



NSU College of Pharmacy
Drug Information & Resources Center
N e w s l e t t e r

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Question of the Day...

Where can I find a list of drugs safe to use by breastfeeding mothers?

In the News

Generic form of Accutane acne drug heads to stores

http://biz.yahoo.com/rc/021111/health_mylan_accutane_3.html

Mylan Laboratories Inc and Genpharm Inc. on Monday said a generic version of Accutane, Roche Laboratories' highly effective last-ditch treatment for severe acne, will be available to patients within days. Genpharm, a Toronto-based unit of German drugmaker Merck KGaA, said it received approval from the U.S. Food and Drug Administration to sell its form of the drug, whose chemical name is isotretinoin, in 10 milligram, 20 mg and 40 mg strengths. Accutane, which is prescribed for treatment of severe cystic acne that has not responded to other treatments, has annual sales of about \$500 million in the United States. Keeping a clear complexion doesn't come cheaply. The Roche drug retails in U.S. drugstores for about \$275 to \$370 a month, depending on dosage. Mylan and Genpharm have not disclosed the cost of their copycat, although it is expected to be less expensive. Under a three-way supply and distribution agreement, Pittsburgh-based Mylan will sell the drug in the United States through its Bertek Pharmaceuticals unit under the name Amnesteem. "It should be available within the next week," said Genpharm spokesman Hank Klakurka, who declined to say how much the generic medicine would cost. Klakurka said his will be the first generic Accutane on the market, although several rival generic drug firms are also awaiting U.S. marketing approval. The Oral Technologies unit of Cardinal Health Inc. (NYSE:CAH - News), will manufacture and package the product.

Schizophrenia Medication Linked to Heart Risk

http://story.news.yahoo.com/news?tmpl=story2&cid=594&ncid=594&e=4&u=/nm/20021108/hl_nm/schizophrenia_heart_dc

People who take antipsychotic drugs to control schizophrenia appear to have a slightly higher than average risk of experiencing heart problems, new study findings suggest. Dr. Sean Hennessy of the University of Pennsylvania in Philadelphia and his colleagues found that patients who took antipsychotic drugs--most commonly, haloperidol (Haldol) and thioridazine (Mellaril)--were between 1.7 and 3.2 times as likely as non-schizophrenics to experience cardiac arrest or an irregular heart rhythm. However, the authors note in the November 9th issue of the British Medical Journal, it is not clear whether the increased risk is due to the schizophrenia or its treatment. Hennessy told Reuters Health that regardless of the cause of the heart problems, people with schizophrenia should continue their medication. "The risks shown in the study are really pretty small, and the benefit of antipsychotic drugs strongly outweigh this small risk," he said. Schizophrenia is a widespread and debilitating form of mental disease with symptoms ranging from delusions and an altered sense of self to apathy and social withdrawal. It affects around 1% of people. During the study, Hennessy and his colleagues followed a group of more than 100,000 people, many of whom were schizophrenics who took different antipsychotic treatments, and noted if they experienced cardiac arrest or ventricular arrhythmia, a potentially life-threatening condition in which the heart rhythm becomes irregular. During cardiac arrest, the heart unexpectedly stops beating. Patients appeared to experience the same risk of heart problems whether they were taking haloperidol or thioridazine, but the authors noted that the risk of problems appeared to increase at higher doses of thioridazine. In an interview with Reuters Health, Hennessy explained that some antipsychotic medications can prolong the so-called QT interval. The QT interval represents a portion of an electrocardiogram (ECG), the tracing of the heart's electrical activity. Although what the effect of prolonging this interval may be on the heart remains unclear, some researchers suspect that it may increase the risk of cardiac arrest. Alternatively, Hennessy said that schizophrenia itself may cause cardiac arrest because patients with the condition often have abnormal levels of salts in the blood, such as potassium. "There are also many poorly understood relationships between brain and body," he noted. Nevertheless, to protect patients, Hennessy and his colleagues recommend that doctors treating patients with thioridazine try to keep the dose as low as possible, without sacrificing its benefits.

