

# Vardenafil Found Effective in Older Men With ED

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MONTREAL — Vardenafil is effective and well tolerated as a treatment for erectile dysfunction in men 65 and older, Patricia Stenger said at a congress sponsored by the Canadian Society for the Study of the Aging Male.

In a prospective postmarketing surveillance study conducted in 11 European countries, 12,063 patients with ED whose mean age was 70.2 years were followed for 2 months in routine practice. The duration of ED was longer than 3 years in one-third of patients, and more than half reported a moderate degree of dysfunction, according to Ms. Stenger of the pharmaceutical division of Bayer Corp. maker of Levitra (vardenafil), West Haven, Conn.

A 10-mg dose of vardenafil was pre-

scribed for 69.2% of patients at the initial visit and for 54.3% of patients at the last follow-up visit. A 20-mg dose was prescribed for 23.6% initially and for 42.2% at the last follow-up visit. On average, patients took 1 tablet each week.

A total of 91% of patients reported an overall improvement in ED, with 66.9% noting an improvement after taking the first tablet, Ms. Stenger said in a moderated poster session at the meeting, which was cosponsored by the International So-

ciety for the Study of the Aging Male.

When asked by their physicians, 89.3% of patients said they were satisfied or very satisfied with the efficacy of treatment; patients exhibited a high response rate, regardless of the severity or duration of their ED.

Patients recorded successful penetration in 92.4% of attempts, and they maintained their erections until completion of intercourse in 81.2% of attempts.

Approximately 90% of patients had con-

comitant diseases, which were most commonly cardiac and vascular in nature. Concomitant drugs with the potential to interact with vardenafil, most commonly  $\alpha$ -blockers, were prescribed to 10.3% of patients.

Despite the frequency of concomitant disease and patients' exposure to potentially interactive drugs, vardenafil was well tolerated; 97.5% of patients reported being satisfied or very satisfied with the overall tolerability. ■

## Conception Delays Seen in Obese Couples

Couples who are overweight or obese are more likely to have trouble conceiving than are normal-weight couples, according to a large Danish population-based study.

Among couples who were obese, the adjusted odds ratio for subfertility was 2.74, compared with normal-weight couples. When both partners were overweight, the odds ratio was 1.41, investigators wrote in *Human Reproduction*.

Odds ratios were adjusted for both partners' ages, number of previous pregnancies, and socioeconomic group. Subfertility was defined as a waiting time of at least 12 months to achieve a pregnancy that resulted in a live birth.

While previous research has shown that the weight of women and men individually affects fertility, this is the first study to examine fertility when both partners are overweight (body mass index of 25-29.99 kg/m<sup>2</sup>) or obese (BMI of at least 30 kg/m<sup>2</sup>), wrote study investigators Cecilia Ramlau-Hansen, a doctoral student in the department of occupational medicine, Aarhus University Hospital, Denmark, and her associates (*Hum. Reprod.* 2007 March 7 [Epub doi:10.1093/humrep/dem035]).

The researchers analyzed data from women enrolled in the Danish Birth Cohort, a nationwide study of pregnant women and their offspring, which enrolled more than 100,000 women between 1996 and 2002.

Included in the obesity study were couples who provided information on time to pregnancy and BMI for both the man and the woman. A population of 47,835 couples was analyzed for the study, 2,478 of whom had at least two births.

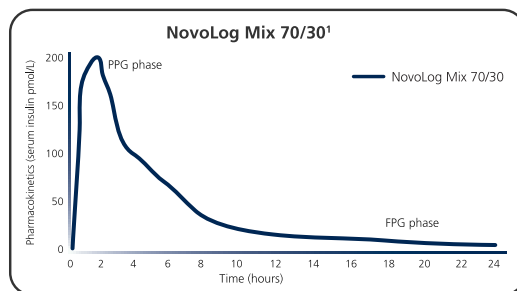
Obesity was reported in approximately 7% of men, 8% of women, and 1% of couples. A total of 53% of men and 68% of women were of normal weight.

