

CARDIOVASCULAR NEWS



1. Lipitor® can aid in the reduction of heart attacks

According to data presented at the annual American College of Cardiology meeting, Pfizer Inc. announced that using Lipitor® (atorvastatin calcium) to lower cholesterol is not only safe and efficient, but can also reduce the chance of a fatal heart attack. Patients on Lipitor experienced 47% fewer non-fatal heart attacks, as well as fewer cardiac deaths, heart attacks, stroke, and hospitalizations for unstable angina, compared to patients under usual care.

About 105 million people in the U.S. and 8.3 million Canadians have high cholesterol, a risk factor for heart disease. The National Cholesterol Education Program and the Canadian Working Group on

Hypercholesterolemia and Dyslipidemias issued guidelines encouraging physicians to treat patients with high cholesterol aggressively. "Physicians can continue to not only feel confident in prescribing Lipitor, but also in using Lipitor more aggressively in their treatment regimen to get patients to the recommended goal levels," said Dr. Joseph Feczko, Pfizer's executive vice-president of global research and development and president of worldwide development. Ninety-seven per cent of patients who used Lipitor attained the recommended cholesterol levels.

Significant Reduction in Heart Attacks Shown in Patients Taking Pfizer's Lipitor®. New Orleans (Louisiana, USA). March 11, 2004.

2. Large study shows Zetia® significantly reduces LDL-C

A large community-based clinical trial with 3,030 patients showed that using Zetia® (ezetimibe) (Ezetrol® in Canada) with statin therapy significantly reduced low-density lipoprotein cholesterol (LDL-C). LDL-C was reduced by an additional 26% with Zetia compared to an added 3% reduction with continuation of a stable dose of statin monotherapy.

"These results confirm the LDL-C-lowering efficacy of adding Zetia to a statin, which offers physicians another option to help patients reach their LDL-C goals through dual inhibition of two sources of cholesterol: production in the liver and absorption in the intestine," said Dr. Thomas A. Pearson, Albert D.

Kaiser professor and chair, department of community and preventative medicine at the University of Rochester Medical School.

However, effects on cardiovascular morbidity and mortality from Zetia have not been established. Zetia should not be used in patients with hepatic insufficiency or in patients who are pregnant or nursing. The most frequent complaints reported were back pain, arthralgia, and abdominal pain.

Adding Zetia to Statin Therapy Produced Significant Reductions in LDL-Cholesterol in Community-Based Trial of More Than 3,000 Patients. New Orleans (Louisiana, USA). March 10, 2004.

3. Lovenox® is an effective alternative, according to study

A study involving 10,000 patients worldwide, 1,616 of whom were Canadian, showed that Lovenox® (enoxaparin sodium), a low-molecular-weight heparin (LMWH), is an effective alternative to standard heparin in high-risk heart disease patients who undergo early invasive intervention. Those who stayed on Lovenox had an 18% risk reduction in mortality and myocardial infarction (MI) at 30 days compared to heparin users. Both heparin and LMWH are used in the prevention of blood clotting in patients with unstable angina and non-Q-wave MI.

Previous studies have also proved the effectiveness of

Lovenox in reducing mortality and non-fatal cardiac events.

First approved in Canada in 1993, Lovenox is used worldwide. It is approved for the treatment of deep vein thrombosis with or without pulmonary embolism, unstable angina and non-Q-wave MI (with acetylsalicylic acid). It can also be used to prevent thromboembolic disorders in patients undergoing certain types of surgery.

Landmark Trial Confirms Benefits of Treatment For High-risk Heart Disease Patients. Laval (Quebec). March 9, 2004.

4. Atacand® shows positive results for patients with heart failure

New data from the CHARM (Candesartan in Heart failure Assessment of Reduction in Mortality and morbidity) showed that Atacand® (candesartan cilexetil), an angiotensin II receptor blocker, improves symptoms and functional ability in patients with chronic heart failure. Previously published studies have already shown that Atacand reduces cardiovascular death or hospital admissions for heart failure by 16% compared to placebo. It is approved for the treatment of hypertension, but not for heart failure.

“Improving patients’ symptoms is one of the most important goals in treating chronic heart failure,” said John McMurray, professor of medical cardiology at

the University of Glasgow and the study’s lead investigator. About 5 million Americans are living with heart failure. More than half a million people are diagnosed every year. “The CHARM clinical trial program analyses are proving valuable not only in terms of establishing the potential benefits of candesartan in a wide range of patients, but also in furthering our general understanding in chronic heart failure and its treatments,” adds McMurray. *PCAd*

New Data Showed Results of AstraZeneca’s Atacand® in Broad Spectrum of Patients with Chronic Heart Failure. Wilmington (Delaware, USA). March 9, 2004.