

# Treadmill Walking Offers Means to Improve PAD

BY MARY ANN MOON  
Contributing Writer

**T**readmill exercise three times a week improved walking endurance, lower extremity blood flow, and quality of life in patients with peripheral arterial disease, according to findings from a randomized trial.

The intervention increased brachial arterial flow-mediated dilation, which in

PAD patients is associated with lower rates of cardiovascular events. This suggests that treadmill exercise may confer systemic vascular benefits in PAD, said Dr. Mary M. McDermott of Northwestern University, Chicago, and her associates.

“Based on findings reported in this trial, physicians should recommend supervised treadmill exercise programs for PAD patients, regardless of whether they

have classic symptoms of intermittent claudication,” they said.

The investigators compared two 6-month exercise interventions with no intervention in 156 PAD patients with an average age of 73 years.

Fifty-one patients were randomly assigned to supervised treadmill exercise three times per week, beginning with 15-minute sessions and working up to 40-minute sessions. Fifty-two patients were

assigned to lower-extremity resistance training three times per week, performing three sets of eight repetitions of knee extensions, leg presses, and leg curls using standard equipment, as well as squat and toe-rise exercises. The remaining 53 patients served as controls.

After 6 months, patients in the treadmill group increased their distance in a 6-minute walk test by a mean of 21 meters, while those in the control group de-

## AAA Screening Advised for Some Over 59

CHICAGO — One of every nine men over age 59 years with a diagnosis of stroke or transient ischemic attack had an abdominal aortic aneurysm in a prospective study of 499 patients.

Among all patients admitted for stroke or TIA, the prevalence of abdominal aortic aneurysm (AAA) on ultrasound evaluation was 5.8%. This is comparable to the prevalence in other populations and was not significant.

AAA prevalence was 11.1% in a subgroup of 235 men aged 59 years and older (median 72 years), Dr. Niels H.A. Van Lindert and colleagues reported at the annual meeting of the Radiological Society of North America. The prevalence in the subgroup was significantly higher than the 4.0%-8.1% prevalence found in three recent population-based screening studies in men over 59 years of age.

The finding could lead to improved screening and earlier treatment of this high-risk group, said Dr. Van Lindert, of the Gelre Hospitals Apeldoorn (the Netherlands). Although the use of ultrasound is noninvasive, low-cost, accurate, and fast, most abdominal aneurysms are found by chance in men of older age and with a history of smoking.

“In our group, 55% of aneurysms were in nonsmokers, which meant that detection would not have occurred following task force rules,” he said. The United States Preventive Services Task Force (USPSTF) recommends a one-time ultrasonography screening of all men aged 65-75 years with a history of smoking.

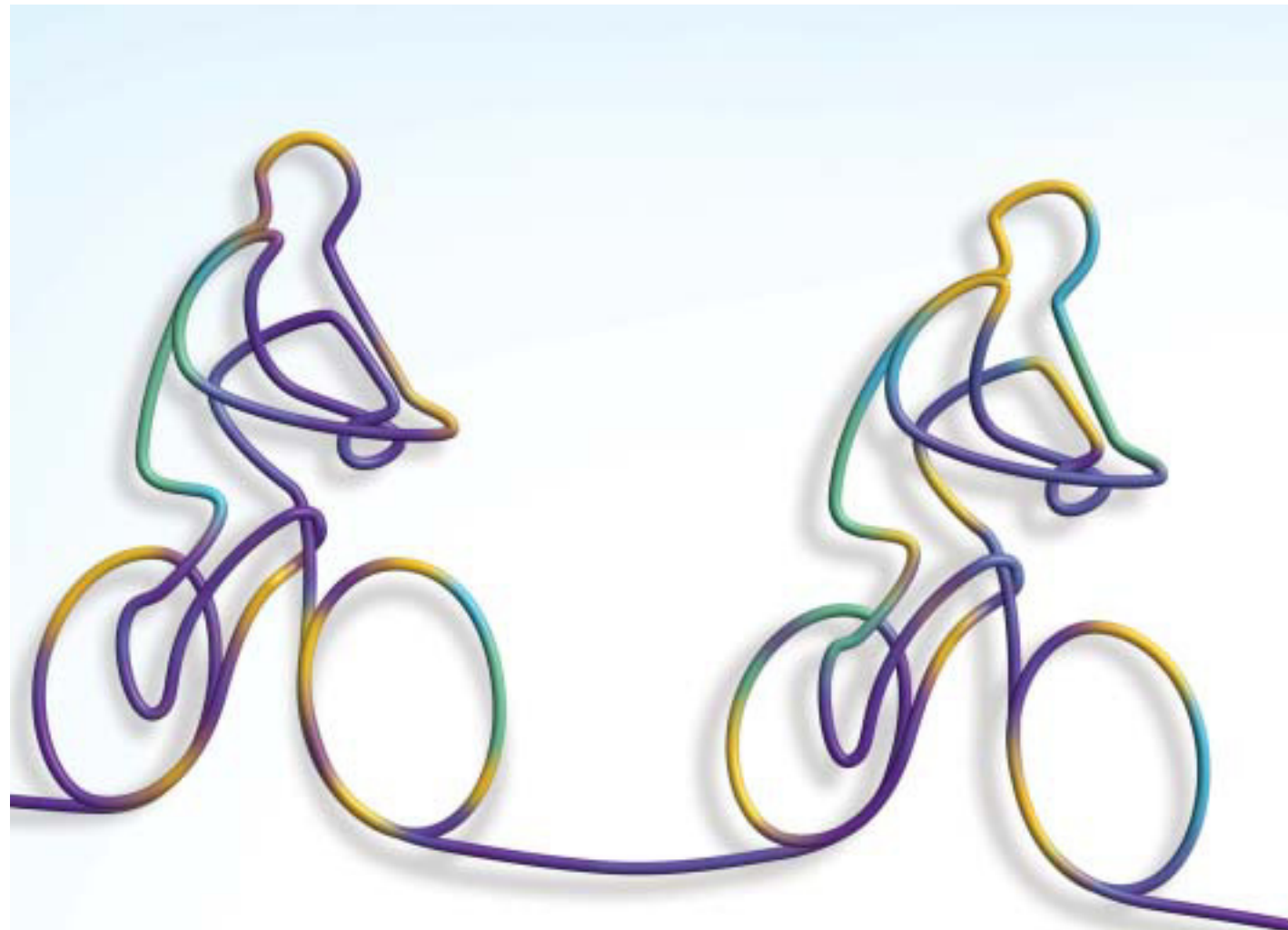
The USPSTF makes no recommendation for or against screening for AAA in men aged 65-75 years who have never smoked, and recommends against routine screening for AAA in women.

