

Treadmill Walking Offers Means to Improve PAD

BY MARY ANN MOON
Contributing Writer

Treadmill 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.