

Endarterectomy Outcomes Not Stenosis-Driven

BY MITCHEL L. ZOLER

PHILADELPHIA — Carotid endarterectomy outcomes were comparable between patients with asymptomatic, 60%-69% carotid stenosis and those with more than that, a review of more than 6,000 patients showed.

“The degree of carotid stenosis does not appear to influence outcome,” Dr. Leon Salem said at the annual meeting

of the Eastern Vascular Society. For example, the incidence of perioperative neurologic deficits was 3% in the 102 patients with 60%-69% stenosis, compared with rates of 1.8%-2.9% among patients with more severe carotid stenosis (up to 99%). Between-group differences were not statistically significant.

Guidelines recommend carotid endarterectomy for asymptomatic patients with 60% or greater carotid stenosis and

low surgical risk (J. Vasc. Surg. 2008; 48:480-6), but it is not commonly done on patients with less than 70% stenosis, according to Dr. Salem, a vascular surgeon at Albany (N.Y.) Medical Center.

His study reviewed 6,379 asymptomatic patients having carotid endarterectomy at Albany Medical Center from 1994 to 2008, with an average age of 70. Of those, 51% had a 90%-99% stenosis, 35% had an 80%-89% stenosis,

and 12% had a 70%-79% stenosis.

The incidence of perioperative death ranged from no deaths in the 60%-69% group to a 0.7% mortality rate in those with 90%-99% stenosis. The perioperative rate of permanent neurologic deficit ranged from 1.0% in the 60%-69% patients to 0.4% in those with 80%-89% obstructed. Temporary neurologic deficits ranged from 2.2% in the 70%-79% group to 1.4% in the 80%-89% patients. ■

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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insulin lispro injection (rDNA origin)