Dr. Van Lindert advised that all men older than 59 years of age admitted with a stroke or TIA be screened for an AAA.

Further studies are needed to determine the cost-benefit aspects of screening in this patient population with a shorter life expectancy, he said.

The investigators reported having no conflicts of interest.

—Patrice Wendling



### IMPORTANT TREATMENT CONSIDERATIONS

PRISTIQ 50-mg Extended-Release Tablets are indicated for the treatment of major depressive disorder in adults.

#### WARNING: SUICIDALITY AND ANTIDEPRESSANT DRUGS

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of PRISTIQ or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. PRISTIQ is not approved for use in pediatric patients.

#### Contraindications

- PRISTIQ is contraindicated in patients with a known hypersensitivity to PRISTIQ or venlafaxine.
- PRISTIQ must not be used concomitantly with an MAOI or within 14 days of stopping an MAOI. Allow 7 days after stopping PRISTIQ before starting an MAOI.

#### Warnings and Precautions

- All patients treated with antidepressants should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the first few months of treatment and when changing the dose. Consider changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse or includes symptoms of anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia, hypomania, mania, or suicidality that are severe, abrupt in onset, or were not part of the patient's presenting symptoms. Families and caregivers of patients being treated with antidepressants should be alerted about the need to monitor patients.
- Development of a potentially life-threatening serotonin syndrome may occur with SNRIs and SSRIs, including PRISTIQ, particularly with concomitant use of serotonergic drugs, including triptans, and with drugs that impair the metabolism of serotonin (including MAOIs). If concomitant use is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases. Concomitant use of PRISTIQ with serotonin precursors is not recommended.
- Patients receiving PRISTIQ should have regular monitoring of blood pressure since sustained increases in blood pressure were observed in clinical studies. Pre-existing hypertension should be controlled before starting PRISTIQ. Caution should be exercised in treating patients with pre-existing hypertension or other underlying conditions that might be compromised by increases in blood pressure. Cases of elevated blood pressure requiring immediate treatment have been reported. For patients who experience a sustained increase in blood pressure, either dose reduction or discontinuation should be considered.

creased their distance by a mean of 15 meters—a net difference of 36 meters between the two exercise groups, the investigators said (JAMA 2009;301:165-74).

The treadmill group also showed increased brachial arterial flow-mediated dilation, greater improvement in overall physical functioning, and better quality of life, compared with controls.

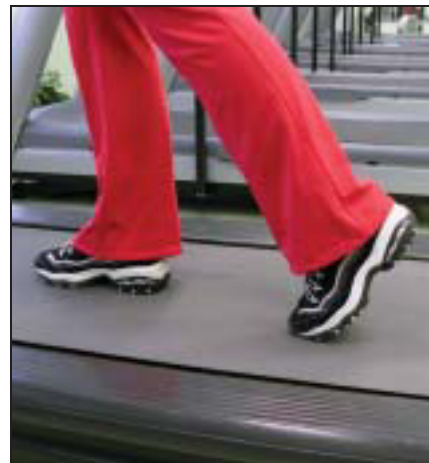
Patients in the resistance-training group showed no change in their 6-minute walk performance or in brachial arterial flow-mediated

dilation, but showed significant increases in stair climbing, overall physical functioning, and quality of life, compared with controls.

