

HEALTH

HEALTHWIRE

PREVENTING RECURRING ATTACKS, AND THE MANAGING/PREVENTING CHILDHOOD ASTHMA

PART II

Prevention can begin the day your newborn comes home from the hospital. A new study appearing in the journal *Lancet* in June 1992 confirmed that avoiding exposure to allergens in the first 12 months of life can help prevent or delay childhood asthma.

One-half on the infants in the study group were breast fed or given allergen free formula, had diets free of cows milk, eggs, fish, nuts, soy products, wheat and oranges (breast-feeding mothers followed the same diet), and their bedrooms and living areas were cleaned with an anti-dust mite (a microscopic bug that lives on dust specks, dead skin and traces of food) solution for the first year of life. The other half of the study group ate freely and lived in untreated environments. After one year, the specially treated group had a 13% rate of allergies and asthma. The untreated groups had an allergy and asthma rate of 40%.

How can parents help prevent an asthma attack in older children? Experts agree that the top

of the list of what parents can do to control their child's environment is to make it smoke-free. Smoke may not cause asthma, but it does aggravate it and can precipitate an attack.

Another step, advises Dr. Alvarez, is to keep the child's room as uncluttered and dust-free as possible. Remove any carpets or rugs so the floor is easy to clean (washable throw rugs can be used). Make sure stuffed animals are washable or cover them with plastic when not in use. Use washable drapes on the windows instead of venetian blinds, and avoid open book shelves and upholstered furniture in the room. Since bedding is the dust mite's favorable habitat, use a washable mattress cover. Avoid fuzzy blankets or feather- or wool-stuffed comforters and pillows. Wash all the bedding once a week in hot water.

The National Institutes of Health recommend steam or hot water heat instead of hot air heat for asthmatics. If there is a hot air furnace outlet in the room, install a filter made of several layers of

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NIH REAUTHORIZATION LEGISLATION: MUCH NEEDED REFORM MARRED BY THE ATTACK ON IMMIGRANTS

New hopes for a better coordinated federal AIDS research effort emerged today with the passage by the House of Representatives of the conference report on the National Institutes of Health (NIH) Reauthorization Act. The Senate is expected to take action on the bill later this week.

The legislation will bring more visibility and focus to the NIH Office of AIDS Research.

This important measure will lay the groundwork for a much needed restructuring of AIDS research and was greeted with great enthusiasm from AIDS researchers and advocates. This victory for AIDS research was marred, however, by a setback in long-standing efforts to lift the U.S. ban on immigrants who are infected with HIV.

"We are thrilled that Congress has finally taken seriously the need to place more emphasis on the Office of AIDS Research (OAR), easing its funding processes and providing more direction," said AIDS Action Council Executive Dan Bross. "We are pleased that the OAR will have its own director, that an advisory council will be established and that institute-based coordinating committees will be put in place. After over 11 years of

cobbled-together AIDS research efforts, there is finally a serious commitment to ongoing AIDS research. AIDS communities, however, are forced after a bitter fight to accept the repressive McCullom amendment, which is a ban on immigrants living with HIV/AIDS."

Such a ban has been condemned by international health experts as motivated by political considerations and having little scientific basis. "These provisions do not treat people with HIV in a fair manner," noted Rep. Henry Waxman (D-CA) during debate on the House Floor. "If it were a question of costs, the public charge provisions would have been used. If it were a question of public health, the public health provisions could have been used. It was neither of these. It was a question of discrimination."

"We spent months trying to get Congress to do the right thing. It became clear during out extensive lobbying efforts, however, that congressional support for the ban was overwhelming," lamented AIDS Action Legislative Counsel Aimee Bereson. "We will continue to press Congress to reform our health care system and increase funding for AIDS care, research and pre-

vention. Some cling to spurious arguments that the inability of this country to guarantee health care for all people with HIV is a basis for barring HIV-infected immigrants from coming here. No one should be able to use these excuses for discrimination."

Bereson noted that the Clinton administration took a "hands off" approach throughout the congressional debate on this issue, despite its early commitment to the lifting of the ban. "AIDS Action Council will not let the administration walk away from this issue altogether. We intend to continue to press the administration to use all of its powers to end discrimination in immigration policy and to immediately grant humanitarian parole to all HIV-infected Haitians and their families currently being held on Guantanamo Bay," Bereson promised.

AIDS Action Council, founded in 1984, is the only national organization devoted solely to lobbying the federal government on AIDS policy, legislation and funding. AIDS Action Council represents more than 900 community-based AIDS service organizations located throughout the United States.

Age and Race Matter in Treating High Blood Pressure

If you are one of the 25 million Americans taking medication for high blood pressure, there is a one-in-two chance that your medication is not working.

According to the latest information from the National Center for Health Statistics, only 55 percent of the people currently taking high blood pressure medication actually have their blood pressure under control. However, a recent study in the *New England Journal of Medicine* identified two factors that can help doctors predict which drug is likely to work best.

"Age and race were powerful predictors of how well the drugs we studied controlled blood pressure," explained Dr. Barry Materson of the Department of Veterans Affairs Medical Center in Miami.

The study, conducted through the Veterans Affairs Cooperative Studies Program and headed by Dr. Materson, was the first to directly compare the effectiveness of six drugs representing all major classes of high blood pressure drugs. Nearly 1,300 men with high blood pressure participated in the study, half of whom were black and half white.

In black men of all ages, diltiazem controlled their blood pressure best; it controlled blood pressure in nearly two-thirds of black patients taking it.

White men in each age group responded to a number of drugs equally well. For those age 60 and over, four drugs worked equally well: atenolol, diltiazem, captopril and clonidine. Younger white men (under 60) responded best to three drugs: captopril, atenolol and clonidine.

Among study patients in general, diltiazem was most effective, controlling blood pressure in 59 percent of those taking it. 51 percent taking atenolol and 50 percent taking



clonidine kept their blood pressure under control.

"There is no single magic bullet for high blood pressure," said Materson. "This study was designed to help doctors prescribe the drug most likely to be successful for a given individual."

According to Dr. Materson, treatment success rates were based on three factors: the number of participants achieving blood pressure control initially, the number maintaining control for one year, and the number who did not drop out of the study because of side effects or loss of blood pressure control. The large population allowed the investigators to determine if the differences between drugs were significant.

Although the study clearly shows that age and race matter when treating high blood pressure, Dr. Materson also says that other factors such as other diseases the patient may have, drug allergies, cost and the patient's quality of life are also important considerations. He emphasized that the single-most important factor in treating high blood pressure successfully is to work with your doctor.

If You're Dabbling In Drugs... You Could Be Dabbling With Your Life.



Skin popping, on occasion, seems a lot safer than mainlining. Right? You ask yourself: What can happen? Well, a lot can happen. That's because there's a new game in town. It's called AIDS. So far there are no winners. If you share needles, you're at risk. All it takes is one exposure to the AIDS virus and you've just dabbled your life away.

For more information about AIDS, call 1-800-842-AIDS. Nevada AIDS Hotline



This is a message from the U.S. Centers for Disease Control