Low-Dosage Tricyclic Antidepressants Justified in Adult Depression

<http://www.docguide.com/news/content.nsf/news/8525697700573E1885256C660022B3A0?OpenDocument&c=&count=10&id=9F874D6C503400D485256AFD0071B610>

Treating depressed adults with low-dose tricyclic antidepressants is justified, a meta-analysis of the literature up to November 2000 indicates. An international team of researchers from Japan, British and Italy do suggest, however, that more rigorous studies are needed to definitively

establish the relative benefits and harms of various dosages. They concluded: "Low dosage tricyclic antidepressants between 75 mg/d 100 mg/d and possibly below this range bring about more reduction in depression at four to eight weeks of treatment and beyond, as well as more dropouts due to side effects and more people with at least one side effect, than placebo in both primary care and psychiatric settings." They point out that standard dosage tricyclics may or may not be able to bring about more reduction in depression than low-dosage tricyclics but standard dosages cause more patients to drop out of treatment due to side effects than placebo does. The systematic review of randomised trials included 35 studies with 2,013 participants that compared low-dosage tricyclics with placebo and six studies with 551 participants that compared low-dosage tricyclics with standard dosage tricyclics. The researchers, from Nagoya City University Medical School in Japan, King's College Institute of Psychiatry in London and the University of Verona, found the low dosage tricyclics were 1.65 times more likely than placebo to bring about response at four weeks. At six to eight weeks, the low-dosage drugs were 1.47 times as likely as placebo to produce results. They also say every trial protocol should include strategies for ensuring follow-up of every participant, even if the patient stops using the prescribed drug: "Only then can the relative benefits and harms of various dosages be definitely established." *BMJ*, 2002: 325: 991-994. "Meta-analysis of effects and side effects of low dosage tricyclic antidepressants in depression: systematic review."

Need to Monitor Paxil in Pregnancy

http://story.news.yahoo.com/news?tmpl=story2&cid=594&ncid=594&e=8&u=/nm/20021111/hl_nm/paxil_complications_dc

Taking the antidepressant paroxetine (Paxil) late in pregnancy may increase the risk of several complications in newborns, Canadian researchers report. But the complications are temporary and do not seem to cause lasting problems, so the findings do not mean that pregnant women should stop taking the drug, according to study author Dr. Gideon Koren, who heads the Motherisk program at the University of Toronto in Canada. "This is a very effective drug that helps millions of women and men with depression," he told Reuters Health. Although he advised women to discuss the risks with their doctor if they take paroxetine during pregnancy, Koren said that recent studies by his group "have shown serious risks when pregnant women discontinue their antidepressants." However, because of the risk of newborn complications, babies born to women taking the drug should be monitored carefully, he said, and treated if problems develop. The good news, according to Koren, is that "this appears to be a self-limited condition with no long-term adverse effects." Still, he said that sending mothers and newborns home 24 hours after delivery "is a bad idea for those exposed to paroxetine." Paroxetine is an SSRI, or selective serotonin reuptake inhibitor. These drugs, which include Prozac, battle depression by acting

