## editorials

## Is saliva another means of HIV transmission?

Although numerous epidemiologic studies have failed to show the spread of the human immunodeficiency virus (HIV) through casual contact, significant concern remains regarding the possible oral transmission of HIV through saliva. The dental profession has had a particular interest in this potential route of transmission. Yet, physicians, especially those of us in anesthesiology and otolaryngology, share similar concerns. The public-at-large has also been confused by early conflicting reports regarding the possible transmission of an HIVinfected person's saliva.

A study by Charles Barr, DDS, director, Department of Dental Medicine at Beth Israel Hospital (New York), appears in the February issue of the Journal of the American Dental Association. In that study, Dr Barr and colleagues investigated the potential of the HIV's being transmitted via saliva. The researchers collected blood and whole saliva samples simultaneously at 4-month intervals for 12 months. The samples were taken from 75 HIVpositive bisexual and homosexual men. Of the 218 serum sample cultures taken, 82 (38%) were positive. However, only 2 (<1%) of the 218 saliva cultures were positive. The findings of this first longitudinal study of the possible transmission of HIV through saliva are consistent with earlier studies examining the same potential link.

Assuring as this latest finding may be, the need for universal precautions remains everpresent. The potential for bleeding from the oral cavity during examination, surgery, and intubation cannot be overlooked.

With that in mind, this issue of the JAOA focuses on various aspects of the HIV epidemic and how it affects today's practicing physicians. Specifically, the diagnostic angle is covered in an article beginning on page 485 that examines the current HIV screening and testing methods, including their limitations. The HIV Dialogues and Management series continues, providing us physicians with guidelines for HIV testing in our practices. Finally, do patients have the right to know the HIV-status of their physicians and dentists? What about the rights of HIV-infected healthcare personnel? Should they be allowed to continue practicing medicine? The legal-and ethical-aspects of this complex issue are presented for your perusal, beginning on page 477.

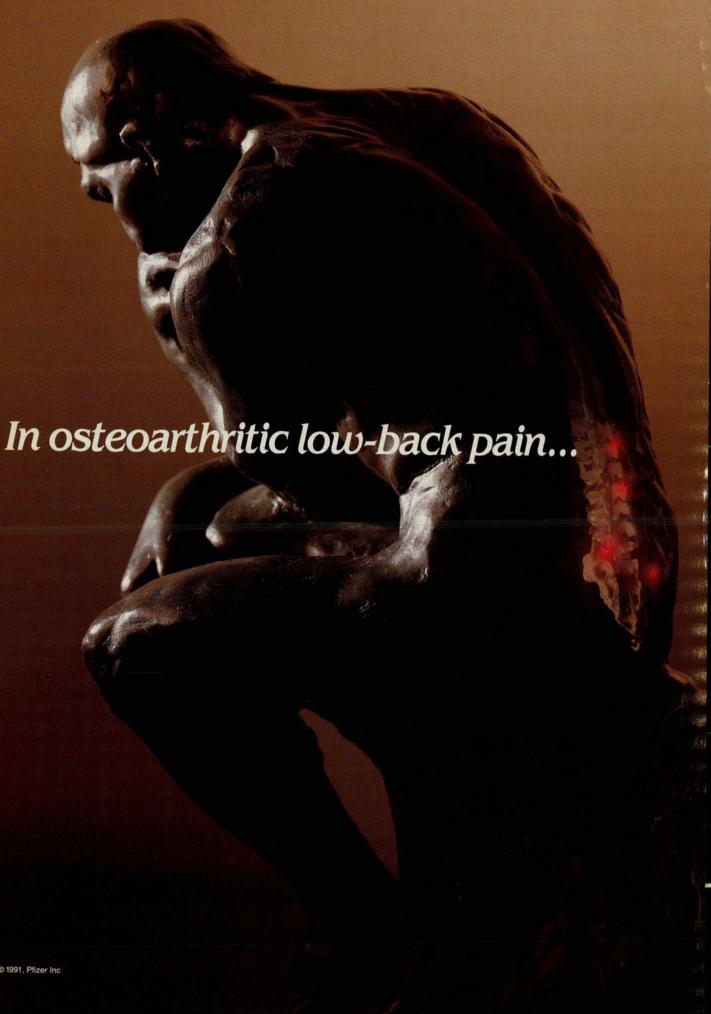
As we enter the second decade of the HIV epidemic, much has been learned about this virus, but with new knowledge comes more questions. With your input, the JAOA will continue to play an important role in asking and, whenever possible, answering these questions.

> THOMAS WESLEY ALLEN, DO Editor in Chief

## 'Ad Diction Ary' enhances physician/patient communication

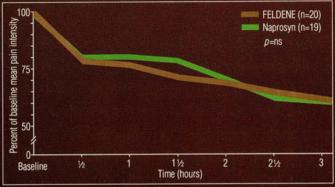
The list of street drug-related terms compiled by Tyler Childs Cymet, DO, which appears in this issue of the JAOA, beginning on page 433, is impressive. After working in the field of chemical dependency for the past 9 years, I found it to be very accurate.

