

Watch for Depression in Hypertensive Patients

BY KATE JOHNSON

MONTREAL — Hypertensive patients who have depression are less likely to stick to their therapy regimen than are those who are not depressed or are in remission from depression, according to a study presented at the annual meeting of the Society of Behavioral Medicine.

Sara Gallagher of New York (N.Y.) University, studied 161 hypertensive

African Americans who were followed in primary care practice. The patients had a mean age of 54 years, and 87% of them were women. Depressive symptomatology was assessed using the Center for Epidemiologic Studies–Depression (CES-D) scale.

A total of 44% of patients were classified as nondepressed, with a CES-D score of less than 16 at all time points, while 19% were considered depressed, with a

score of 16 or above at all time points. A total of 37% of patients were classified as remittent, meaning that they progressed from depressed to nondepressed over the course of the study, said Ms. Gallagher.

Medication adherence was assessed at baseline and at 12 months using the self-reported Morisky scale. At baseline, 64% of the study population reported non-adherence to their medication, and this dropped to 48% at the end of the study.

A multivariate analysis revealed that depressive symptoms were tied to drug non-adherence, Ms. Gallagher reported. Among the depressed patients, only 34% reported adherence at 12 months, compared with 66% in the nondepressed group and 47% in the remittent group.

The finding that a remittance of depressive symptoms can result in improved adherence suggests a benefit to addressing patient depression, she said. ■

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Important Safety Information

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

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