on the brain chemical serotonin. Paroxetine is often prescribed to pregnant women to treat depression, panic disorder and obsessive-compulsive disorder. The drug is not known to cause birth defects in children whose mothers take it during pregnancy, but its safety when taken late in pregnancy has been uncertain. When some people stop taking paroxetine, they experience a "discontinuation" syndrome, which is a type of withdrawal from the drug. Recently, there have been several reports of irritability, jitteriness, excessive crying, shivering and other symptoms in newborns whose mothers took paroxetine during pregnancy, the authors note in their report in the November issue of the Archives of Pediatrics and Adolescent Medicine. To test the link between paroxetine use during pregnancy and newborn complications, Koren's team studied 55 women who had used Paxil during their third trimester and their babies. The study of women and their newborns also included 27 women who had taken paroxetine in the first and second, but not third, trimester and 27 women who had not used paroxetine at all during pregnancy. Twelve of the 55 babies whose mothers had taken the drug late in pregnancy experienced complications shortly after birth for which they had to remain in the hospital. The most common complication was respiratory distress, which affected nine babies, followed by two infants with low blood sugar and one with jaundice. The symptoms cleared up within 1 to 2 weeks, however. In contrast, only three out of 54 babies in the comparison groups experienced similar complications, the investigators found. Babies born to mothers who took paroxetine in the third trimester were also much more likely to be born prematurely, 20% versus 3.7%. The researchers took into account several factors that could have influenced the risk of complications, including premature birth, smoking and cesarean section, but exposure to paroxetine late in pregnancy was still associated with an increased risk of newborn complications. In his comments to Reuters Health, Koren said that adults who stop taking paroxetine are more likely to experience "discontinuation" side effects than people who stop taking other antidepressants. In a separate study, children whose mothers took fluoxetine (Prozac) or older antidepressants called tricyclics did not experience more complications in the womb, although the effects of the drugs on newborn complications is unknown. In an interview with Reuters Health, Michael Fleming, a spokesman for GlaxoSmithKline, the maker of paroxetine, said that the company has not conducted any studies on the effect of the drug on newborns whose mothers took paroxetine during pregnancy. He said that the drug's label advises pregnant women to talk with their physicians to weigh the benefits of the drug against any possible risks. Fleming said, however, that the company's monitoring of paroxetine since it went on the market has produced no clear evidence that the medication is associated with an increased risk of newborn complications. He added that animal studies have also not provided any such evidence. SOURCE: Archives of Pediatrics and Adolescent Medicine 2002;156:1129-1132.

Recombinant Activated Factor VII Rapidly Neutralises Anticoagulant Effect of

Arixtra (Fondaparinux) in Healthy Men

<http://www.docguide.com/news/content.nsf/news/8525697700573E1885256C6E00504F92?OpenDocument&c=&count=10&id=9F874D6C503400D485256AFD0071B610>

Administration of recombinant activated factor VII (rVIIa) reverses the anticoagulant effect of high-dose fondaparinux (Arixtra®) in healthy volunteers, according to a study presented here November 7 at CHEST 2002, the annual meeting of the American College of Chest Physicians. Nick R Bijsterveld, MD, from the department of internal medicine and cardiology in the Academic Medical Center at University of Amsterdam, Amsterdam, the Netherlands, said fondaparinux, a selective factor Xa inhibitor, has gained widespread use for prevention of venous thromboembolism during orthopaedic surgery. However, there have been concerns about effective measures to "turn it off" in the event of bleeding complications. Dr. Bijsterveld and colleagues enrolled 16 healthy men in a randomised, placebo-controlled trial. Eight volunteers received a single subcutaneous dose of fondaparinux 10 mg followed by an intravenous bolus injection of rVIIa 90 µg/kg and four received fondaparinux followed by an intravenous bolus injection of placebo; or placebo followed by rVIIa (n=4). Placebo rVIIa and rVIIa were given in a double-blind fashion two hours after fondaparinux or placebo. Fondaparinux doubled the thrombin generation time compared to baseline, up to 5 hours post-administration. Rapid normalisation occurred after administration of rVIIa, up to 6 hours after injection. The thrombin generation time between 2 and 8 hours in fondaparinux subjects was shortened by 38 percent in patients who received the rVIIa injection compared to the fondaparinux alone group (p=0.001). Endogenous thrombin potential decreased by 21 percent after fondaparinux administration (p=0.001), and was sustained up to 8 hours post-administration. A rapid increase, though not to baseline levels, was obtained by rVIIa infusion. The endogenous thrombin potential between 2 and 8 hours was 9 percent higher in the fondaparinux plus rVIIa group compared with the fondaparinux alone group (p=0.056). Plasma levels of prothrombin activation peptides F1+2 were reduced after administration of fondaparinux from a baseline of 0.80 nmol/L to a minimum of 0.55 nmol/L at 6 hours (p=0.06). Administration of recombinant VIIa prevented this decrease for up to 3 hours post-infusion.

