
Interview: Dr. Renée Malouf

Changes are subtle in early HIV stages

Garance Upham Phau interviewed Dr. Renée Malouf, a neurologist at Harlem Hospital in New York City, during the Fifth International AIDS Conference in Montreal. The interview is reprinted courtesy of the Paris-based journal on AIDS research, SIDA—Médecine Sentinelle.

Q: Tell me about your neurological findings and the dispute around the neurological aspects of HIV infection.

Malouf: I am involved in two aspects of the HIV research project; one involves pediatric cases, the other adult cases. Pediatric cases come from the neonatal group, up to at least 10 years of age, some are HIV positive from the beginning, 2 out of 120 have seroreverted to HIV negative, the main group is HIV positive. Approximately 75% are HIV positive in the pediatric group. The neurologic findings we see are developmental delays, and in some cases there is a complex of complicating positive neurologic findings, in addition to congenital syphilis involving the mother. There are multiple factors complicating the neurological findings in HIV positive children. Most studies report at least a 45-60% incidence of neurological findings in children.

There is one series reported from New York City, I believe from the Bronx, where they find no neurological findings at present. We are not certain this is correct.

Among the adults, those that are HIV positive and asymptomatic are all being studied for subtle cognitive findings. Among the IVDU [intravenous drug-using] HIV positive asymptomatic individuals, we are finding a number of neurological cognitive deficits. The incidence of neurological findings is less in the HIV positive asymptomatic homosexuals. We don't know if this is related to the drug use, of material which provides antigenic stimulus, or just to IV drug use with overdoses complicating the clinical picture.

In the current Psychiatric Institute findings, in the project funded by the federal government, we see a lot of drug users who have significant trauma that may be complicating the incidence of neurological findings.

Q: Do you find also those neurological findings among non-drug-using asymptomatic HIV positive individuals?

Malouf: Not as prevalent. We find them more among IVDU. The prevalence among non-drug users is 40-50%, in contrast to 80-90% among IVDU.

Q: And does it correlate with a deficit in lymphocyte count, or is it before that?

Malouf: It is before the T-cell ratio is lowered.

Q: This is crucial, because Luc Montagnier and Michael Asher proposed this new theory about the pathogenesis of AIDS, by stimulation of the immune system, but it completely left out the neurological findings.

Malouf: There is a subtlety to the viral attack which we have not fully appreciated.

Q: From the World Health Organization, we are told that there are no neurological symptoms until the person is into category III or IV. Yet, most neurologists I have come across agree with your findings and don't understand why there is such resistance against the experimentally verified notion of neurological symptoms before immunological deficit.

Malouf: Category III or IV really is a slightly more advanced staging by Walter Reed classification. Igor Grant from California has definitively demonstrated that when you do an intensive battery of testing, you bring out subtleties that are significant clinically, and we are seeing this in our prospective series at Harlem Hospital and even at the Psychiatric Institute in New York City.

Q: What about neurological findings at the first and second stages?

Malouf: There too, we see, in the early stages, subtleties that come through when the examination is properly performed by a strict protocol, such as we are using at Columbia Presbyterian Medical Center, in the Psychiatric Institute protocol. It takes anywhere from 30 to 45 minutes to an hour in the detailed examination, and we see in the early stages, in stage II Walter Reed classification, definite signs of cognitive changes, including mild brainstem findings that can be elicited, and by ataxia and cerebellar functions where you see unsustained rhythmic movements of the eyes signifying either drug effect or brainstem dysfunction. These are early findings in brainstem dysfunction and we see it almost regularly among these so-called asymptomatic patients. We see that at least one-third of AIDS patients present with neurologic symptoms as their initial manifestation. This is documented again and again. The opportunistic infection, the immunologic defenses that are destroyed, are relatively fewer in comparison. We know the virus has a neurotropic tendency, that it attacks the brain very, very early. There are different aspects of the HIV encephalopathy.

What we generally see is the well patient developing a headache syndrome, a little malaise, they feel they are not concentrating well. They do well for maybe six months to a year, and then they begin to slow down intellectually, cognitively, and they notice this. This we see in drug users as well as in gay individuals, when you get a good history from them, and they are willing to talk. I would say that neurological signs are very early signs.