

CARDIOVASCULAR NEWS



Clopidogrel highly cost-effective to Canadian health-care setting

An important pharmacoeconomic study has demonstrated that, from a Canadian perspective, short- and long-term treatment therapy with Plavix® (clopidogrel) to reduce the risk of major atherothrombotic events is highly cost-effective. This trial compared the use of clopidogrel plus acetylsalicylic acid (ASA) to ASA alone in the prevention of recurrent atherothrombotic events in patients with acute coronary syndrome (ACS) or undergoing percutaneous intervention (PCI).

The Clopidogrel in Unstable angina
Recurrent Events (CURE)
intervention-CURE
eff

was less than \$4,000, well under the \$20,000 acceptability threshold.

Long-term use of clopidogrel in patients with ACS or undergoing PCI is highly cost-effective in the Canadian health-care setting. The results also show that long-term clopidogrel use is cost-effective compared to other cardiovascular therapies that are commonly used in Canada.

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5 million Canadians mark World Hypertension Day

On May 10, the Honourable Ujjal Dosanjh, Minister of Health, attended the World Hypertension Day Blood Pressure Measurement Clinic on Parliament Hill. Minister Dosanjh joined health-care professionals, researchers and voluntary and industry representatives to promote knowledge and awareness of high blood pressure (hypertension).

“In Canada, there are approximately five million Canadians living with high blood pressure, but it is estimated that more than 40% of them are not aware of their condition,” said Minister Dosanjh. “Public education and patient education are critical to improve awareness of hypertension and to empower the public to take action.”

National Hypertension Societies around the world promoted awareness of hypertension in their respective countries as part of World Hypertension Day (May 14). In Canada, the Canadian Hypertension Society, the Institute of Circulatory and Respiratory Health of the Canadian Institutes of Health Research, the Heart and Stroke Foundation of Canada, Blood Pressure Canada, the Quebec Hypertension Society and the Public Health Agency joined forces to support this initiative.

5 Million Canadians affected—Minister Dosanjh attends blood pressure clinic event to mark World Hypertension Day. Press Release. Ottawa, Ontario. May 10, 2005.

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Study shows heart attack/stroke benefit from intensive cholesterol-lowering

New clinical data shows that intensive cholesterol-lowering to targets below currently recommended levels significantly reduces the risk of heart attack and stroke for people with diabetes and heart disease. In the Treating to New Targets study, people with diabetes treated with 80 mg of atorvastatin (Lipitor®) to cholesterol levels below those previously recommended experienced a 25% reduction of major cardiovascular events (including death from coronary heart disease, non-fatal heart attacks, resuscitated cardiac arrest and fatal or non-fatal strokes) compared to patients treated with 10 mg of atorvastatin.

“People with diabetes are at an even higher risk of having a heart attack or stroke than people who do not have diabetes,” says Donna Lillie, Vice President, Research and Professional Education, Canadian Diabetes Association. “These results are additional evidence that aggressive lowering of cholesterol levels is an important factor in the prevention of heart attack and stroke for people with diabetes.”

Landmark study shows Canadians with diabetes and heart disease benefit from intensive cholesterol-lowering. Press Release. Toronto, Ontario, June 13, 2005.

ATACAND® approved in Canada for treatment of heart failure

Health Canada has approved ATACAND® (candesartan cilexetil) for the treatment of New York Heart Association Class II and III heart failure with an ejection fraction of $\leq 40\%$ in addition to standard therapy, with or without an angiotensin-converting enzyme inhibitor (ACEI). ATACAND®, a well-established anti-hypertensive treatment, is the only angiotensin receptor blocker in Canada to be indicated for the treatment of heart failure and hypertension.

The new indication is supported by the positive results of two trials belonging to the Candesartan in Heart failure-Assessment of Reduction in Mortality

and morbidity (CHARM) program—CHARM Added and CHARM-Alternative. CHARM Added combined ATACAND® with standard therapy, including ACEI, while CHARM-Alternative used ATACAND® to treat patients who could not tolerate ACEI. Both studies showed a significant reduction in cardiovascular deaths or heart failure hospitalizations; 15% and 23%, respectively.

ATACAND® is the only angiotensin receptor blocker in Canada approved for the treatment of heart failure. Press Release. Toronto, Ontario, June 20, 2005.

Data shows Micardis® provides superior BP control in early a.m.

Results of the Prospective, Randomized Investigation of the Safety and efficacy of Micardis® using ABPM (PRISMA) I and II trials, presented at the European Society of Hypertension Annual Meeting, show Micardis® (telmisartan) provides superior blood pressure (BP) lowering in the early morning, when BP is known to surge. This surge is caused by the body's 24-hour biological clock and corresponds with a sharp increase in the rate of acute myocardial infarction (40%) and strokes (50%) between six a.m. and noon.

Previous studies have shown that even a small decrease in BP can produce a significant reduction in heart-related deaths. It is estimated that over half of hypertensive patients with apparently well-controlled BP are currently not well-controlled in the morning hours. The results of PRISMA I and II support previous data showing Micardis® is consistently superior to many other commonly prescribed anti-hypertensives in the early morning hours.

Patients with uncontrolled blood pressure in the early morning hours at significantly higher risk for MI and stroke: New data shows MICARDIS provides superior blood pressure control to ramipril in the early morning hours. Press Release. Toronto, Ontario, June 21, 2005.

Studies presented on Merck's investigational drug for Type 2 diabetes

Results from three recent Phase II studies announced that sitagliptin phosphate (MK-0431), Merck's investigational medicine in a potentially new class of agents for the treatment of diabetes (dipeptidyl peptidase IV inhibitors), significantly improved glycemic control in patients with Type 2 diabetes compared to placebo. In addition, sitagliptin was generally well-tolerated, with overall adverse events similar to placebo.

After 12 weeks, treatment with sitagliptin led to a significant mean reduction in A1C from baseline as compared to placebo, with an average reduction of 0.6% observed in the sitagliptin, 100 mg, once daily group, of which the majority of patients had mild to moderate hyperglycemia.

"Results from the studies conducted to date are very interesting," said John M. Amatruda, MD, Vice-President of Metabolism/Clinical and Quantitative Sciences at Merck & Co., Inc. "These studies demonstrate proof of concept for sitagliptin in short-term clinical studies. Longer term-trials, such as those now underway in Phase III, should provide greater insight into the efficacy, the ability to maintain glycemic control over a longer period of time and the tolerability profile of sitagliptin." *PCard*

Results of short-term Phase II studies of sitagliptin (MK-.0431), Merck's investigational treatment for Type 2 diabetes, presented at ADA. Press Release. San Diego, California, June 11, 2005.