FROM THE EDITOR

The editorial staff of the *Southern African Journal of HIV Medicine* would like to take this opportunity to congratulate Dr Francois Venter on his election as President of the Southern African HIV Clinicians Society. I am sure that under Francois' vigorous leadership the Society will continue to expand and become even more significant in the field of HIV medicine on our continent. Francois is an experienced clinician in the field and is currently working in the public sector. He thus provides a bridge between the public sector and the private sector and would be an important catalyst in developing and promoting public-private sector partnerships.

This issue of the journal provides clinicians with two important guidelines in the field of antiretroviral (ARV) therapies, namely the issue of nucleoside reverse transcriptase inhibitor (NRTI)-associated lactic acidosis and ARV drug resistance. Ironically the former is associated in most instances with our extremely adherent patients and the latter with our least adherent patients. Stavudine, which at the present time is included as a first-line drug in most regimens in the developing world, is included for very good reasons: it is effective, inexpensive and easy to take. Regrettably, however, it has been linked to a number of conditions associated with mitochondrial toxicities, lipoatrophy, peripheral neuropathy and lactic acidosis to name but a few. The time has come when this drug needs to be replaced in regimens in the developing world. We eagerly await the registration of tenofovir in South Africa, which will go a long way towards alleviating the distressing side-effects of stavudine. Until this happens clinicians need to have a heightened awareness of lactic acidosis and institute appropriate laboratory monitoring and prompt management in order to avoid the not insignificant morbidity and mortality associated with the condition.

Resistance of HIV to ARV therapies is an issue in both the developed and developing world. The difference between these situations, however, is that in the developed world there are many more options with regard to both testing and sequencing of therapy. In the developing world, where options for drug therapies are limited, the clinicians' guide published in this issue will provide immeasurable support for the treating doctor.

DES MARTIN
Editor