Two Drugs at Once for Malaria.

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The following is based on an article in Reuters Health News, June 4, 1999. Due to worries about drug-resistant strains of the malaria parasite, patients with malaria should be treated with a two-drug combination, an international group of malaria experts advises in the an article entitled “Averting a Malaria Disaster” in the June 5th issue of The Lancet 1999;353: 1965-1967.

“To treat tuberculosis or AIDS with a single drug is no longer regarded as ethical. We believe the same principle should apply to the treatment of malaria,” writes Dr. P. Olliaro of the World Health Organization and colleagues. The experts warn that a “health calamity looms within the next few years” unless the spread of malaria strains resistant to current antimalarial agents can be significantly curtailed.

They recommend using two antimalarial agents with independent modes of action right from the start to slow the evolution of resistance. “Compared with sequential use of single drugs, which is current policy, combinations will impede the development of resistance substantially.” They recommend chloroquine or pyrimethamine-sulphadoxine (PSD) coupled with artemisinin or an artemisinin derivative as first-line therapy.

“Artemisinin and its derivatives are remarkably well tolerated and, to date, no significant resistance has been reported either in clinical isolates or in laboratory experiments.” A two drug combination containing artemisinin “could buy 5 or 10 years’ extra life for the available affordable antimalarial drugs,” and permits time for the research community to develop new antimalarial agents. Olliaro and colleagues conclude that “time is running out,” especially in many parts of Africa, where chloroquine-resistant malaria strains are now common.

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