

Haemophiliacs 'denied funds for HIV therapy'

by Michael Day

HIV-POSITIVE haemophiliacs are being denied treatment which could add years to their lives, leading consultants claim.

The Department of Health has banned the funding of pure factor VIII anti-clotting agent from money earmarked for the care of AIDS patients.

Regional health directors have been notified of the policy change and already UK haemophilia centres are giving HIV-

positive patients what they believe is sub-standard treatment with the impure factor VIII.

Haemophiliacs with HIV are angry, said Dr John Leslie, director of the Norwich and Norfolk Hospital Haematology unit.

'It's crazy. There is a lot of money in the AIDS budget and this cash would be a relevant source for funding the treatment these patients need.'

Dr Christine Lee, director of the Royal Free Hospital's haemophilia unit, agrees: 'By using pure factor VIII we can de-

lay the onset of AIDS,' she said.

Dr Lee wrote to the *BMJ* in March this year citing 'convincing evidence that high-purity concentrate slows immunological deterioration' in HIV-infected haemophiliacs.

It is thought the numerous antigens present in impure factor VIII further weakens the immune systems of HIV-positive patients by causing other immune reactions.

Controlled trials have shown that in patients treated with pure factor VIII CD4 levels drop

less quickly than in those treated with the impure factor.

But Dr Paul Walker, public health director at Norwich Health Authority, said: 'We looked at the use of pure factor VIII and decided the evidence of benefit was insubstantial. We had to weigh health gain against cost and we didn't think it was worth it.'

It would cost Norwich Health Authority an extra £24,000 per year to treat Dr Leslie's four HIV-positive haemophiliac patients with the pure agent.

On screen . . . trumpeter, vic

Epile scan

THE National Seizure Centre is appealing for help to equip a magnetic resonance imaging unit.

It claims the unit will automatically improve diagnosis and enable more patients to undergo surgery the only hope of cure.

The unit, which will use computer technology, is to be based at the headquarters in Peterborough, Cambridgeshire.

The NES says it will be the first in the country dedicated to epilepsy. The centre believes more than 10,000 patients a year could benefit from surgery using the unit.

