

Lifestyle Changes as Effective as BP Medications

BY MITCHEL L. ZOLER

ORLANDO — Weight loss and exercise were effective complements to a low-fat and low-fat diet for lowering blood pressure in patients with mild hypertension in a controlled study with about 150 people.

The combined exercise, weight loss, and healthy-diet regimen led to an average systolic blood pressure reduction of 16 mm Hg during 16 weeks of treatment, Dr. Alan L. Hinderliter said at the annual meeting of the American College of Cardiology.

That is roughly equivalent to what can be achieved by treatment with one or two antihypertensive medications, observed Dr. Steven Nissen, chairman of cardiovascular medicine at the Cleveland Clinic, who was not involved in the study. "This is a spectacular study and shows what can be accomplished with this kind of program. We need now to generalize this" to everyday practice, Dr. Nissen said.

The combined lifestyle regimen also led to significant improvements in several

loss, plus a cognitive-behavioral weight-management program, and an exercise program that included three sessions a week of supervised exercise; and 49 control patients continued their usual care.

After 16 weeks of treatment, the average blood pressure reduction, compared with baseline, the study's primary end point, was a 16/10 mm Hg drop in the total lifestyle modification group, an 11/8 mm Hg decline in the DASH diet-only

patients, and a 3/4 mm Hg reduction in the control group.

The blood pressure reduction in the diet-only group was significantly reduced, compared with the controls, but the decline was even better in the diet, exercise, and weight loss patients, Dr. Hinderliter reported.

The average weight loss in the triple-intervention group was about 19 pounds, while people in the diet-only group did

not have significant weight loss, he said.

By the end of the study, patients in the complete lifestyle modification group had an average resting blood pressure of about 123/76 mm Hg.

The study was funded by the National Heart, Lung, and Blood Institute and Duke University and received no commercial funding. Dr. Hinderliter said he and his associates had no financial relationships to report. ■



Exercise, weight loss, and a healthy diet led to a mean systolic blood pressure reduction of 16 mm Hg.

DR. HINDERLITER

other health measures, including aerobic capacity, left ventricular mass, vascular stiffness, and glucose tolerance, said Dr. Hinderliter, a cardiologist at the University of North Carolina, Chapel Hill. "The results reinforce the importance of exercise and weight loss as part of a comprehensive lifestyle modification strategy in people with high blood pressure," he said.

The Exercise and Nutritional Interventions for Cardiovascular Health (ENCORE) study enrolled patients with a blood pressure of 130-159/85-99 mm Hg who were older than 35 years of age, had a body mass index of 25-40 kg/m², and did not perform any regular exercise. The participants also could not be on any antihypertensive medication or have secondary hypertension, cardiac disease, diabetes, or chronic kidney disease.

The enrolled patients had an average age of 51, about two-thirds were women, about 60% were white and about 40% were black, and their average BMI was 33. Their average blood pressure was 138/85 mm Hg. The study was done at the University of North Carolina and at Duke University, Durham, N.C.

Dr. Hinderliter and his associates randomly assigned the patients to three treatment groups: 46 went on a diet modeled on the one used in the Dietary Approaches to Stop Hypertension (DASH) study, which included a high intake of fruits, vegetables, and low-fat dairy products, but which was not designed to result in weight loss; 49 patients began the DASH diet with a reduced calorie level designed to produce weight



AMRIX—the shape of once-daily treatment for muscle spasm.



Once-daily AMRIX provides early systemic exposure with consistent plasma levels for 24 hours.¹

Single-Day Pharmacokinetic Study:
Mean Cyclobenzaprine Concentration Over Time¹



qd = once daily; IR = immediate release; tid = 3 times daily.



©2009 Cephalon, Inc. All rights reserved.
AMR-2009P-PM-00126 Apr 2009 Printed in USA.
AMRIX is produced with Eurand Dimucaps® technology.

AMRIX (Cyclobenzaprine Hydrochloride Extended-Release Capsules) is indicated as an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions. Improvement is manifested by relief of muscle spasm and its associated signs and symptoms; namely, pain, tenderness, and limitation of motion. AMRIX should be used only for short periods (up to 2 or 3 weeks). AMRIX has not been found effective in the treatment of spasticity associated with cerebral or spinal cord disease or in children with cerebral palsy.

AMRIX is contraindicated in patients who are hypersensitive to any of its components. AMRIX is contraindicated with concomitant use of monoamine oxidase (MAO) inhibitors or within 14 days after their discontinuation. AMRIX may have life-threatening interactions with MAO inhibitors. AMRIX is contraindicated during the acute recovery phase of myocardial infarction; in patients with arrhythmias, heart block conduction disturbances, or congestive heart failure; or in patients with hyperthyroidism. AMRIX may enhance the effects of alcohol, barbiturates, and other CNS depressants. AMRIX should not be used in elderly patients or in patients with impaired hepatic function. In clinical trials, the most commonly reported adverse reactions (≥3%) with AMRIX were dry mouth, dizziness, fatigue, nausea, dyspepsia, and constipation.

Please see brief summary of full prescribing information on the following page.

Reference: 1. Data on file. Study 1107. Cephalon, Inc.; 2004.

For more information about AMRIX, visit www.AMRIX.com or call Cephalon at 1-800-896-5855.

Once-Daily



amrix[®]
Cyclobenzaprine HCl
Extended-Release Capsules

Stop the spasm, not the patient.