

HEALTH

HEALTH FOCUS

AIDS AND TEENS: THE ALARM IS SOUNDING

By Donald E. Wesson, M.D.

It is a crisis that is already upon us. Sadly, teenagers are one of the fastest growing age groups for new AIDS cases.

The toll has been proportionately greater in the African-American community, adding to the urgency for black teens to learn to decrease their risk of becoming infected with HIV, the virus that causes AIDS.

Startling data based on a Baylor College of Medicine study dramatizes this urgent need.

In a study following 565 females ages 12 to 20, the majority of black teens showed a greater fear of contracting AIDS than their Hispanic or White counterparts. They also felt they were more likely to be the kind of person to get AIDS than Hispanics or Whites.

The Baylor study further revealed that black teens have higher rates of sexually transmitted diseases, and that approximately 20 percent of AIDS patients are in their 20's. This suggests that they acquired HIV as teenagers, since HIV typically has an incubation period of several years.

Other studies show that seven out of every ten females

and eight out of every 10 males in the United States have intercourse by age 20. A Center for Disease Control survey says 21 percent of high school students report they have had sex with four or more partners, making the chances of contracting HIV great.

Already more than 50,000 Americans have died of AIDS and a much larger pool of Americans is infected with HIV, but have yet to develop symptoms. Since all ethnic and age groups are at risk for becoming infected with HIV, it is crucial that everyone—including teens—learns and practices behavior that will minimize risk.

People are infected with the HIV virus through contact with infected body fluids or tissue. Most commonly, the infection is acquired through unprotected sex or by use of a contaminated needle when using intravenous drugs.

In navigating the course to adulthood, adolescents frequently explore different lifestyles without the adult perspective of the potential consequences. Modern-day tolerance of unrestricted sexual activity and easy access to intravenous



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drugs increases the likelihood for teens to engage in such activities. The tragedy of these preventable deaths from AIDS is made worse by the youth and innocence of the victims.

Effective strategies must be developed to instill responsible behavior in elementary school-aged children to ensure that they make responsible decisions and choices as adolescents. When teens are confronted by their peers, they should keep in mind the following:

- * Look at all the reasons to say "Yes" or "No."

- * Consider the consequences.

- * Make your own decision.

- * Use common sense to avoid situations where you have to say no, such as spending time with people who participate in unhealthy behaviors (like using drugs), or being alone with someone you cannot trust.

- * Say what you mean. Say "No" quickly, directly, firmly and

clearly.

- * Do not apologize for protecting yourself.

Straight-forward, factual information about HIV and AIDS must be provided to middle

school-aged children so that decisions made by them are informed ones. Scare tactics with exaggerated or non-factual information is ineffective at best and counterproductive at worst.

Those who can provide this guidance include families, schools, churches, community organizations, and health care agencies. No available avenue should be left unexplored.

RECENT BREAKTHROUGHS IN SICKLE CELL RESEARCH CAUSING "MISCONCEPTION" THAT THE DISEASE HAS NOW BEEN CURED

Los Angeles, - A spokesman for the National Association for Sickle Cell Disease said recently that NASCD officials are concerned that misconceptions about bone marrow transplantation and the medications, Hydroxyurea and Butyrate, as "cures" for Sickle Cell Disease could lead the public to stop supporting Sickle Cell Disease research programs and community Sickle Cell organizations.

Kwaku Ohene-Frempong, M.D., NASCD President, said "Our Medical Advisory Committee views these developments as very encouraging, but we must caution the public that marrow transplantation is not suitable for every patient, and the new medications must be tested on larger groups of patients before they are ready for general use."

Dr. Ohene-Frempong who is also the Director of the comprehensive Sickle Cell Center at Philadelphia's Children's Hospital, described bone marrow transplantation (BMT) as a risky procedure with a potentially serious long term complication, graft versus host disease. BMT has only been done for five years

on about 60 Sickle Cell Disease patients worldwide. In the United States, less than 10 Sickle Cell Disease patients have had the procedure.

"Until recently," he said, "the risks of BMT seemed to outweigh the potential benefits for Sickle Cell Disease patients. However, results obtained from BMT in Beta Thalassemia, a condition that also effects hemoglobin and red blood cells, have encouraged the trial of this treatment for Sickle Cell Disease."

According to Dr. Ohene-Frempong, in the best of circumstances, BMT has a 5-10% risk of death, and a 10-15% chance that the patient will develop chronic Graft versus host disease and require long term medical care.

He added that at present, BMT is recommended for only severely affected patients who are under 15 years, and have a full brother or sister who is a perfect tissue match as a marrow donor. It is estimated that only about 20% of American Sickle Cell disease patients have such a perfect tissue matched sibling.

"We are also concerned about the long-term effects of the medications used to destroy the patient's bone marrow in preparation for the procedure."

On the bright side, Dr. Ohene-Frempong noted that when BMT is successful, the patient no

longer has Sickle Cell disease, because the body makes the blood cells of the marrow donor. Nor does the patient need close medical followup after the first

few months, but he noted that BMT only changes the marrow cells of the patient; it does not change the genes the patient can pass on to his or her children.

"Since BMT may not be suitable for 80% of Sickle Cell Disease patients, the search for treatment that every patient can use must continue," he said. "The early trials of the medications Hydroxyurea and Butyrate indicated that these substances can stimulate the production of fetal hemoglobin in Sickle Cell Disease. "But we need more intensified research to test these drugs on larger groups of patients. We also need to know much more about the long-term effects of these medications. Hydroxyurea is currently being tested in a national study of adults with Sickle Cell Disease and Butyrate has been tested in only a very small group of Sickle Cell Disease patients."

Dr. Ohene-Frempong said he hopes the public will continue to support Sickle Cell Disease research programs and NASCD efforts to identify, counsel and assist Sickle Cell Disease patients and their families. "We've come too far to stop now," he concluded.

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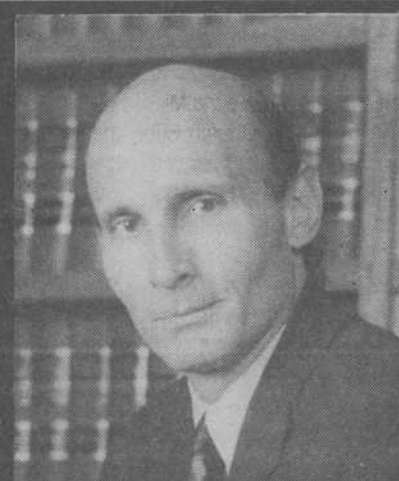
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CPR CLASS

The second in a series of three CPR workshops to be offered this spring at the Baker Park Community School, 1100 E. St. Louis Ave, takes place at 9:30 am, Sat., April 17. The course will be taught by CPR Plus at a cost of \$11. The seminar is designed for those 14 and older, and includes testing for certification. Registration continues through the day of the event.

This seminar was arranged through the City of Las Vegas Department of Parks and Leisure Activities. Call 733-6599.

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