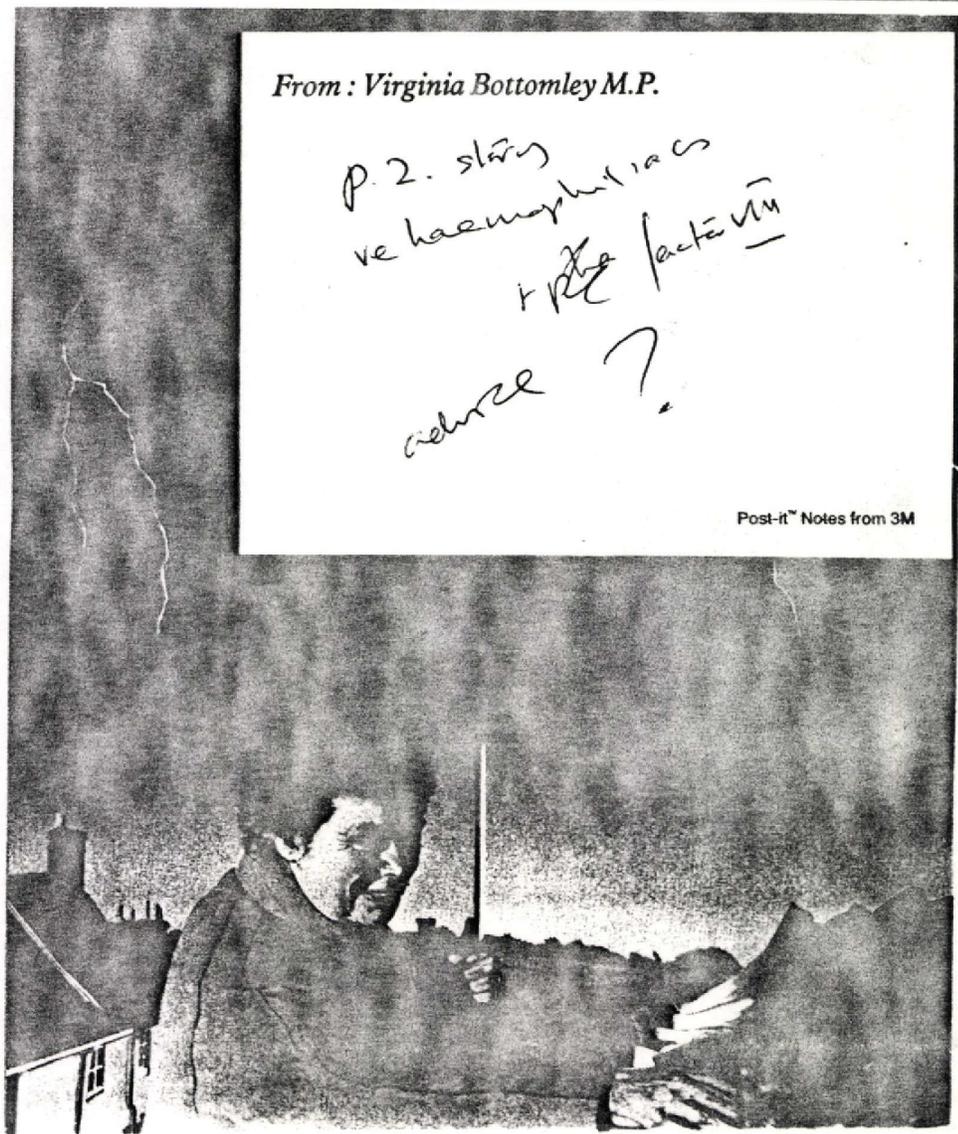
It is estimated that 20,000 patients

Epilim Oral Forms Prescribing Information
 Presentation 1. Epilim 200 Enteric Coated. A lilac-coloured, enteric coated tablet containing 200mg Sodium Valproate B.P.
 Epilim 500 Enteric Coated. A lilac-coloured, enteric coated tablet containing 500mg Sodium Valproate B.P.
 Epilim 100mg Washable Tablets. A white, scored tablet containing 100mg Sodium Valproate B.P.
 Epilim Syrup. A red, cherry-flavoured syrup containing 200mg Sodium Valproate B.P. per 5ml.
 Epilim Liquid. A red, cherry-flavoured, sugar-free liquid containing 200mg Sodium Valproate B.P. per 5ml.
Indications
 The treatment of generalized, partial or other epilepsies. In women of childbearing age Epilim should be used only in severe cases or in those resistant to other treatment. Dosage and Administration. To be taken with or after food. Epilim may be given twice daily. Enteric coated tablets should be swallowed whole. **Monotherapy Adults:** Start at 600mg daily increasing by 200mg at 5 day intervals until control is achieved. **Maximum dose:** 2500mg per day. **Children over 20kg:** Initially 30mg/kg with spaced increases until control is achieved. Usually within the range 20-30mg/kg body weight per day. **Children under 20kg:** 20mg/kg body weight per day; in severe cases may be increased but only when plasma valproic acid levels can be monitored. Allow 40mg/kg per day monitor initial chemistry and haematological parameters. **Combined therapy** It may be necessary to raise the dose when used with anticonvulsants which induce liver enzyme activity. Dosage of barbiturates should be reduced if sedation is observed. Optimum dosage is mainly determined by seizure control and routine measurement of plasma levels is unnecessary. **Contraindications, Warnings:** Contraindications: Active liver disease, history of severe hepatic dysfunction, hypersensitivity to sodium valproate. Side effects: Liver dysfunction including hepatic failure resulting in fatalities has occurred in patients on treatment including valproic acid or sodium valproate. Patients most at risk are children particularly those under the age of three and those with congenital metabolic or generative disorders, organic brain disease or severe psychiatric disorders associated with mental retardation. The incidents mainly occurred during the first months of therapy. Usually involved multiple anticonvulsant therapy. Monotherapy is to be preferred in this group of patients. Clinical symptoms are more helpful than laboratory investigations in the early stages of hepatic failure. Serious or fatal hepatotoxicity may be preceded by non-specific symptoms, usually of sudden onset, such as loss of seizure control, malaise, weakness, lethargy, oedema, anorexia, rising abdominal pain, drowsiness, jaundice. These are an indication for immediate withdrawal of the drug. Patients should be instructed to report any such signs to the clinician. Investigations should be carried out. Whilst it is difficult to establish which, if any, investigation is predictive, tests which reflect protein synthesis eg prothrombin time may be most relevant. Routine measurement of liver function should be undertaken before therapy and periodically during the first months especially in those who seem most at risk, and in those with a prior history of liver disease. Hypoalbuminaemia without hepatic damage may occur; it is usually transient, but occasionally present clinically. If so Epilim should be discontinued. Valproic acid inhibits platelet aggregation. Thrombocytopenia has been reported. Prior to initiation of surgery and before surgery clinicians should assure themselves that there is no undue potential for bleeding complications. Spontaneous bruising or bleeding is an indication for withdrawal of medication. Pancreatitis, tremor, weight gain, transient hair loss, increased alertness, aggressiveness, hyperactivity, irregular periods, nosebleeds, gynaecomastia, stupor and oedema have been reported. **Drug Interactions:** Epilim may potentiate tricyclic antidepressants, monoamine oxidase inhibitors and other depressants. Caution is recommended when administering products which have anticoagulant properties (warfarin and salicylates). Epilim does not induce liver

From: Virginia Bottomley M.P.

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 + pure factor VIII
 advised ?

Post-it™ Notes from 3M



Research hope for oral vaccine

ORAL vaccines thought to be more effective than their counterparts could be available in the next few years.

Developers of oral cholera vaccines at London College of Health, predict that the first dose oral cholera vaccine developed by the centre will be the first on the market. Prof Gordon D.