



# CARDIOVASCULAR NEWS

## COMET trial shows efficacy of carvedilol

The non-selective beta blocker, carvedilol, significantly reduces cardiovascular mortality by 20% and reduces death due to stroke by 67%, according to the latest analysis coming from the Carvedilol or Metoprolol European Trial (COMET).

“COMET’s secondary end point data provide further evidence of the significant benefits of carvedilol over metoprolol,” said professor Philip Poole-Wilson, chairman of the COMET steering committee.

COMET, the largest and longest study comparing two beta-blocking agents in patients with chronic heart failure, included 3,029 patients in 15 coun-

tries. The trial followed patients for over 45 months and was designed to compare the effects of carvedilol versus those of metoprolol on the risk of hospitalization and death in patients.

The recent data, which was presented at the European Society of Cardiology (ESC) annual meeting, also showed that patients who were treated with carvedilol had a reduced risk for new onset diabetes.

Latest COMET Data Reveals Significant Reductions in Cardiovascular Mortality and Stroke by Treatment with Carvedilol. Vienna (Austria), September 2, 2003.

## More findings come out of Val-HEFT

New data states that Diovan® (valsartan) reduces new cases of atrial fibrillation (AF) by 35%, according to a presentation given during the European Society of Cardiology (ESC) Congress 2003. The findings came from the Valsartan Heart Failure Trial (Val-HEFT), which was conducted in 16 countries and included 5,010 patients.

“Val-HEFT offered an extraordinary opportunity to study both the onset and consequences of AF in a large population of heart failure patients,” commented Aldo Maggioni, the Val-HEFT investigator who presented the findings at the ESC Congress.

This new data, based on a recent sub-trial of Val-HEFT, shows that AF developed in 5.27% of those patients on Diovan, compared to 7.86% in those patients who were administered placebo. The participants in the trial combined either a 160 mg dose, twice daily, of Diovan or placebo with their usual heart failure treatment.

The sub-study also confirmed that AF is an independent risk factor for death in heart failure patients.

New Data from Val-HEFT shows Diovan® reduced the incidence of atrial fibrillation in by 35% in heart failure patients. Vienna (Austria), September 2, 2003.

## Perindopril saves lives

Results from the recent European Trial on Reduction of Cardiac Events with Perindopril in Stable Coronary Artery Disease (EUROPA) study, demonstrate that the drug, perindopril (Coversyl®), prevents heart attacks and death in patients who suffer from coronary disease, regardless of their cardiovascular risk.

“Perindopril, added to the standard optimal therapy, over a four-year period, would stop 100,000 heart attacks or cardiovascular deaths,” said Professor Kim Fox, study co-chair, in an article on EUROPA published in *The Lancet*.

The study results, which were published in *The Lancet* in September 2003, involved 12,218 patients from 24 countries and spanned four years. The participants in the study were administered 8 mg, once daily, of either perindopril or placebo in addition to optimal therapy.

Perindopril, an angiotensin-converting enzyme (ACE) inhibitor, was chosen for the study not only because it is well-tolerated and easy to use, but also based on its 24-hour efficacy, and its documented cardiovascular, anti-ischemic and anti-atherogenic properties.

The EUROPA trial results showed that perindopril reduced the combined primary end point of cardiovascular death, myocardial infarction (MI), and cardiac arrest by 20%. The drug also reduced MI, both fatal and non-fatal, by 24% and heart failure by 39%.

EUROPA is the largest study ever conducted in patients with stable coronary artery disease. It is also the first study to demonstrate the efficacy, and safety, of ACE inhibitors in a broad spectrum of patients with stable coronary disease.

EUROPA Trial Results - Treatment for coronary artery disease patients. Laval (Quebec). August 31, 2003.


## Benefits of Atacand® significant

The benefits of Atacand® in the treatment and primary prevention of stroke and hypertension have been proven in two recent clinical trials. Data from the Acute Candesartan Cilexetil Evaluation in Stroke Survivors (ACCESS) trial and the Study on Cognition and Prognosis in the Elderly (SCOPE), both show that the use of Atacand reduces the risk of stroke.

Figures in the ACCESS trial, which included 342 patients in 53 centres across Germany, conclude that mortality and vascular events were reduced by 47.5% within one year following acute stroke in patients with high blood pressure.

“The ACCESS trial has the potential to change the way we treat hypertension in stroke patients in the acute setting,” said Dr. Ariane Mackey a neurologist at the Enfant-Jesus Hospital in Quebec City.

The SCOPE study, which included 4,937 patients in 15 countries, demonstrated that Atacand, used in the primary prevention and treatment of hypertension, reduced the risk of non-fatal stroke in elderly patients by 28%.

“ACCESS and SCOPE provide strong evidence of the benefits of Atacand in the treatment of hypertension,” added Dr. Mackey. 

Early Intervention with Atacand® Improves Outcome for Patients with Acute Ischemic Stroke. Toronto (Ontario), July 8, 2003.