## Pioglitazone Helps Endothelial Function in CAD

BY MARY ANN MOON

Contributing Writer

or patients with coronary artery disease who develop diabetes, pioglitazone improves endothelial dysfunction independently of its beneficial effects on insulin resistance and glycemia, reported Dr. Harald Sourij and his associates at the Medical University of Graz, Austria.

This added benefit is important because "better endothelial function is associated

with improved cardiovascular outcome in patients with manifest CAD," the investigators noted.

Preliminary research indicated glitazones, "a new class of antidiabetic drugs that primarily act via amelioration of insulin resistance," might also influence endothelial function. The researchers assessed endothelial function in 42 patients with stable CAD and newly diagnosed type 2 diabetes. Their mean age was 60 years.

All participants had profoundly im-

paired endothelial function when they entered the study. They were randomly assigned to treatment with 30 mg pioglitazone or a placebo once daily for 12 weeks.

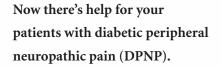
Only pioglitazone significantly improved endothelial function. Although the drug also improved insulin resistance and  $\beta$ -cell function, its effects on endothelial function were independent of those metabolic effects (Diabetes Care 2006;29:1039-45).

The drug's mechanism of action is not yet understood. It is known that "oxidative

stress and local inflammatory activity play key roles in the pathogenesis of endothelial dysfunction in diabetes," and the glitazones may reduce the production or availability of nitric oxide as well as decreasing inflammatory factors.

"We suggest our findings justify further research into possible direct effects of glitazones in the vascular wall, as well as into the possible role of endothelial function to predict treatment-induced vascular benefit in glitazone-treated patients," they said.

## Waking after a night with less pain. That's a beautiful thing.



Nighttime can be anything but restful for those suffering from the stabbing, shooting pains associated with DPNP. That's where Cymbalta can help. As early as week one, Cymbalta significantly reduces the pain, \*\* so many patients may feel more comfortable and have fewer interruptions to their days and nights. For some, that's a dream come true.

To learn more, please visit www.insideCymbalta.com/DPNP



are severe, sudden, or were not part of the patient's presentation. If discontinuing treatment, taper the medication. Cymbalta should not be administered to patients with any hepatic insufficiency or patients with end-stage renal disease (requiring dialysis) or severe renal impairment (CrCl < 30 mL/min).

Postmarketing, severe elevations of liver enzymes or liver injury with a hepatocellular, cholestatic, or mixed pattern have been reported.

Cymbalta should generally not be prescribed to patients with substantial alcohol use or evidence of chronic liver disease.

Most common adverse events (≥5% and at least twice placebo) in MDD premarketing clinical trials were: nausea, dry mouth, constipation, fatigue, decreased appetite, somnolence, and increased sweating. Most common adverse events in diabetic peripheral neuropathic pain (DPNP) premarketing clinical trials were: nausea, somnolence, dizziness, constipation, dry mouth, increased sweating, decreased appetite, and asthenia.

See Brief Summary of full Prescribing Information, including Boxed Warning, on adjacent page.

DD 39344 0206 PRINTED IN USA © 2006, ELI LILLY AND COMPANY, ALL RIGHTS RESERVED. Cymbalta is a registered trademark of Eli Lilly and Company.