—Jonathan Gardner

## NovoLog® Mix 70/30: Right from the start

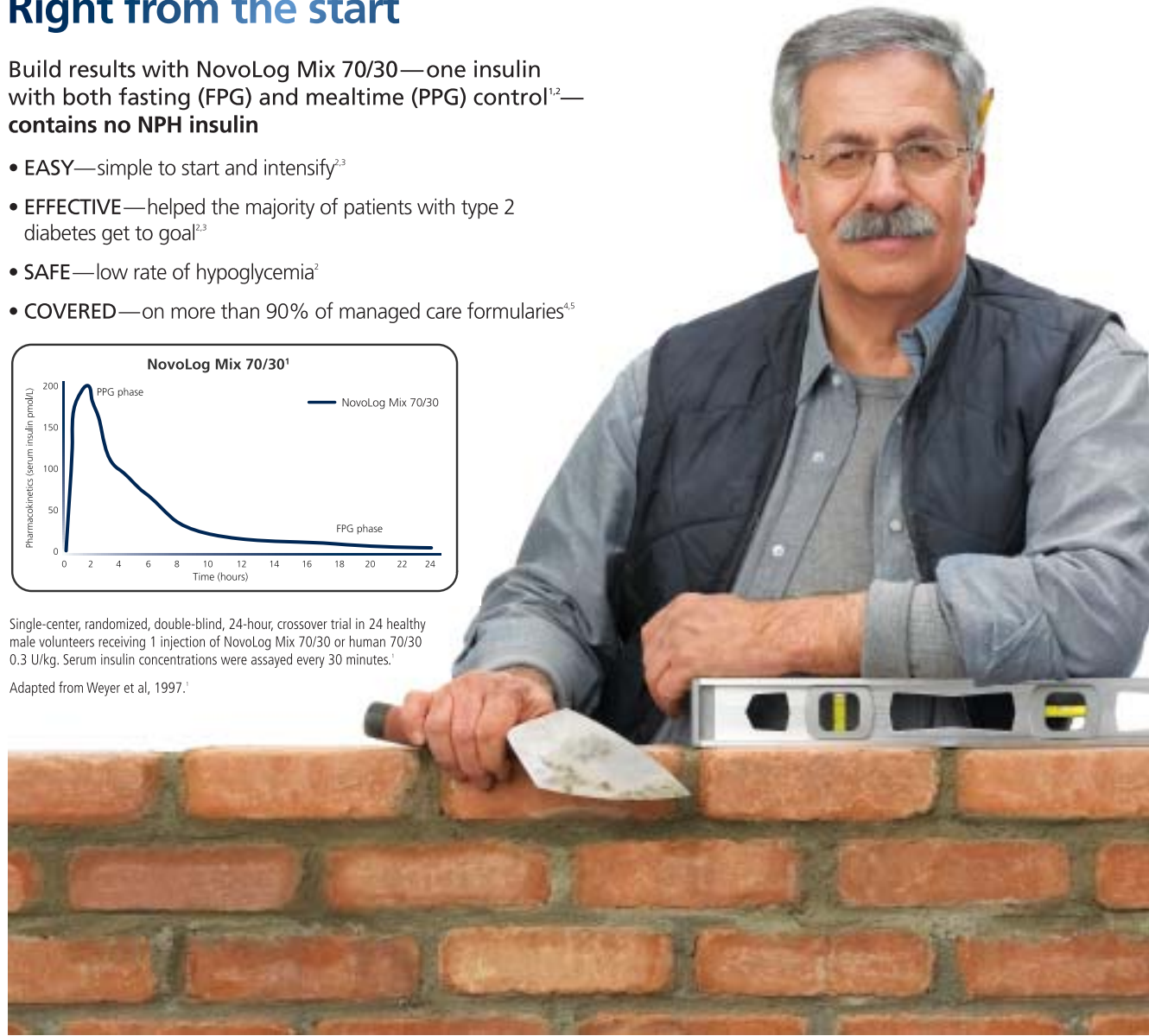
Build results with NovoLog Mix 70/30—one insulin with both fasting (FPG) and mealtime (PPG) control<sup>1,2</sup>—contains no NPH insulin

- EASY—simple to start and intensify<sup>2,3</sup>
- EFFECTIVE—helped the majority of patients with type 2 diabetes get to goal<sup>2,3</sup>
- SAFE—low rate of hypoglycemia<sup>2</sup>
- COVERED—on more than 90% of managed care formularies<sup>4,5</sup>



Single-center, randomized, double-blind, 24-hour, crossover trial in 24 healthy male volunteers receiving 1 injection of NovoLog Mix 70/30 or human 70/30 0.3 U/kg. Serum insulin concentrations were assayed every 30 minutes.<sup>1</sup>

Adapted from Weyer et al, 1997.<sup>1</sup>



For more information, please visit [novologmix7030.com](http://novologmix7030.com).

**Indications and usage:** NovoLog Mix 70/30 is indicated for the treatment of patients with diabetes mellitus for the control of hyperglycemia.

**Important safety information:** Because NovoLog Mix 70/30 has peak pharmacodynamic activity 1 hour after injection, it should be administered with meals. Hypoglycemia is the most common adverse effect of insulin therapy, including NovoLog Mix 70/30. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes. Any change of insulin should be made cautiously and only under medical supervision. Changes in insulin strength, manufacturer, type, species, or method of manufacture may result in the need for a change in dosage. NovoLog Mix 70/30 is contraindicated during episodes of hypoglycemia

and in patients hypersensitive to NovoLog Mix 70/30 or one of its excipients. Potential side effects associated with the use of all insulins include hypoglycemia, hypokalemia, lipodystrophy, and allergic reactions. Because of differences in the action of NovoLog Mix 70/30 and other insulins, care should be taken in patients in whom these conditions may be clinically relevant (eg, patients who are fasting, have autonomic neuropathy, are using potassium-lowering drugs, or are taking drugs sensitive to serum potassium level). Do not mix NovoLog Mix 70/30 with any other insulin product.

Please see brief summary of Prescribing Information on adjacent page.

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