Dr Cymet's interest in culture dates back to his undergraduate training in anthropology. During his internship at Chicago Osteopathic Hospitals and Medical Centers, he found himself immersed in a culture for which medical school had not prepared him. Anthropology gave him a better background to deal with persons whose lives are dominated by the use of illegal drugs. Dr Cymet could not understand their language and when these patients wound (continued on page 421)



# Arthritis relief, fast and sure with once-daily Feldene® (piroxicam)

FELDENE provides rapid relief of low-back pain secondary to osteoarthritis<sup>1,2</sup>



(Adapted from Curd et al1; data on file.2)

p=ns for differences between treatment groups.

All values for both treatment groups represent statistically significant reductions of pain from baseline.

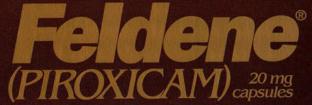
In an open-label, single-blind (to investigator), parallel, 4-week study, 39 evaluable patients with known lumbosacral osteoarthritis experiencing a flare in disease activity were treated with either FELDENE 20 mg qd or Naprosyn 500 mg bid. 1.2

Patients were asked to record pain intensity in a diary at half-hour intervals for 3 hours on the first day of study medication. Pain intensity was rated on a categorical scale from 1 to 4 (1=little, 2=somewhat, 3=a lot, 4=a great deal). Similar findings were obtained from a linear visual analog scale and a categorical pain-relief scale.<sup>1,2</sup>

## FELDENE was well tolerated1.2

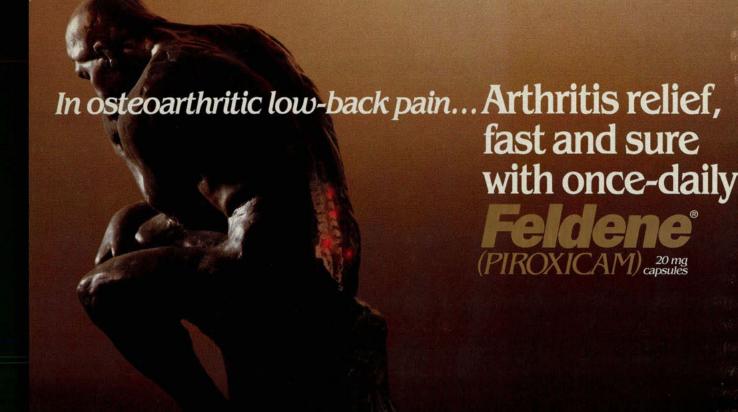
As with other NSAIDs, GI-related side effects may occur in some patients; these include ulceration, bleeding, and perforation.

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Fast-acting, well-tolerated arthritis therapy

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up in the emergency room or clinic, he had difficulty communicating with them. He literally began collecting these terms on index cards. And what began as a necessary exercise became a revealing look at a subculture that we physicians will find ourselves encountering more frequently, whether we practice medicine in big cities or small towns.

This glossary represents an important part of the physician/patient relationship: the ability to communicate. I believe a prime opportunity to identify possible chemical experiences exists during the patient's initial visit. Educating our students, interns, and housestaff to perform a comprehensive history—including a chemical history—and physical examination is most important.

We should continue to exercise this practice throughout our medical careers. Taking a thorough patient history and performing a thorough physical examination can not only uncover chemical abuse but may also help us to identify other high-risk behaviors concerning sexuality (including the potential risk for exposure to the human immunodeficiency virus) and domestic violence.

All of these sociomedical issues are difficult to discuss. Nonetheless, for us physicians to became more comfortable with the topic of chemical abuse paves the way for us to address other similarly difficult issues with our patients. This communication serves as the foundation in any physician/patient relationship. As such, I applaud Dr Cymet's contribution to the osteopathic medical literature and to patient care in general.

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## Plan to attend the 1992 American Academy of Osteopathy International Symposium

We encourage all DOs, PhDs, and students in the osteopathic medical profession to attend the international symposium, "Nociception and the Neuroendocine-Immune Connection," to be held in Cincinnati, Ohio, from June 19 through the 21, 1992. How manipulative treatment can affect the consequences of nociceptive inputs is just one of the topics of particular interest to be covered.

This meeting is the second in a series. Several years ago, the American Academy of Osteopathy decided to sponsor a series of major educational events. The purpose of these symposia is to draw together the best of the world's researchers to discuss topics of particular interest to the osteopathic medical profession. The information presented by the researchers and discussed by participants from the osteopathic medical profession is to be used to further the understanding of the clinical experience of the profession, and to generate further theory and understanding of the unique aspects of osteopathic medicine.

At the first of these symposia, held in June 1989, ten internationally known scientists discussed their data on viscerosomatic and somatovisceral reflexes. They examined the clinical experiences and insights from the osteopathic medical profession in light of the accumulated data from the most active and renowned laboratories in the world.

This year's symposium will bring together 12 of the most renowned scientists in the field studying the effects of nociception on physiologic and psychological function, and the interrelationships between nociceptive inputs and immune function. An equal number of scientists and practitioners from the osteopathic medical profession will discuss the informa-