

Lipid-Lowering Drug Benefits Similar for Diabetics

BY MARY ANN MOON
Contributing Writer

Lipid-lowering agents, particularly statins, significantly reduce cardiovascular risk in people with diabetes, to the extent that these patients may benefit from the drugs even more than nondiabetics do, according to Dr. João Costa of the University of Lisbon and associates.

Dr. Costa and associates reviewed 12 large studies that addressed lipid-lowering

treatments and also included diabetic patients in all treatment arms.

Their metaanalysis showed that lipid-lowering drugs were equally effective in diabetic and nondiabetic patients in primary prevention. The use of statins or gemfibrozil reduced the risk of a first major coronary event by 21% in diabetic patients and by 23% in nondiabetics.

The results were similar for secondary prevention, except that diabetic patients benefited more than did nondiabetics. The

use of statins or gemfibrozil reduced the risk of coronary artery disease death, nonfatal MI, revascularization procedures, and stroke to a greater degree in diabetic patients than it did in nondiabetics.

The magnitude of change in blood lipids for diabetic patients was comparable to that for nondiabetics. "Most trials showed a decrease of 15%-20% in total cholesterol and increases of 5%-7.5% in HDL cholesterol," the investigators said (BMJ 2006 April 3 [Epub doi:10.1136/bmj.38793.468449.AE]).

"Our metaanalysis clearly confirms that reduction of LDL cholesterol concentrations results in an important decrease in major coronary events in diabetic patients and shows similar relative risk reductions and odds ratios for ... diabetic and nondiabetic patients ... in primary and secondary prevention. However, the absolute risk difference was three times higher in secondary prevention, reflecting the higher baseline cardiovascular risk of [diabetic] patients," they noted. ■

MI Presents as Chest Pain in 44% Of Renal Patients

People with kidney disease have a somewhat different symptom profile when they present with acute myocardial infarction than those without kidney disease, reported Dr. Jonathan Sosnov of Tufts–New England Medical Center, Boston, and his associates.

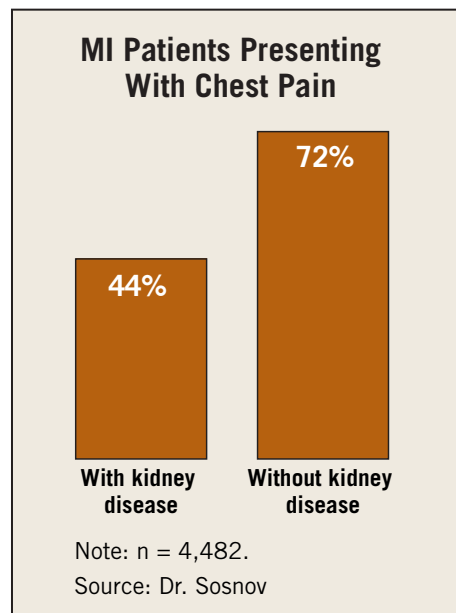
More patients with kidney disease die from cardiovascular causes than from any other cause. "Accurate and rapid diagnosis of MI in these high-risk patients might decrease their risk for subsequent morbidity and mortality by providing definitive treatment in a more timely manner," the investigators said.

They reviewed data from a large, ongoing prospective epidemiologic study of MI to examine whether kidney disease might alter the symptom profile of MI, much as diabetes recently has been shown to do. They analyzed the medical records of 4,482 patients hospitalized for MI at 11 medical centers in the Worcester, Mass., area in 1997, 1999, 2001, and 2003.

Patients with kidney disease were significantly less likely to present with chest pain as their chief complaint (44%) than patients without kidney disease (72%), Dr. Sosnov and his associates said (Am. J. Kidney Dis. 2006;47:378-84).

Patients with kidney disease were significantly less likely to complain of arm pain, numbness or tingling in the arm or hand, shoulder pain, jaw pain, or neck pain.

—Mary Ann Moon



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Side effects that were seen most often included flushing (44%), chest discomfort (40%), and dyspnea (28%). Side effects usually resolve quickly when infusion is terminated and generally do not interfere with test results.

Despite adenosine's short half-life, 10.6% of the side effects started several hours after the infusion terminated, and 8.4% of the side effects that began during the infusion persisted for up to 24 hours after infusion. In many cases, it is not possible to know whether these late adverse events are the result of Adenoscan infusion.

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