessary if you have a positive toxo titer and a t-cell count below 200. Since pyrimethamine is one of the standard drugs used successfully in the *treatment* of toxo, it is currently the best choice for *prophylaxis* as well.

• MAC (Mycobacterium avium complex): Clarithromycin and azithromycin are now regarded as treatments of choice for people with MAC infections, since they are less toxic than other MAC drugs. It is reasonable to try either clarithromycin or azithromycin as prophylaxis. If MAC infection develops while using one of these, it is likely that resistance to the drug used as prophylaxis has occurred, and it will be necessary to use the other drug in combination with one or more of the "standard" MAC drugs.

• CMV (Cytomegalovirus): High dose oral acyclovir is an effective means of primary prophylaxis in immunocompromised cancer and organ-transplant patients, and is thus likely to prevent CMV disease in people with AIDS as well. Although CMV doesn't usually develop unless your t-cell count is below 50, it may be better to begin prophylaxis before the amount of cytomegalovirus in the blood is high.

• Fungal infections: Fluconazole is a well-tolerated treatment and post-treatment maintenance therapy for fungal infections (cryptococcal meningitis, and oral, esophageal, and vaginal candidiasis) in people with AIDS. Since it is effective in preventing recurrence of symptoms (secondary prophylaxis), it should be effective in preventing infections in the first place (primary prophylaxis).

• Cryptosporidiosis: No treatment is 100% successful for crypto, but some success has been shown in treating it with humatin. For those interested in an aggressive approach to prophylaxis, this may be the best drug to try. Humatin's effectiveness as a treatment for crypto has been reported in scientific literature, but it has not yet been tested for prophylaxis.

• PCP (Pneumocystis carinii pneumonia): Most doctors are familiar with the options for PCP prophylaxis. Which one you choose (bactrim, aerosolized pentamidine, or dapsone) may depend on several factors: bactrim has shown more efficacy, and may also work as toxo prophylaxis, but not everyone can tolerate bactrim. NOTE: Pneumovax is important in preventing bacterial pneumonia, which is caused by a different organism than PCP.

• HPV (human papilloma virus) and cervical cancer: women with HIV/ AIDS are at greater risk for these infections. HPV may not be detected in pap smears but might be found by colposcopy. Early detection and treatment increase survival. ▲

ACT UP BOSTON
PO Box 483
Kendall Station
Cambridge MA
02142

GEORGE BEACH
P.O. BOX 116
WEST MEDFORD, MA 02156