

HEALTH

Sickle Cell Anemia treatment greenlighted

Special to Sentinel-Voice

WASHINGTON — For three years, scientists have recommended treating disabling sickle cell anemia with the cancer drug hydroxyurea, and the Food and Drug Administration made the therapy official last week.

Hydroxyurea does not cure the genetic disease that afflicts some 90,000 Americans, mostly blacks, the FDA stressed in approving the drug for adult sickle-cell sufferers.

A groundbreaking federal study showed, however, that it reduces the disease's excruciating attacks and cuts patients' hospital time, need for blood transfusions and incidence of life-threatening complications.

The FDA's approval was anticlimactic: The National Institutes of Health abruptly stopped its hydroxyurea study in 1995, after discovering the dramatic effect, and wrote 5,000 doctors to recommend the treatment.

Hydroxyurea already was sold for leukemia and certain other cancers, so doctors could and did begin prescribing it to sickle-cell patients. Maker Bristol-Myers Squibb did not seek formal FDA approval until last August.

Sickle cell anemia, common among people

with ancestors from Africa, the Middle East and the Mediterranean, causes hemoglobin inside red blood cells to clump together.

That changes the normally round cells into a sickle shape that can't squeeze through tiny blood vessels.

The result is severe pain that frequently requires hospitalization, eventually followed by organ damage. Patients frequently live only into their 40s. There was no cure, only pain treatment, and, until hydroxyurea, no way to prevent symptoms.

Hydroxyurea can dangerously lower patients' white blood cells and leave them vulnerable to infection, the FDA warned. Patients' blood must be tested every two weeks, and some study patients had to periodically stop medication to let their blood recover.

Hydroxyurea still is being studied in children.

The FDA designated the sickle-cell hydroxyurea dosage, to be sold under the brand name Droxia, as an "orphan drug," giving Bristol-Myers seven years of market exclusivity.

Hydroxyurea has cost about \$100 a month. A Bristol-Myers spokesman said last Wednesday the price will change but would not elaborate.

Whites, Indians have identical AIDS rates

Special to Sentinel-Voice

ATLANTA — Despite living in mostly remote areas, American Indians and native Alaskans have roughly the same rate of new AIDS cases as whites, the government said last week.

There were about 10 new AIDS cases per 100,000 Indians and native Alaskans in 1996, compared with 11 new cases per 100,000 whites, the Centers for Disease Control and Prevention said.

The CDC focus study did not include African-Americans.

"These populations are not typically thought of as those who need HIV services and programs," said Dr. John Ward, CDC chief of

surveillance for AIDS. "But because the rate is as high as whites - the majority of the population — it shows this is an important public health problem."

The CDC said Indians and native Alaskans have high rates of sexually transmitted diseases and drug use, which in turn raise their risk of AIDS. They also lack access to diagnosis and treatment.

Homosexuals and drug users run the highest risk of AIDS among Indians and Alaskan natives, just as they do among whites.

Gay men accounted for almost half of the 1,783 cases among these groups in 1997. Gay men who also injected drugs accounted for 14 percent.

Men candidates for hormone replacement therapy

Special to Sentinel-Voice

HOUSTON — Hormone-replacement therapy isn't just for women.

Men of all ages can experience a shortage of androgen hormones, such as testosterone, causing loss of sex drive, impotency, muscle weakness and fragile bones.

Treatment options range from pills and shots to medicated patches and skin creams. The benefits and risks depend on the patient's age, said Dr. Glenn Cunningham, chief of endocrinology at Baylor College of Medicine and associate chief of staff for research and development at Houston's Veterans Affairs Medical Center (VAMC).

During puberty, androgen hormones promote the development of male secondary sexual characteristics, such as facial-hair growth, voice changes and muscle bulk. They also help build bone mass and shape. During adulthood, androgen hormones help sustain sex drive and penile function and preserve muscle and bone mass.

For androgen-deficient men over age 18, hormone-replacement therapy can help strengthen libido and prevent osteoporosis, but the risks increase with age.

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