

# Medical Briefs

*An abridged look at current events in and around the health-care industry*

## Hope for Stroke Patients

Results of a study published in the *New England Journal of Medicine* confirms that Botox® (botulinum toxin type A), safely and effectively decreases the disfiguring and debilitating effects of focal muscle spasticity in stroke patients.

The study is the first-placebo-controlled, multi-centre trial to assess the benefit of one-time injections of botulinum toxin type A. One hundred and twenty-six volunteers enrolled in the 12-week study. All had some degree of spasticity in their wrist or fingers after a stroke.

The volunteers were randomized to either a placebo group or a group receiving one-time injections of Botox. Improvements in wrist- and finger-flexors were observed in the majority of patients one week after the injection. The improvement was sustained at the 12-week followup. Participants also showed no adverse reactions to the injections.

Botox is a toxin that temporarily weakens a muscle when injected into the muscle. It works by blocking the signal of a neurotransmitter called acetylcholine which is responsible for telling the brain to contract muscles.

*Botox® Reduces Disfigurement, Pain and Disability in Stroke Patients.* Press Release, Toronto, Ontario, August 8, 2002.



## Making Daily Tasks Easier for Arthritis Patients

Health Canada has approved Kineret®, a drug that mimicks the body's natural way of blocking the action of proteins leading to joint inflammation and damage. An excess of one of these proteins, Interleukin-1 (IL-1) contributes to pain, swelling, stiffness and joint destruction associated with rheumatoid arthritis (RA).

In four placebo-controlled trials involving more than 2,600 patients, Kineret, in combination with other disease-modifying anti-rheumatic drugs, inhibited the action of IL-1. Alone and in combination with other therapies, Kineret improved the signs and symptoms of RA.

Clinical responses included a decrease in inflammation and pain in the first four weeks of treatment; most improvements were seen by the 12th week. Patients treated with the drug also showed a significant reduction of bone and cartilage destruction as early as 24 weeks, with even more benefit by week 48.

*Smart Arthritis Drug Makes Daily Functioning Easier for Patients.* Press release, Toronto, Ontario, June 26, 2002.

## The Guide for Sexual Dysfunction

In an effort to improve the way the media educates the public about sexual dysfunctions, Eli Lilly Canada Inc. and Icos Corporation have released the Sexual Dysfunction Reference Guide.

The purpose of the guide is to provide the media with all the facts when reporting on this subject matter. The guide includes comprehensive background information and the latest facts and statistics, as well as visuals to complement media stories.

Apart from providing factual information on dysfunctions in both men and women, the guide discusses current treatments, taboos and beliefs, and provides a glossary of terms and a list of Canadian experts in the field.

The Sexual Dysfunction Reference Guide will be updated annually and will soon be available online at [www.lilly.ca](http://www.lilly.ca).

*Sexual Dysfunction Reference Guide.* Press Release, Toronto, Ontario, August 5, 2002.



## Largest Heartburn Trial Shows Relief from Reflux

Results from one of the largest patient-evaluation programs ever undertaken in Canada showed the majority of patients reported symptoms of gastroesophageal reflux disease, including persistent heartburn, greatly improved within one week of initiating treatment with Pantoloc® (pantoprazole). Pantoloc is one of a class of drugs called proton pump inhibitors (PPIs). The results appeared in the July 2002 issue of the *Canadian Journal of Gastroenterology*.

The multi-centre, year-long patient evaluation program involved 2,273 patients with upper gastrointestinal tract (GI) symptoms. Patients were required to assess the presence and severity of eight GI-related symptoms in a daily diary and, once the program began, track their symptomatic response to treatment.

Analyses of the study revealed that the reduction in severity score from baseline after one week greatly improved for all symptoms, including daytime and nighttime heartburn.

*One of the Largest Patient Evaluation Programs Ever Undertaken in Canada: Majority of Patients Show Rapid Relief from Reflux.* Press release, Toronto Ontario, July 30, 2002

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## New Therapy for Benign Prostatic Hyperplasia

Health Canada has approved Xatral<sup>®</sup>, a sustained-release once-daily formulation of alfuzosin to treat benign prostatic hyperplasia (BPH). BPH affects 25% of Canadian men over the age of 40 and 80% of men over the age of 80.