Allergists Fear Fallout From Over-the-Counter Claritin

<http://www.healthscoutnews.com/view.cfm?id=510229>

With drug regulators poised to make the blockbuster antihistamine Claritin available without a prescription, a group of allergy specialists today warned that the move could force many patients to buy older, more dangerous drugs. At issue is the structure of health plan formularies, which are lists of drugs that insurers will cover and levels of reimbursement for those medications. The patent for Claritin is set to expire at the end of the month, opening the door for cheaper, generic versions of the drug. Its

maker, Schering-Plough Corp., has made two moves in an attempt to hold on to its share of the allergy pill market. First it introduced a new drug, Clarinex, which is chemically and syllabically close to Claritin but which the company plans to sell by prescription. Then it petitioned the U.S. Food and Drug Administration to sell Claritin over the counter. If, as is expected, the FDA allows Claritin to be sold without a prescription, some experts fear insurers will drop related non-sedating pills like Allegra or Zyrtec from their formularies to shift costs to consumers. That step, they argue, would force allergy sufferers to either pay more out-of-pocket for the newer drugs or settle for cheaper but older antihistamines that could make them drowsy and increase their risk of auto accidents and workplace injuries. Allegra and Zyrtec both require a prescription for now, and both still have patent protection. Dr. Bill Berger, incoming president of the American College of Allergy, Asthma and Immunology, warned of "disastrous" consequences to consumers if formularies remove the second-generation antihistamines. Allergies and asthma affect between 20 percent and 30 percent of the nation, Berger said, a figure that has doubled in the last 20 years. These conditions lead to as many as 11 million doctor visits a year, along with 2 million trips to the emergency room and a half million hospitalizations. Their economic toll: 30 million missed days of work and school and upwards of \$13 billion in direct and indirect costs annually. Allowing allergy pills like Claritin to be available without a prescription, and thus taking doctors out of the first stage of treatment, "is a very, very bad mistake," said Berger, who spoke at a teleconference with reporters. Dr. Bob Lanier, current president of the college, said that allowing patients to buy potent antihistamines without a prescription "trivialized" conditions like asthma and hay fever. Lanier said he and his colleagues had doubts that patients could accurately diagnose and manage their allergies. Failure to do so delays appropriate treatment. "We know patients self-medicate for many diseases," Berger said. "It isn't until things get completely out of hand that patients finally see a doctor." An FDA panel last year recommended approval of Claritin for nonprescription use, along with Aventis' Allegra and Pfizer's Zyrtec. The agency has yet to rule on the matter, but it rarely goes against the guidance of its expert panels. The drugmakers had threatened legal action, but Schering, with the patent expiration for Claritin looming, has since changed its mind. WellPoint Health Networks, a division of Blue Cross, has urged the FDA to make all antihistamines available over the counter, arguing that the drugs are too expensive. The move would give the nation's allergy sufferers "greater ownership of their health care," WellPoint has said. Mohit Ghose, a spokesman for the American Association of Health Plans, a Washington, D.C. trade group, accused the allergy college of using "scare tactics" to complicate an issue that at bottom required only effective patient education. "People should sit down and talk with their physician and find out what's best for them," said Ghose, who added that making the potent antihistamines available without a prescription would generate "tremendous

cost savings" that plans would pass along to consumers. Ghose said his association's members were "seriously considering" what to do once Claritin can be bought over the counter, mulling measures like altering formularies and adjusting co-payments. Dr. Stanley Fineman, an immunologist in Marietta, Ga., who also spoke at the teleconference, said that these maneuvers will affect patients above their wallets. "It really does impact the patients and how they manage their disease and how we're going to see their outcomes," Fineman said. When people have to pay more for drugs, they may be less compliant with the treatment, he said. Lanier said his main concern is that patients retain a choice in treating their allergies. Removing drugs from formularies would deny them options, he added.

Life Expectancy Gap Due to Smoking, HIV, Diabetes

http://story.news.yahoo.com/news?tmpl=story2&cid=571&ncid=751&e=2&u=/nm/20021114/hl_nm/smoking_lifeexpectancy_dc

