

Nicotine Patches Appear Safe for CAD Patients

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NEW ORLEANS — Nicotine patches are safe for use in smokers with known coronary artery disease and stress-induced myocardial ischemia, according to the results of the first-ever randomized, placebo-controlled, multicenter clinical trial to examine this issue.

Nicotine replacement therapy doubles the successful smoking quit rate to about

30%, but many physicians have been reluctant to recommend it for their patients with coronary artery disease (CAD) because nicotine is known to increase heart rate and blood pressure, and can induce vasoconstriction as well, Dr. Monika J. Leja reported at the annual scientific session of the American College of Cardiology.

Dr. Leja and her coinvestigators at the Methodist DeBakey Heart Center in Houston randomized 55 heavy smokers with CAD and a quantified 10% or greater stress-

induced myocardial defect on single-photon emission computed tomography (SPECT) to receive either 21-mg nicotine patches or placebo in addition to continuing their usual amount of cigarette smoking. The primary end point of the study was change in total perfusion defect size upon repeat stress SPECT imaging performed at 1 week.

There was no change in the total or ischemic perfusion defect size, compared with baseline, in either group even though plasma nicotine levels in the active-treat-

ment arm jumped from 10.9 to 25.2 ng/mL, Dr. Leja said. After 1 week, patients were encouraged to quit smoking while continuing to use their assigned patches.

Upon SPECT imaging at week 4, the size of the perfusion defects in the nicotine patch group remained unchanged from baseline, although their plasma nicotine levels remained as high as at week 1.

The trial was supported by GlaxoSmithKline Consumer Healthcare. Dr. Leja has no financial relationship to disclose. ■

IMPORTANT SAFETY INFORMATION

Patients taking Coreg CR™ (carvedilol phosphate) Extended-release Capsules or Coreg® (carvedilol) should avoid abrupt cessation of therapy. Following abrupt cessation of therapy with certain β -blocking agents, exacerbation of angina pectoris and, in some cases, MI and ventricular arrhythmias have occurred. The dosage should be reduced gradually over a 1- to 2-week period and the patient should be carefully monitored.

COREG CR and COREG are contraindicated in patients with bronchial asthma or related bronchospastic conditions, second- or third-degree AV block, sick sinus syndrome, or severe bradycardia (unless a permanent pacemaker is in place), in patients with cardiogenic shock or decompensated heart failure (HF) requiring the use of intravenous inotropic therapy (such patients should first be weaned from intravenous therapy before initiating COREG CR or COREG), in patients with clinically manifest hepatic impairment and in patients who are hypersensitive to any component of this product.

Like other β -blockers, COREG CR and COREG should be used with caution in patients with peripheral vascular disease, thyrotoxicosis, or who are undergoing major surgery. Caution should also be used in diabetic patients as β -blockers may mask some of the manifestations of hypoglycemia, particularly tachycardia. Worsening heart failure or fluid retention may occur during up titration of COREG CR or COREG.

The most common side effects reported in the controlled trials in HF (reported in 10% of patients [both the mild-to-moderate and the severe populations studied] and more frequently on COREG) were dizziness, fatigue, weight increase, hypotension, and bradycardia. Worsening HF symptoms were also reported, but with equal or greater frequency in placebo-treated patients.

The most common side effects reported with COREG in the CAPRICORN trial were consistent with the profile of the drug in the US HF trials and the COPENICUS trial, as well as the health status of patients. The only additional adverse events reported in >3% of patients and more frequently on COREG in CAPRICORN were dyspnea, lung edema and anemia.

The most common side effects in hypertension trials with carvedilol were nasopharyngitis (COREG CR) and dizziness and fatigue (COREG) and were generally mild.

INDICATIONS AND DOSING

Hypertension: COREG CR and COREG are indicated for the management of essential hypertension. COREG CR and COREG can be used alone or in combination with other antihypertensive agents, especially thiazide-type diuretics. Starting dose for COREG CR: 20 mg QD. Uptitrate to 40 mg QD after 1 to 2 weeks, as needed for blood pressure control. The maximum/target dose is 80 mg QD, if required.

Left Ventricular Dysfunction Following Myocardial Infarction: COREG CR and COREG are indicated to reduce cardiovascular mortality in clinically stable patients who have survived the acute phase of an MI and have a left ventricular ejection fraction (LVEF) $\geq 40\%$ (with or without symptomatic heart failure [HF]). Starting dose for COREG CR: 20 mg QD. Uptitrate to 40 mg QD after 3-10 days as tolerated. The maximum/target dose is 80 mg QD. If clinically indicated, start at 10 mg QD and/or uptitrate more slowly. Patients should be maintained on lower doses if higher doses are not tolerated. No dosing alteration needed when started after IV or oral β -blocker MI treatment.

Heart Failure: COREG CR and COREG are indicated for the treatment of mild to severe HF of ischemic or cardiomyopathic origin, usually in addition to diuretics, angiotensin-converting enzyme (ACE) inhibitor, and digitalis, to increase survival and, also, to reduce the risk of hospitalization. Starting dose for COREG CR: 10 mg QD for 2 weeks. Uptitration to 20, 40, and 80 mg QD should occur over successive intervals of at least 2 weeks, based on tolerability. The maximum/target dose is 80 mg QD. Patients should be maintained on lower doses if higher doses are not tolerated.

Please see brief summary of Prescribing Information on the following page.

References: 1. Wetzels GE, Nelemans P, Schouten JS, et al. Facts and fiction of poor compliance as a cause of inadequate blood pressure control: a systematic review. *J Hypertens*. 2004;22:1849-1855. 2. Prescribing Information for COREG CR. GlaxoSmithKline.



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