

Switch to Carvedilol Aids Antihypertensive Control

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NEW YORK — Switching the β -blocker that hypertensive patients received to carvedilol led to a significant drop in blood pressure in a series of 17 patients who were not enrolled in a randomized, controlled study.

The finding suggests that “simply switching [from another β -blocker] to carvedilol can help some patients achieve their target blood pressure,” Dr. Nitin Khosla and his associates said in a poster presented at the annual scientific meeting of the American Society of Hypertension.

But the researchers cautioned that the finding needs confirmation in a randomized, controlled trial.

The study involved a review of 1,034 adults with hypertension who were managed at Rush University Medical Center in Chicago. In this group, 17 patients were initially on an antihypertensive regimen that included a β -blocker that was not carvedilol, and then all 17 were subsequently switched to carvedilol and had no other change in their treatment. The average age of the 17 patients was 62 years; 12 (71%) were women, and 9 (53%) were African American. Each patient received an average of 4.6 antihypertensive medications.

Blacks 21% More Likely to Quit Antihypertensives

ATLANTA — African Americans are less likely than members of other races to persist in combination antihypertensive therapy, according to a retrospective analysis of medical and pharmacy claims for Medicaid patients in Maryland who were prescribed the combination of an ACE inhibitor and a calcium channel blocker or an ACE inhibitor and a hydrochlorothiazide diuretic during 2002-2004.

Of the 1,701 total patients, 17.5% were persistent in their use of the medication and 82.5% discontinued. Of the 1,137 African Americans, 15.5% were persistent, compared with 21.2% of the 448 whites and 23.3% of the 116 members of other races, said Fadia T. Shaya, Ph.D., in a poster presentation at a meeting sponsored by the International Society on Hypertension in Blacks and cosponsored by the American Society of Hypertension.

After adjustment for age, gender, and comorbidities, African Americans were 21% more likely to discontinue their therapy than were members of other races. The relationship was statistically significant when patients used a fixed-dose combination in a single pill and when they used a free combination regimen with two concurrent pills, said Dr. Shaya of the University of Maryland, Baltimore. After adjustment for all other covariates, other factors that were significant predictors of nonpersistent behavior included patients under age 40 years and those with a higher comorbidity index.

—Robert Finn

The most common β -blocker was metoprolol, in eight patients, followed by atenolol in five and labetalol in four. Patients who began on metoprolol received an average of 106 mg/day and were switched to an average carvedilol dosage of 16 mg b.i.d. Patients who began on atenolol received an average of 75 mg/day and were switched to 12.5 mg/day carvedilol. Those who began on labetalol received an average of 613 mg/day, then changed to an average carvedilol dosage of 21.9 mg b.i.d.

Prior to the drug change, the 17 patients had an average blood pressure of 160/83 mm Hg. By 3-6 weeks after they changed to carvedilol, their average pressure had fallen to 147/73 mm Hg, a statistically significant drop of 13/10 mm Hg.

Before the drug switch, 3 (18%) of the 17 patients had their systolic pressure controlled, compared with 6 patients (35%) after the regimen included carvedilol. Diastolic pressure was at goal levels in 7 patients (41%) before the drug switch and in 15

(88%) after carvedilol was started, said Dr. Khosla, a preventive medicine physician at Rush University Medical Center. The increased level of control for both systolic and diastolic pressure was statistically significant. Heart rate was not significantly affected by the switch to carvedilol, averaging 66 beats per minute before the switch and 70 beats per minute at follow-up.

The study did not receive support from GlaxoSmithKline, the company that markets carvedilol (Coreg). ■

Advertorial

Helping “Cycle

Patients May Feel Trapped

For many patients with migraines, worrying may be a way of life. If they're not suffering through an attack, they may be worrying about when the next one might strike—possibly distracting them from the things that are most important to them.

Some patients may feel trapped in a seemingly endless cycle of suffering, treating and worrying. Many have found that acute migraine treatments alone are not enough. For these patients, the cycle starts with the migraine and continues *between attacks*. The sufferer treats one migraine and then worries that another one is coming soon. While the migraine attack itself can be disruptive, it can also affect them every day, even when they aren't having one.

Patients who feel trapped may be more motivated to take daily preventive medication so they can have fewer migraines to worry about. This type of migraine sufferer could be an active mother with several concerns:

- I can't afford to have my routine interrupted by frequent, disruptive migraines
- I have many responsibilities at work and home
- On any given day, I may be worried about when my next migraine might strike
- I'm not satisfied with my current acute therapies

TOPAMAX Tablets and TOPAMAX Sprinkle Capsules are indicated for adults for the prophylaxis of migraine headache. The usefulness of TOPAMAX in the acute treatment of migraine headache has not been studied.

TOPAMAX is contraindicated in patients with a history of hypersensitivity to any component of this product.

IMPORTANT SAFETY INFORMATION

TOPAMAX has been associated with serious adverse events, including:

Hyperchloremic, non-anion gap metabolic acidosis—lowering of bicarbonate levels in the blood. Measurement of baseline and periodic serum bicarbonate is recommended.

Acute myopia and secondary angle-closure glaucoma—patients should be cautioned to seek medical attention if they experience blurred vision or ocular pain.

Oligohidrosis and hyperthermia—decreased sweating and increased body temperature, especially in hot weather. The majority of reports have been in children.