

Medical Briefs

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

This Month:

1. Quitting smoking
2. Epilepsy treatment
3. Prostate cancer
4. Strokes and the ACCESS trial

1. Help for Smokers

Experts at the World Health Conference on Tobacco or Health welcomed new data showing that the use of nicotine replacement therapy can help reduce the number of cigarettes smoked for people who are unable or not ready to quit. Eight out of 10 smokers are either unable or not ready to quit using the currently advocated strategy of complete and immediate cessation. The study, which analyzed 411 smokers who smoked an average 24 cigarettes per day, found that after two years, almost 10% of the subjects in the Nicorette® arm of the study had stopped smoking.

Implication: “These exciting and important new data build on the evidence already available and offer potential for an additional new treatment strategy in the battle against tobacco dependence,” commented professor Philip Tennesen, lead investigator at the Department of Pulmonary Medicine, Gentofte University Hospital, Denmark.

Smoking Reduction With Nicorette® Provides a New Strategy to Help Smokers Unable to Quit. Press Release, Helsinki, Finland, August 6, 2003.

2. A Novel Treatment for Epilepsy

Keppra® (levetiracetam), a novel second-generation antiepileptic drug, is now available in Canada. It has been approved by Health Canada as adjunctive therapy in the management of patients with epilepsy who are not satisfactorily controlled by conventional therapy.

Implication: “Despite the number of treatment options currently available, one in three people living with epilepsy don’t respond to conventional drug therapies,” said Dr. Patrick Cossette, neurologist in the epilepsy clinic, CHUM-Notre-Dame Hospital. “Keppra is a drug that will allow patients who are resistant to pharmacologic treatment to control their seizures.”

Keppra®, A Novel Antiepileptic Treatment Has Been Approved in Canada and is Now Available. Press Release, Montreal, Quebec, July 21, 2003.

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3. Cutting Down the Prevalence of Prostate Cancer

Results from the Prostate Cancer Prevention Trial have recently been published in *The New England Journal of Medicine*. The main objective of the study was to determine whether the administration of Proscar® (finasteride, 5 mg) could reduce the prevalence of prostate cancer over a seven-year period compared to placebo. Proscar showed an overall 25% risk reduction in prostate cancer. The reduced prevalence of prostate cancer in men taking Proscar was similar regardless of age, race, family history of prostate cancer, or prostate specific antigen (PSA) results. At the end of seven years, prostate cancer was detected in 803 of the 4,368 men in the Proscar group.

Implication: In Canada, Proscar is indicated for the treatment and control of benign prostatic hypertrophy (BPH) and for the prevention of urologic events to reduce the risk of acute urinary retention. The results of this study could lead to Proscar being approved for the reduction of prostate cancer risk in the near future.

Results From the Prostate Cancer Prevention Trial Published in *The New England Journal of Medicine*. Press Release, Montreal, Quebec, July 25, 2003.

4. ACCESS to New Data on Stroke Survival

In the Acute Candesartan Cilexetil Evaluation in Stroke Survivors (ACCESS) trial, Atacand® (candesartan cilexetil) reduced overall mortality and vascular events by 47.5% within one year following acute stroke in patients with elevated blood pressure. These data revealed the 12-month mortality was 2.9% for Atacand versus 7.2% for placebo, while the rate of vascular events post-stroke was nearly half with Atacand compared to placebo. The ACCESS study is the first of its kind to clearly show the benefit and safety of using an angiotensin receptor blocker or any anti-hypertensive in the acute stroke setting.

Implication: “The ACCESS trial has the potential to change the way we treat hypertension in stroke patients in the acute setting,” explained Dr. Ariane Mackey, neurologist at Enfant-Jesus Hospital in Quebec City and assistant professor at l’Université Laval. “ACCESS clearly shows early antihypertensive intervention with Atacand has a significant benefit in reducing vascular complications, including recurrent stroke and death.”

Early Intervention with Atacand® Improves Outcome for Patients With Acute Ischemic Stroke. Press Release, Toronto, Ontario, July 8, 2003.

In the July 2003 issue of The Canadian Journal of Diagnosis, Medical Briefs, page 88, the item entitled "New Antidepressant Lowers Sexual Dysfunction Rate" refers to the drug duloxetine as a selective serotonin reuptake inhibitor. It is, in fact, a serotonin norepinephrine reuptake inhibitor. We apologize to our readers.