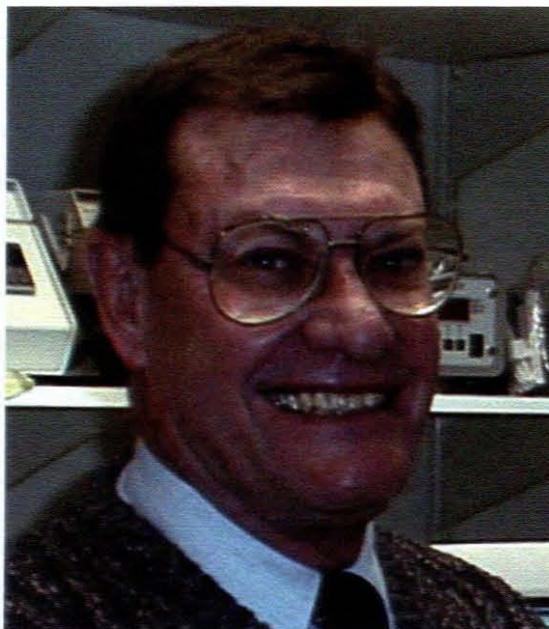


# FROM THE EDITOR

Zidovudine was approved for use as an antiretroviral agent in 1987. It was used, at that time, as a single agent to treat patients with HIV infection. The therapeutic effect of this monotherapy was, however, of short duration due to the rapid development of viral resistance to the drug. Subsequently the use of two drugs (dual therapies) became the standard of care. Their antiretroviral effect was more pronounced and of a longer duration, but regrettably viral resistance once again limited the therapeutic effects. Following the International AIDS Conference in Vancouver in 1996 triple combination therapies (HAART) were endorsed and proved to be effective in the majority of patients treated, as evidenced by profound and durable suppression of viral loads and an impressive rise in CD4 counts.

It is only now, 5 years later, that clinicians who treat HIV are encountering some of the long-term side-effects and toxicities associated with these therapies. The proceedings of a workshop examining the metabolic disturbances associated with certain of the therapies is highlighted in this issue of the *Journal*. Flowing from this workshop it was evident that there is a clear need to formulate guidelines for monitoring drug-associated metabolic disturbances in our populations. There may be distinct differences in the frequency and patterns of these disturbances. The intriguing question of structured treatment interruptions (STI) is reviewed by Sanne and colleagues and may represent one strategy to minimise these toxicities.



The issue of post-exposure prophylaxis following sexual assault is addressed by Charlene Smith and the experiences in a rape crisis centre are described by Dr Wulfson. The insights provided by these contributions are invaluable to our clinicians, many of whom have expressed their inadequacy when having to deal with this medical emergency. The Sunninghill Hospital protocol will go a long way towards helping in this regard.

The Clinicians Society would urge the State to consider providing post-exposure prophylaxis to survivors of sexual assault at no charge. This will help to allay the tremendous emotional devastation and fear of acquiring disease that these individuals live through.

## DES MARTIN

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