



# CARDIOVASCULAR NEWS

## **Altace® Reduces Heart Failure and is Cost-Effective**

Two new Canadian studies demonstrate that Altace® (ramipril) significantly reduces the onset of symptomatic and often fatal heart failure and is a cost-effective treatment for patients at high risk of cardiovascular disease.

Researchers looked at the data from 9,297 patients who completed the Heart Outcomes Prevention Evaluation (HOPE) study. Patients received either 10 mg of Altace or a placebo daily. The researchers found that Altace reduced the risk of all heart failure by 23%. Patients who received Altace also had a lower rate of hospitalization and death due to heart failure. Patients treated with Altace whose systolic blood pressure was above 139 mmHg had a 33% reduction in risk of heart failure, compared to 9% reduction for those below 139 mmHg.

In a separate analysis of the HOPE study, Canadian researchers found that adding Altace to the treatment regimen of high-risk patients did not result in higher average health-care costs because of savings from prevented hospitalizations and cardiac procedures. It was determined that in Canada and the U.S., the probability of either a cost-saving, cost-neutral, or highly cost-effective (less than \$10,000 per cardiovascular event avoided) situation was more than 90% among patients treated with Altace.

New Analyses of Landmark HOPE Study Show Ramipril (Altace®) Reduces Heart Failure and Demonstrates Cost-Effectiveness for Treatment of High-Risk Cardiovascular Patients. Laval, Quebec. April 23, 2003.

## **Zetia™ Reduces C-Reactive Protein**

Zetia™ (ezetimibe) co-administered with simvastatin, in a pooled analysis across all simvastatin doses, provided a median 34.8% reduction in C-reactive protein (CRP) levels (almost twice the 18.2% reduction shown by simvastatin administered alone) in patients with high cholesterol levels, according to an investigational study presented at the American College of Cardiology's (ACC) 52nd Annual Scientific Session.

Zetia is the first in a new class of cholesterol-lowering agents known as cholesterol absorption inhibitors. The study provides preliminary evidence that co-administering two cholesterol-lowering drugs with different mechanisms of action lowered CRP more than giving the statin alone. In another study presented at the ACC, results showed that adding Zetia to ongoing treatment with simvastatin, 20 mg, provided significantly greater low-density lipoprotein (LDL) cholesterol reduction than doubling the dose of simvastatin to 40 mg. A third study demonstrated that Zetia, co-administered with low doses (10 mg) of a statin, provided similar effects on LDL cholesterol, high density lipoprotein cholesterol, and triglycerides as compared to the highest tested doses of the statin tested as monotherapy (40 mg to 80 mg).

C-Reactive Protein Reduction Nearly Doubled by ZETIA™ (ezetimibe) Co-Administered With Simvastatin in Patients With High Cholesterol Compared to Simvastatin Alone, New Investigational Study Showed. Chicago, Illinois. April 2, 2003.