

# Obesity Tied to Worsening Kidney Function in Kids

BY MARY ELLEN SCHNEIDER  
New York Bureau

RENO, NEV. — Increased body mass index is correlated with worsening proteinuria in children, according to study findings presented at the annual meeting of the American College of Nutrition.

The data confirm the hypothesis that obesity contributes to a decline in the glomerular filtration rate, an indicator of kidney function, said Dr. Carolyn Abitbol

of the Division of Pediatric Nephrology at the University of Miami.

The study included 40 obese children: 16 low-birth-weight children (less than 1,200 grams) and 24 children of normal birth weight (more than 2,500 grams). Obesity was defined as a body mass index (BMI) of greater than the 95th percentile for age and gender. The study also included 20 nonobese children of normal birth weight as clinical controls. All of the children in the study had proteinuric kidney disease. The

researchers excluded any patients who had acute glomerulonephritis immune-mediated nephritis, overt diabetes, as well as patients who had HIV nephropathy.

Dr. Abitbol and colleagues performed kidney biopsies of nine children in the obese, low-birth-weight group; all had focal segmental glomerulosclerosis (FSGS).

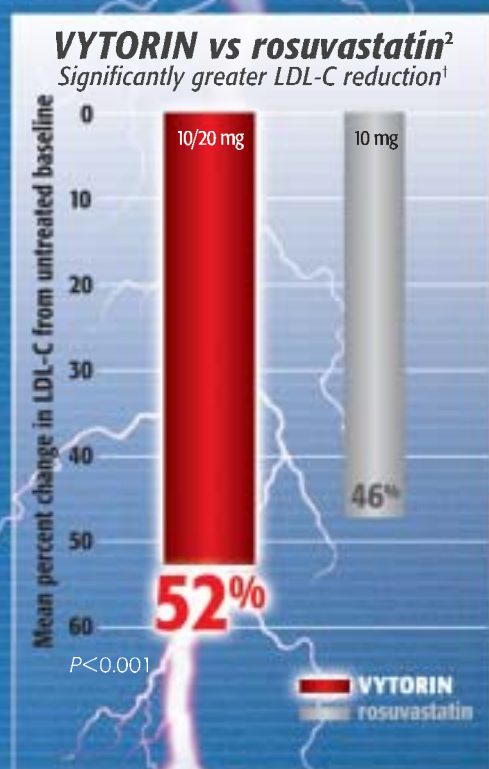
Of the children in the normal birth weight, obese group, 16 were biopsied and 14 had FSGS. One patient had focal mesangial proliferative glomerulonephropathy,

probably an early form of FSGS. Another had a membranous nephropathy, which is unique and immune mediated. In the nonobese control group, all of the children were biopsied and 14 had FSGS, 4 had mesangial glomerulonephropathy, 1 had minimal change, and 1 was membranous.

Researchers compared the mean renal survival relative with birth weight and found low-birth-weight patients had a loss of glomerular filtration rate significantly earlier than those of normal birth weight. ■

enough, in 2 separate head-to-head studies

## VYTORIN provide that atorvastatin 50%<sup>1,2,3</sup> at a usual starting dose mean LDL-C reduction



- ▶ VYTORIN 10/40 mg lowered LDL-C more than rosuvastatin 20 mg (55% vs 52%,  $P=0.001$ ).<sup>2</sup>
- ▶ VYTORIN 10/80 mg lowered LDL-C more than rosuvastatin 40 mg (61% vs 57%,  $P<0.001$ ).<sup>2</sup>

<sup>†</sup> Data from a multicenter, randomized, double-blind, active-controlled, 6-arm, parallel-group study designed to evaluate the efficacy and safety of VYTORIN vs rosuvastatin over a 6-week period. Patients with hypercholesterolemia (N=2,959) were randomized to 1 of 6 treatment groups: VYTORIN 10/20, 10/40, or 10/80 mg or rosuvastatin 10, 20, or 40 mg. Mean baseline LDL-C level for both VYTORIN 10/20 mg and rosuvastatin 10 mg was 172 mg/dL.<sup>2</sup>

### SELECTED CAUTIONARY INFORMATION (cont)

The concomitant use of VYTORIN and fibrates (especially gemfibrozil) should be avoided. Although not recommended, the dose of VYTORIN should not exceed 10/10 mg if used with gemfibrozil. The benefit of further alterations in lipid levels by the combined use of VYTORIN with niacin should be carefully weighed against the potential risks of myopathy. The dose of VYTORIN should not exceed 10/10 mg daily in patients receiving cyclosporine or danazol, and 10/20 mg daily in patients receiving amiodarone or verapamil.

**Liver:** It is recommended that liver function tests be performed before the initiation of treatment and thereafter when clinically indicated. Additional tests are recommended prior to and 3 months after titration to the 10/80-mg dose, and semiannually for the first year thereafter.

VYTORIN is not recommended in patients with moderate or severe hepatic insufficiency.

In clinical trials, the most commonly reported side effects, regardless of cause, included headache (6.8%), upper respiratory tract infection (3.9%), myalgia (3.5%), influenza (2.6%), and extremity pain (2.3%).

Please read the brief summary of Prescribing Information on the adjacent page.

References: 1. Ballantyne CM, Abate N, Yuan Z, King TR, Palmisano J. Dose-comparison study of the combination of ezetimibe and simvastatin (Vytorin) versus atorvastatin in patients with hypercholesterolemia: the Vytorin Versus Atorvastatin (VYVA) Study. *Am Heart J*. 2005;149:464-473. 2. Catapano AL, Davidson MH, Ballantyne CM, et al. Lipid-altering efficacy of the ezetimibe/simvastatin single tablet versus rosuvastatin in hypercholesterolemic patients. *Curr Med Res Opin*. 2006;22:2041-2053. 3. IMS HEALTH, NPA Plus<sup>SM</sup>, NRx, July 2006.

POWER MADE PRACTICAL

**VYTORIN**  
(ezetimibe/simvastatin)  
tablets