



CARDIOVASCULAR NEWS

Atorvastatin Calcium Beneficial in Reducing Heart Attacks and Strokes

Initial results from the Anglo-Scandinavian Cardiac Outcomes Trial involving the cholesterol-lowering drug atorvastatin calcium (Lipitor®) showed that the drug provided significant benefit in reducing fatal and non-fatal heart attacks as well as strokes.

The study involved nearly 20,000 patients with high blood pressure and was designed to compare the effects of new antihypertensive medicine with standard therapies in reducing cardiac events.

Between 30% and 50% of patients with high blood pressure also suffer from high cholesterol and vice versa. However, research has shown that patients with high blood pressure are more likely to be treated for their condition than are patients with high cholesterol. In fact, even the patients in this study had cholesterol levels that were below the recommended level for treatment. Normally, they would not have been prescribed atorvastatin unless they had suffered a previous cardiac event. The reduced heart attack and stroke rate in this trial demonstrates the cardiovascular benefits of lowering cholesterol.

Pfizer's Lipitor (atorvastatin calcium) Showed Significant Benefit In Reducing Heart Attacks And Strokes (New York) October 10, 2002.

New Drug for Cholesterol

Following a 10-month review, the Food and Drug Administration has approved ezetimibe (ZETIA™), the first in a new class of cholesterol-lowering agents that inhibits intestinal absorption of cholesterol. Ezetimibe, a once-daily tablet, 10 mg, can be used either by itself

or with statins in patients with high cholesterol to reduce low density lipoprotein (LDL) and total cholesterol levels.

Pre-approval studies showed that when ezetimibe was added to ongoing statin treatment, an additional LDL cholesterol reduction of 25% was achieved versus only 4% with the addition of placebo. Most of the response was seen within two weeks of adding ezetimibe and the additive reduction provided by the drug was generally consistent across all statins tested.

FDA Approves ZETIA (ezetimibe) For Cholesterol Reduction. Whitehouse Station and Kenilworth (New Jersey) October 25, 2002.

Hypertension Treatment Guide Released to Help Doctors

The Canadian Hypertension Society, in partnership with the Quebec Hypertension Society, launched the new Hypertension Therapeutic Guide 2002 at the Canadian Cardiovascular Congress in October. The guide can serve as a reference tool for physicians, as it translates the latest study results into clear recommendations to help physicians make the best therapeutic decisions for their patients. The document is available in English and French. For more information, visit <http://www.chs.md>.

Approximately 4.8 million Canadians have hypertension, but only 13 % of them are treated and have been successful in lowering their blood pressure to targeted values.

One In Five Canadians Has Hypertension And Close To Half Of Them Don't Know It. Edmonton (Alberta) October 28, 2002.

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Irbesartan Approved for Diabetic Renal Disease

Health Canada has approved irbesartan (Avapro®) for a new and unique indication—the treatment of early and late stage renal disease in patients with high blood pressure and Type 2 diabetes mellitus. The drug was originally approved in 1998 for the treatment of essential hypertension.

Irbesartan's new indication is based on the results of two landmark studies recently published in the *New England Journal of Medicine*. The studies evaluated hypertensive Type 2 diabetic patients across the broad spectrum of early (Irbesartan MicroAlbuminuria Type 2 Diabetes Mellitus or IRMA-2) and late stage (Irbesartan Diabetic Nephropathy Trial or IDNT) kidney disease. They included 2,305 patients worldwide with the participation of key centres across Canada.

The IRMA-2 study showed that patients receiving 300 mg of irbesartan daily for approximately two years, reduced their risk for Type 2 diabetic renal disease by 70% versus the control group. The IDNT study demonstrated that treatment with irbesartan slows the progression of diabetic renal disease or death by 23% versus amlodipine, an antihypertensive drug.

In Canada, about eight million people suffer from high blood pressure and about two million from diabetes. An estimated one-third of diabetics will develop chronic kidney failure.


Health Canada Approves Avapro (Irbesartan) For The Treatment of Diabetic Renal (Kidney) Disease. Montreal (Quebec) November 12, 2002.

Calcium Channel Blockers Can Be Used To Treat Hypertension

A recent issue of the *British Journal of Cardiology* published findings from a sub-analysis of the International Nifedipine GITS Study-Intervention as a Goal in Hypertension Treatment (INSIGHT), a landmark hypertension study, showing that nifedipine GITS can be used safely and effectively in hypertensive patients who have suffered a previous myocardial infarction (MI). Nifedipine is a long-acting, once-daily, dihydropyridine calcium channel blocker.

The objective of the INSIGHT sub-analysis was to examine the effects on morbidity and mortality outcomes of nifedipine GITS compared to a diuretic combination in hypertension patients with a history of MI.

The analysis involved a subset of 383 patients with MI occurring at least 12 months prior to study enrolment. It looked at cardiovascular death, non-fatal stroke, MI, and heart failure as primary outcomes. Researchers involved say that for patients who have had a MI and are at risk of suffering subsequent cardiovascular and cerebrovascular events, nifedipine GITS is a safe and effective therapy.

Additional evidence from INSIGHT presented in 2000 and 2001 showed that nifedipine GITS can also be used to reduce the risk of developing atherosclerosis by blocking the thickening in the intimal media layer of the blood vessel wall. 

New Evidence Demonstrates Safety And Efficacy Of Calcium Channel Blocker In High Risk Hypertensive Patients. Toronto (Ontario) October 7, 2002.