



# SOMETIMES, AN OUNCE OF PREVENTION REALLY IS WORTH A POUND OF CURE

*The case for 23 almonds a day.*

## THE EVIDENCE WEIGHS IN

The heart-healthy benefits of almonds are giving people plenty to chew on these days. Nine clinical studies over the last thirteen years have shown that almonds can lower cholesterol as part of a diet low in saturated fat.

These groundbreaking studies show how a handful of almonds a day consistently lowered LDL cholesterol levels.\*

## DOES A HANDFUL A DAY KEEP THE CARDIOLOGIST AWAY?

As you well know, cardiovascular disease is the leading cause of death in America, but the good news is that regular exercise and a healthy diet can help lower the risk. No wonder more active people are snacking on a handful of almonds everyday. In fact, per capita consumption of almonds has doubled in just five years. Are your patients part of this trend?

## MOTHER NATURE'S NUTRIENT POWERHOUSE

Analyses show that almonds are the most nutritionally rich nut, compared ounce per ounce. Talk about good things coming in a small package.

## AN ANTIOXIDANT OVERACHIEVER

Next time someone asks you what's a leading food source of alpha-tocopherol vitamin E, just smile and say "almonds."

Alpha-tocopherol is the kind of vitamin E the human body absorbs best. And with data showing that most Americans get only half of their recommended vitamin E per day, almonds are the ideal way to close that gap.

## EVEN GREAT WHEN YOU'RE WATCHING YOUR WEIGHT

Almonds are considered a good fit with many popular weight loss plans. They offer key benefits to anyone trying to shed a few pounds, namely **satiety, fewer calories for more nutrients, crunch and taste.** A plan that delivers taste and nutrition usually is easier to comply with.

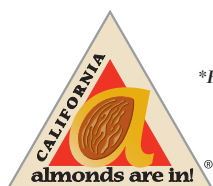
## MAKE THE CASE TO YOUR PATIENTS

Get your patients doing their 23 crunches a day.

To make it easier, have them visit our website to get this handy portion-control tin. Sturdy, decorative and portable, this tin holds exactly one ounce of almonds and will go anywhere.



{ *Nutrients: per ounce* }



\*Find more information at [www.AlmondsAreIn.com/9studies](http://www.AlmondsAreIn.com/9studies). Scientific evidence suggests but does not prove that eating 1.5 ounces per day of most nuts, such as almonds, as part of a diet low in saturated fat and cholesterol may reduce the risk of heart disease. ©2008 Almond Board of California. All rights reserved.

# Exenatide Falls Short Outside Clinical Trials

BY SHERRY BOSCHERT  
San Francisco Bureau

SAN FRANCISCO — The real-world efficacy of exenatide to lower hemoglobin A<sub>1c</sub> levels in patients with type 2 diabetes may not always match the success seen in clinical trials, a small study suggests.

Only 12 (40%) of 30 patients with type 2 diabetes who added the incretin mimetic exenatide to ongoing treatment with oral medications or insulin were still taking exenatide 2 years later. For the group as a whole, much of the weight lost after 6 months of exenatide therapy was regained by 2 years, so final weights were not significantly different from baseline weights, the intent-to-treat analysis found. Hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) levels did not change significantly for the group as a whole, Dr. Jennifer A. Loh of Georgetown University, Washington, said at the annual scientific sessions of the American Diabetes Association.

A separate comparison found trends toward decreased HbA<sub>1c</sub> levels in the 15 patients who were taking oral medications plus exenatide, and increased HbA<sub>1c</sub> levels in the 15 patients using the off-label combination of insulin and exenatide.

Significant decreases in weight were achieved and sustained only in six patients who took exenatide for 2 years and also were on oral medications, not insulin.

Dr. Loh and coinvestigator Dr. Stephen C. Clement, also of the university, reported no potential conflicts of interest.

Phase III clinical trials have reported significant, long-term efficacy in lowering HbA<sub>1c</sub> levels and reducing weight in patients with type 2 diabetes. Weight declined by 2.8 kg on average, and HbA<sub>1c</sub> levels fell by 0.8% in a 30-week randomized, double-blind controlled trial (Diabetes Care 2005;28:1092-100). In three open-label extension studies lasting 82-156 weeks, HbA<sub>1c</sub> levels decreased by 1.1%-1.3%, and average weight decreased by 4.7-5.3 kg, she noted.

Those open-label studies did not use intent-to-treat analyses, however, and did not include off-label use of insulin. Clinical practices in the studies may not reflect real-world practices, Dr. Loh said.

In the current study, the investigators retrospectively reviewed data on 47 adults who were treated by a single physician and who started exenatide in 2005, shortly after approval of the drug. In all, 17 patients had incomplete data, including 1 patient who simply refused to be weighed. "This is the real world," Dr. Loh noted.

Of the 30 patients with complete data, 18 (60%) stopped taking exenatide by 2 years. A total of 12 patients stopped because of treatment "failure" and 6 stopped because of side effects.

Patients were moderately obese, with an average body mass index of 35 kg/m<sup>2</sup>. Weight loss on exenatide was significant at 6 and 12 months, but by 2 years weights averaged only 2.09 kg less than at baseline, a loss that was not statistically significant. HbA<sub>1c</sub> levels did not change significantly, and averaged 7.7% after 2 years. ■