The once-daily formulation uses a sustained-release, oral delivery system eliminating the need for a gradual increase in the drug dosage.

In three large double-blind, placebo-controlled studies involving 955 patients, the incidence of ejaculatory disorders, often associated with other BPH products, was less than 1% with alfuzosin. Dr. Curtis Nickel, a urologist at the Kingston General Hospital and professor of urology at Queen's University in Kingston, Ontario, also reported that few vasodilatory adverse events were observed in the trials.

The drug also demonstrated a sound safety profile. A review of the published data shows that the drug was not influenced by age, hypertension or hypertensive medications.

*Canadian Urology Association Meeting Update: New Drug Approved to Treat Benign Prostatic Hyperplasia (BPH). Press Release, St. John's, Newfoundland, July 29, 2002.*

## New Data Results on Alzheimer's Disease Therapy

Newly published results from the first head-to-head study between Aricept<sup>®</sup> (donepezil) and Exelon<sup>®</sup> (rivastigmine) demonstrated that Aricept was better tolerated than Exelon in patients with mild-to-moderate Alzheimer's disease (AD).

The multinational, randomized, head-to-head, open-label study was designed to compare the tolerability, safety and ease of use of Aricept to Exelon in 111 patients with mild-to-moderate AD.

Dr. Serge Gauthier of the McGill Centre of Studies in Aging reported that although both agents improved cognition similarly, more patients in the donepezil group were able to remain on the maximum effective dose until their final visit in the study. "This is significant for patients ... because ease of use is important and facilitates Alzheimer patients remaining on therapy and experiencing maximum benefit over time," Dr. Gauthier explained.

Findings from this study are published in the July issue of the peer-reviewed journal, *International Journal of Clinical Practice*.

*In a Newly Published Study, More Alzheimer's Disease Patients Were Able to Benefit from Aricept Treatment than Exelon. Press Release, Kirkland, Quebec, August 6, 2002.*

## Anniversary for Once-a-Day Bladder Drug!

Ditropan® XL, the first once-a-day oral treatment for overactive bladder, is celebrating its one-year Canadian anniversary.

In June 2001, Canada's Therapeutic Products Directorate approved once-daily Ditropan XL controlled-release tablets for the treatment of overactive bladder. The drug uses a controlled-release formulation of oxybutynin combined with OROS® osmotic technology, a rate-controlled drug-delivery system. The usual starting dose of Ditropan XL is 5 mg once daily.

An estimated 1.9 million Canadians are affected by overactive bladder. Though the number of people experiencing incontinence will rise dramatically as the baby-boomer generation ages, cases of overactive bladder continue to be under-reported and under-diagnosed in Canada. A little more than half of patients seek medical attention and only half of these are prescribed medication.

*Overactive Bladder Keeps Almost 2 Million Canadians in the Bathroom.* Press Release, Montreal, Quebec, July 24, 2002.

## Drug Heralded to Fight Constipation in Women

More than four million Canadian women suffering from irritable bowel syndrome (IBS) have renewed hope since the approval of a new drug. Zelnorm® is the first and only product in a new class of therapies to treat the three major symptoms of constipation-predominant IBS (IBS-C): abdominal pain, bloating and constipation.

Zelnorm is a drug classified as a gastrointestinal serotonin receptor agonist (GI-SRA), which acts as a sensorimotor modulator to treat the multiple symptoms of IBS-C. It is the only drug available in Canada that treats the multiple symptoms of IBS-C.

The approval of the drug in Canada is based on results from clinical trials involving more than 2,600 patients. Almost 70% of patients treated with Zelnorm experienced overall symptom relief. Zelnorm is a 6 mg tablet, taken twice a day, one half-hour prior to morning and evening meals.

*Hope for Four Million Canadian Women: First Specific Treatment for Irritable Bowel Syndrome Now Available.* Press Release, Dorval, Quebec, July 24 2002.

