

Rosuvastatin Better Than Atorvastatin in Blacks

BY ROBERT FINN
San Francisco Bureau

ATLANTA — Rosuvastatin was more effective than atorvastatin in treating hyperlipidemia in a 6-week open-label trial in African Americans, Dr. Keith C. Ferdinand reported at a meeting sponsored by the International Society on Hypertension in Blacks.

The African American Rosuvastatin Investigation of Efficacy and Safety (ARIES)

trial involved 774 adult African Americans with LDL cholesterol levels between 160 and 300 mg/dL and triglyceride levels below 400 mg/dL. They were randomized to receive either 10 or 20 mg per day of rosuvastatin (Crestor, AstraZeneca) or 10 or 20 mg per day of atorvastatin (Lipitor, Pfizer), reported Dr. Ferdinand, chief science officer of the Association of Black Cardiologists, Atlanta, and professor of clinical pharmacology at Xavier University College of Pharmacy in New Orleans.

After 6 weeks, average LDL cholesterol levels were reduced significantly more in each of the rosuvastatin groups than they were in the corresponding atorvastatin groups. In fact, patients receiving the lower dose of rosuvastatin had a decline in LDL of about the same degree as patients receiving the higher dose of atorvastatin (*Am. J. Cardiol.* 2006;97:229-35). Similarly, rosuvastatin resulted in significantly greater reductions in total cholesterol, non-HDL cholesterol, and apolipoprotein B than milligram-equiv-

alent doses of atorvastatin. The ratios of LDL cholesterol to HDL cholesterol, total cholesterol to HDL cholesterol, non-HDL cholesterol to HDL cholesterol, and apo B to apo A-I were also significantly better in patients taking rosuvastatin than in those taking atorvastatin.

Dr. Ferdinand has received grants from AstraZeneca, Pfizer, and Merck. The meeting was cosponsored by the American Society of Hypertension. The ARIES study was sponsored by AstraZeneca. ■

Advertorial

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Ask Her: Information is Key

Diagnosing the migraine cycle may depend on how well your patients communicate with you about how disruptive their migraine attacks are. How can you get more detailed information from patients—particularly within the confines of a busy, fast-paced practice?

Start by asking the right questions, for example—“How does migraine make you feel overall—even when you are not having one?” A recent linguistic study shows that by improving in-office communication, you can improve your assessment of the disability associated with migraine and make more appropriate treatment choices.¹

How Can You Help Change the Cycle?

Effectively reducing her migraine frequency can help change her migraine cycle. Choosing a preventive medication like TOPAMAX may be an important step.



The Migraine Discussion Continues

Look for the next installment of *Helping Change the Cycle of Migraine*, in which we'll continue to explore the important topics surrounding the migraine patient and strategies to help elevate patient care.

Next installment:
Better Understanding Through
Open-ended Questions


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TOPAMAX[®]
(topiramate) Tablets

Cognitive/psychiatric side effects, including cognitive dysfunction, psychiatric/behavioral disturbances, and somnolence and fatigue.

Most common adverse events associated with TOPAMAX 100 mg vs placebo were: paresthesia, 51% vs 6%; anorexia,* 15% vs 6%; fatigue, 15% vs 11%; nausea, 13% vs 8%; diarrhea, 11% vs 4%; weight decrease, 9% vs 1%; taste alteration, 8% vs 1%.

The possibility of decreased contraceptive efficacy and increased breakthrough bleeding should be considered in patients taking combination oral contraceptive products with TOPAMAX.

Patients should be instructed to maintain an adequate fluid intake in order to minimize the risk of renal stone formation.

*Anorexia is defined as loss of appetite.

Please see brief summary of Prescribing Information on following page.

Reference: 1. Hahn SR, Nelson M, Lipton RB. The language of migraine (LOM) study: frequency, impairment, and prevention in migraine communication. Poster presented at: Diamond Headache Clinic's 19th Annual Practicing Physician's Approach to the Difficult Headache Patient, February 14-18, 2006; Rancho Mirage, Calif.

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July 2006

02M684