

# Waist Size Linked to Kidney Disease in Diabetics

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Patients with type 1 diabetes and central obesity had a significantly increased risk of developing microalbuminuria in a study of 1,105 patients.

Investigators found that each 10-cm (4-inch) increase in waist circumference increased the risk of microalbuminuria by 34%. After almost 6 years of follow-up, the relationship remained significant after ad-

justment for other risk factors, including intensive insulin therapy, Dr. Ian H. de Boer and his colleagues at the University of Washington in Seattle reported.

They evaluated microalbuminuria levels of 1,105 patients with type 1 diabetes who had normal albumin secretion at baseline who were a part of the Diabetes Control and Complications Trial (DCCT) and were followed in the Epidemiology of Diabetes Interventions and Complications (EDIC) study. (J. Am. Soc. Nephrol. 2006 Dec. 6

[Epub doi:10.1681/ASN.2006040394]). DCCT was designed to study intensive insulin therapy versus conventional insulin therapy in patients with type 1 diabetes. At the end of that trial, all participants were invited to join the observational EDIC study.

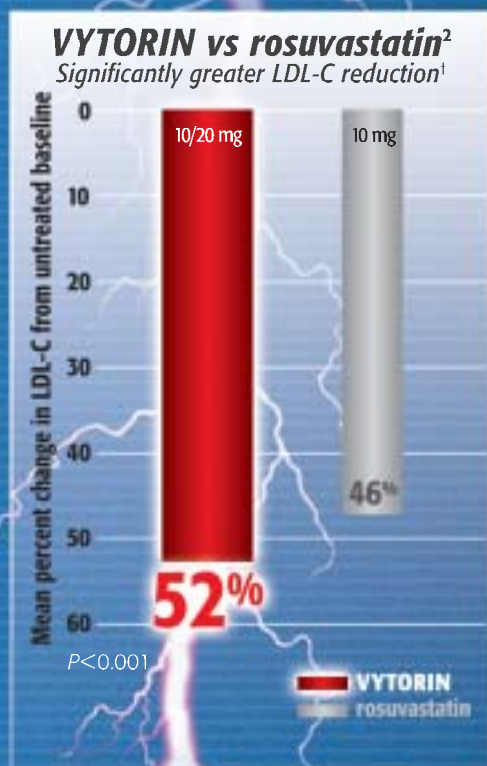
During a median of 5.8 years of follow-up, 93 patients (8.4%) developed microalbuminuria. Incidence of microalbuminuria increased with waist circumference, and was greater in men than in women (10.7% vs. 5.8%) and in those who had

been assigned in DCCT to conventional insulin therapy rather than intensive therapy (12.8% vs. 4.5%). At a median 8-year follow-up, creatinine clearance had declined by a mean of 0.34 mL/min per 1.73 m<sup>2</sup>. Waist circumference and change in creatinine clearance were not associated in unadjusted or adjusted analyses.

The investigators said further study is needed to corroborate the hypothesis that losing weight might help cut the risk of microalbuminuria in type 1 diabetics. ■

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 (VVA) 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.

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