



CARDIOVASCULAR NEWS

Blood clot buster drug studied for treatment of acute ischemic stroke

Forest Laboratories Inc. recently announced the initiation of a Phase IIb/III study of desmoteplase, an investigational novel plasminogen activator for the treatment of acute ischemic stroke. In the U.S., acute ischemic stroke affects over 600,000 patients annually.

The DIAS2 (Desmoteplase In Acute ischemic Stroke) study will be a multicentre, multinational, randomized, parallel-design, dose-ranging study of more than 150 patients to confirm the results of earlier Phase II studies. These earlier studies demonstrated the potential of desmoteplase to treat acute ischemic stroke

patients up to nine hours after the onset of stroke symptoms, three times longer than the currently available treatment allows.

“Preserving brain function and restoring quality of life in patients after acute ischemic stroke is the goal of effective stroke treatment,” said Dr. Anthony Furlan, medical director, Cleveland Clinic Foundation and primary investigator of the DIAS2 study.

Forest Laboratories starts confirmatory study of desmoteplase, a novel investigational treatment for acute ischemic stroke. New York, (NY). February 9, 2005.

New bedside tool gauges mortality risk in heart failure patients

Researchers at UCLA have developed a new evaluation tool that can predict mortality risk in patients hospitalized with heart failure. The new tool, used right at the bedside upon hospital admission, will help clinicians quickly decide which patients have a higher mortality risk and, therefore, may require more monitoring and earlier, more intensive intervention.

The new tool uses the combination of three simple measures obtained through laboratory blood tests and by measuring vital signs. Researchers evaluated 39 possible factors as survival indicators upon

hospital admission and found the best single predictor for mortality was a high blood urea nitrogen level (> 43 mg/dL), followed by a low systolic blood pressure (> 115 mmHg) and a high serum creatinine (> 2.75 mg/dL)

“This validated risk tree provides clinicians with a practical, easy tool to use at the bedside,” said Dr. Gregg C. Fonarow, lead study author. “We were surprised that the risk tool using only three variables was able to dramatically distinguish between low-, intermediate- and high-risk heart failure patients.”

New bedside tool gauges mortality risk in heart failure patients. UCLA, (CA). February 1, 2005.