Patients without classic symptoms of intermittent claudication, as well as those who did have intermittent claudication, benefited from both interventions. This is the first randomized controlled clinical trial of exercise in PAD to include subjects without intermittent claudication, Dr. McDermott and her colleagues noted.

The exercise interventions were associated with three serious adverse events. One patient had a cardiac arrest during treadmill exercise, and another developed chest pain on the treadmill, which required coronary catheterization. A third patient fell and fractured her arm during follow-up walk testing.

Dr. McDermott reports having received consulting fees and honoraria from Sanofi-Aventis and Bristol-Myers Squibb. She is also a contributing editor for the JAMA. ■



©PAVEL LOSEVSKY/ISTOCKPHOTO.COM

Physicians should recommend supervised treadmill exercise programs for PAD patients, regardless of whether they have classic symptoms of claudication.

For the treatment of adults  
with major depressive disorder

# The start

# is just the beginning

It's not just about starting your adult patients with MDD on therapy; it's about helping them toward their treatment goals. Patients should be periodically reassessed to determine the need for continued treatment.<sup>1</sup>

#### PRISTIQ 50 mg:

- SNRI therapy with efficacy proven in 8-week clinical studies
- One recommended therapeutic dose from the start
- Discontinuation rate due to adverse events comparable to placebo in 8-week clinical studies<sup>1</sup>

 **Pristiq**<sup>®</sup>  
desvenlafaxine 50 mg  
*think beyond start*<sup>™</sup>

- SSRIs and SNRIs, including PRISTIQ, may increase the risk of bleeding events. Concomitant use of aspirin, NSAIDs, warfarin, and other anticoagulants may add to this risk.
- Mydriasis has been reported in association with PRISTIQ; therefore, patients with raised intraocular pressure or those at risk of acute narrow-angle glaucoma (angle-closure glaucoma) should be monitored.
- PRISTIQ is not approved for use in bipolar depression. Prior to initiating treatment with an antidepressant, patients should be adequately screened to determine the risk of bipolar disorder.
- As with all antidepressants, PRISTIQ should be used cautiously in patients with a history or family history of mania or hypomania, or with a history of seizure disorder.
- Caution is advised in administering PRISTIQ to patients with cardiovascular, cerebrovascular, or lipid metabolism disorders. Increases in blood pressure and small increases in heart rate were observed in clinical studies with PRISTIQ. PRISTIQ has not been evaluated systematically in patients with a recent history of myocardial infarction, unstable heart disease, uncontrolled hypertension, or cerebrovascular disease.
- Dose-related elevations in fasting serum total cholesterol, LDL (low density lipoprotein) cholesterol, and triglycerides were observed in clinical studies. Measurement of serum lipids should be considered during PRISTIQ treatment.
- On discontinuation, adverse events, some of which may be serious, have been reported with PRISTIQ and other SSRIs and SNRIs. Abrupt discontinuation of PRISTIQ has been associated with the appearance of new symptoms. Patients should be monitored for symptoms when discontinuing treatment. A gradual reduction in dose (by giving 50 mg of PRISTIQ less frequently) rather than abrupt cessation is recommended whenever possible.

- Dosage adjustment (50 mg every other day) is necessary in patients with severe renal impairment or end-stage renal disease (ESRD). The dose should not be escalated in patients with moderate or severe renal impairment or ESRD.
- Products containing desvenlafaxine and products containing venlafaxine should not be used concomitantly with PRISTIQ.
- Hyponatremia may occur as a result of treatment with SSRIs and SNRIs, including PRISTIQ. Discontinuation of PRISTIQ should be considered in patients with symptomatic hyponatremia.
- Interstitial lung disease and eosinophilic pneumonia associated with venlafaxine (the parent drug of PRISTIQ) therapy have been rarely reported.

#### Adverse Reactions

- The most commonly observed adverse reactions in patients taking PRISTIQ vs placebo for MDD in short-term fixed-dose premarketing studies (incidence  $\geq 5\%$  and twice the rate of placebo in the 50-mg dose group) were nausea (22% vs 10%), dizziness (13% vs 5%), hyperhidrosis (10% vs 4%), constipation (9% vs 4%), and decreased appetite (5% vs 2%).

Reference: 1. Pristiq<sup>®</sup> (desvenlafaxine) Prescribing Information, Wyeth Pharmaceuticals Inc.

Please see brief summary of Prescribing Information on adjacent page.

**Pristiq**<sup>®</sup>  
desvenlafaxine  
EXTENDED-RELEASE TABLETS

**Wyeth**<sup>®</sup>

© 2008, Wyeth Pharmaceuticals Inc.  
Philadelphia, PA 19101 244112-01