What can be done? Writing in the *Journal of Chronic Fatigue Syndrome,* Leonard A. Jason, a clinical psychologist from DePaul University, concludes that mental health professionals should work closely with physicians in assessing and treating patients with CFIDS. "Physicians who recommend psychotherapy in the absence of other medical recommendations may be unwittingly contributing to a resulting overemphasis on psychiatric interpretations and minimization of symptom severity and disability by mental health providers … . [F]uture research and practice should focus upon educating mental health trainees and clinicians working in rehabilitation-oriented settings about the complex nature of chronic fatigue syndrome … ."[6] Jason is currently principal investigator of a promising study at DePaul combining medical care and one-on-one therapy.[7]

Fero agrees, noting that a systemic disorder such as CFIDS requires a "multidisciplinary, holistic approach accompanied by medical intervention and treatment of some symptoms, and not the other way around." Being told that a disabling illness began with "destructive thought patterns" helps no one. Given the slim chance of the government freeing up funding for CFIDS research any time soon, the most constructive approach may be to broaden awareness that CFS is not about fatigue, but is a disabling, neurological illness that people struggle to live with every day.

Leah Thayer is editor of the Network News. *For more information on CFIDS, contact the CFIDS Association of America (*www.cfids.org; *704-365-2343). The Network's Information Clearinghouse also produces an information packet on CFIDS ($8 for Network members; $10 for non-members). To order, call the Clearinghouse at 202-628-7814.*

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Network Joins Call for Removal of Spermicide from Condoms

The Network and other health organizations have helped persuade condom and lubricant manufacturers to stop making their products with nonoxyonol-9 (N-9), a spermicide that has been shown to increase the risk of transmitting HIV in anal sex and in high-frequency vaginal sex (e.g. multiple acts of intercourse per day). All major lubricant makers and at least three condom makers, including Planned Parenthood, Johnson & Johnson's Brazilian condom-producing subsidiary, and Mayer Laboratories—have discontinued use of N-9. However, the top three condom manufacturers—Ansell Ltd. (maker of Lifestyles condoms), Church & Dwight Company (maker of Trojan), and SSL International PLC (parent company of Durex)—have not. Condoms containing N-9, the only kind of spermicide used in condoms and lubricants domestically, account for a significant share of the $4 billion global condom market.

Used as a contraceptive for more than 50 years, N-9 began appearing in condoms and lubricants in the mid-1980s, when laboratory studies indicated it might be effective in preventing transmission of some sexually transmitted diseases (STDs), including HIV. But after a series of studies reached contradictory findings, scientists have concluded that N-9 doesn't protect against STDs or HIV. In fact, it increases risk of infection when used rectally and may increase the risk in high-frequency vaginal sex.

N-9 increases susceptibility to infection by irritating the cell lining of the rectum and vagina, causing heavy sloughing or peeling. This is particularly problematic in anal sex, as only one layer of cells—the first line of defense against infection—covers the rectum. While the risks of anal sex are most commonly discussed in the context of men having sex with men, studies estimate that between six and 13 percent of U.S. women engaged in anal sex within the last year. The risks posed by N-9 in vaginal sex are different because the vaginal wall is approximately 40 cells thick, but even vaginal use of N-9 can be damaging, especially if a woman is having sex several times daily. In one study cited above, women who used an N-9 spermicide had more genital lesions and higher rates of HIV than women using the placebo.

In September 2002, the Global Campaign for Microbicides led a coalition of more than 85 scientists and health organizations (including the Network) that called upon condom and lubricant manufacturers to voluntarily remove N-9 from products that are frequently used in anal sex. The Campaign did not call for removing N-9 from contraceptive products designed exclusively for vaginal use, such as diaphragm jelly and contraceptive foams and creams, since the effect in the vagina is different and because these products "remain an important contraceptive option for women who are at low risk of HIV infection or other STDs."

The Campaign also is calling for accelerated research into microbicides, products that could be used vaginally and rectally to help prevent HIV. To track this evolving issue, go to *www.global-campaign.org.*