

1. Health Canada approves Levitra™ for ED

Levitra™ (vardenafil hydrochloride) is the newest oral prescription medication approved by Health Canada to treat erectile dysfunction (ED). Clinical studies show that Levitra, co-developed and co-promoted by Bayer HealthCare and GlaxoSmithKline Inc., works to provide sexual satisfaction after first-time use in most men suffering from ED, and it is reliable afterwards as well. Since August 2003, more than half a million prescriptions have been made in the U.S. alone for the new, rapid, and reliable treatment. It is now approved in 69 countries. Studies of over 7,000 men, aged 18 to 89, were used to evaluate Levitra. In one study of more than 800 men with ED, 61% successfully completed intercourse after using Levitra a first time, with an 85% success rate in subsequent tries. Studies also showed that Levitra is effective in most men regardless of age or duration of ED. Generally, the drug was well-tolerated and safe.

How does it apply to your practice? Fifty per cent of men over the age of 40 suffer from ED. The condition affects 152 million men worldwide and 3 to 4 million Canadian men; however, only 12% of men around the world have sought treatment. “When I treat men for erection difficulties, what they really want is to return to the way they were,” said Dr. Serge Carrier, urologist and assistant professor at McGill University. “I have found that Levitra re-establishes feelings of confidence and intimacy, allowing men to reconnect with their partners.” One study showed that 47% of men preferred Levitra over other ED treatments.

Newly-Approved Levitra™ Provides a Satisfying Sexual Experience. Press Release. Montreal, Quebec, March 22, 2004.

2. Intestinal cholesterol absorption protein identified

Scientists at Schering-Plough Research Institute (SPRI) have identified and characterized a critical protein, NPC1L1, involved in the ezetimibe-sensitive cholesterol absorption pathway. This discovery is a major step towards understanding the intestinal pathway for cholesterol absorption and the mechanism of action of Ezetrol™ (ezetimibe).

How does it apply to your practice? The discovery of this protein's function has led to a significant advance in deciphering the cholesterol absorption pathway in the intestine. Two sources in the body in which cholesterol levels are controlled are the liver (cholesterol is produced) and the intestine (cholesterol is absorbed). “While research in the past few decades has contributed much to our understanding about the production of cholesterol in the liver, this finding represents an important new discovery which helps explain how the body regulates cholesterol absorption in the second critical pathway—the intestine,” said Dr. Marc-André Lavoie of the Montreal Heart Institute.

Findings in Science Advance Understanding of Intestinal Cholesterol Pathway and Action of Ezetrol™ (ezetimibe), a Cholesterol Absorption Inhibitor Complementary to Statin Therapy. Press Release. Kirkland, Quebec, March 10, 2004.

3. Meningitec™ is now available in Canada

Meningitec™, a vaccine that protects against bacteria causing meningitis C, was recently approved in Canada. This vaccine will allow children as young as two months to be protected from the leading forms of bacterial meningitis.

How does it apply to your practice? Meningitis C outbreaks occur every 10 to 15 years because of weakening immunity in the general population, and in newborns who are without immunity. Five per cent to 10% of viral cases result in death, even with early detection; 15% to 20% of survivors will suffer from neurologic damage. "Meningococcal and pneumococcal meningitis are now the two most common forms of bacterial meningitis among Canadian children. They can cause death or permanent disability," explained Dr. Ross Pennie, infectious disease specialist at McMaster University and Brantford General Hospital. "Thanks to routine immunization, a third type of bacterial meningitis has been nearly wiped out in Canada. Now we have safe, enhanced vaccines that will greatly reduce a child's risk of coming down with any of the three major causes of bacterial meningitis." Some side-effects included low-grade fever, increased crying, and irritability.

Meningitec™ Debuts to Combat Meningitis in Canada. Press Release. Montreal, Quebec, March 10, 2004.

4. Antibiotic Avelox® equals better cure for AECB

A recent study, which involved 733 patients from Europe, South America, and Australia, showed that sufferers from acute exacerbations of chronic bronchitis (AECB) had a better clinical cure and required less followup medications to treat AECB after taking a five-day course of Avelox® (moxifloxacin hydrochloride) compared to standard antibiotics. The study also revealed that patients using Avelox experienced more time between occurrences compared to patients who took standard antibiotics in a seven-day course. On the first try, 70.9% were successfully treated with Avelox compared to 62.8% with standard medication.

How does it apply to your practice? "For Canadians, the results of [this] study could mean that patients suffering with AECB would receive fewer antibiotics to alleviate their symptoms and will be symptom-free longer, when treated with Avelox," said Dr. Noël Lampron, respirologist at the Respiratory Centre at Laval Hospital. Repeated episodes of AECB are frequently caused by bacterial infections, which can lead to lung damage and deteriorating lung function.

Antibiotic, Avelox®, Reduces Chronic Bronchitis Symptoms and Flare-ups. Press Release. Montreal, Quebec, March 9, 2004.