Blacks and the less educated in the US have life expectancies about 6 years shorter than their white and better-educated counterparts, respectively. Now a new report suggests that smoking-related diseases are largely to blame when it comes to cutting the life expectancy of people with lower levels of education. And high blood pressure, HIV (news - web sites), diabetes and homicide appear to be the greatest contributors to the discrepancy in death rates among blacks versus whites, according to a team of California researchers. "Previous studies have found that African Americans and those less educated have worse health outcomes for a diverse array of diseases, thus, it has been difficult to know where to focus our public health resources," lead study author Dr. Mitchell D. Wong, of the University of California at Los Angeles told Reuters Health. "The study has important implications for redirecting public health efforts and the allocation of future research funding," he said. Wong and his colleagues analyzed data from the 1986 to 1994 National Health Interview Survey and estimated death rates from various diseases, based on a life expectancy of 75 years. Overall, people without a high school education were at risk of dying an average 9 years earlier than high school graduates, while blacks were at risk of dying almost 2 years earlier than their white counterparts, the investigators report in this week's issue of The New England Journal of Medicine. These findings remained true when the researchers took into account the study participants' age, gender and race or educational level, the report indicates. The diseases that most accounted for the educational disparity in death rates were heart disease, lung cancer, stroke, congestive heart failure, pneumonia and lung disease--all smoking-related diseases. In fact, eliminating heart disease--which accounted for nearly 12% of the potential years of life lost--would lead to a nearly 10-month gain in life expectancy, study findings show. Similarly, eliminating lung disease--the second greatest contributor to the educational disparity--would add about 6 months to the life expectancy of less-educated individuals. On the other hand, the discrepancy in death rates among blacks, in comparison to whites,

was largely due to deaths from high blood pressure (hypertension)--which accounted for 15% of the disparity, followed by deaths from HIV, diabetes and homicide. Eliminating the number one contributor to racial disparities--high blood pressure--would lead to an almost 3-month gain in life expectancy among blacks, and getting rid of HIV deaths would lead to a roughly 2-month gain in life expectancy, the report indicates. In many studies on eliminating racial disparities, researchers have focused on heart attacks and cancer--the leading causes of death among African Americans and whites, and differences in treatment, according to Wong. The present study findings, however, "suggest that we need to pay more attention to hypertension, HIV and diabetes, as well as homicide," he said. The study did not investigate whether health insurance, access to care or related factors might explain the disparities in death rates, but the fact that smoking-related diseases accounted for the top six contributors to the educational disparity in life expectancy suggests "that interventions to prevent smoking could have an enormous impact," the authors write. "In addition, we know that African Americans are more likely to get hypertension, HIV and diabetes, and also tend to have more severe disease," Wong said. "Thus, it is important to find out what the impact would be of improved screening, prevention and treatment of these diseases on racial disparities in life expectancy."

Alcohol Consumption Increases Risk of Breast Cancer

<http://www.medscape.com/viewarticle/444457?WebLogicSession=PdO1p6FgyEn20aKpO8ywrKID91maWB13Yhc2wAlMWFud26XqwYXZ|-8380706253372149279/184161390/6/7001/7001/7002/7002/7001/-1>

Alcohol may have cardioprotective effects, but daily consumption of alcoholic beverages can increase a woman's risk of breast cancer, according to a report published in the November 18th issue of the British Journal of Cancer. One unit, or 10 grams of alcohol per day, raises a woman's chances of developing the malignancy by about 7%, while smoking does appear to increase the risk. "The more women drink, the higher their risk of breast cancer," Dr. Valerie Beral, of the Radcliffe Infirmary in Oxford, England, told a news conference. The researchers, who analysed data from 53 studies that investigated the effects of alcohol and smoking on breast cancer, estimate that alcohol use accounts for about 4% of breast cancers in the developed world. About 40,000 cases of breast cancer are diagnosed in Britain each year. If women stopped drinking alcohol there would be about 2000 fewer cases annually, Dr. Beral said. Until now, researchers had not been able separate the effects of alcohol and smoking on breast cancer. But the size of the current analysis, which included data on 150,000 women worldwide, allowed Dr. Beral's team to show a clear link between alcohol and breast cancer risk. "When we did this we found that drinking, but not smoking, increases the risk of breast cancer," Richard Doll, a co-author of the study, said. "This report is giving us a definitive answer," he added.

Although the researchers do not know how alcohol raises the risk of breast cancer, they believe that it may involve changes in estrogen levels. Because alcohol has a protective effect against heart disease and stroke, but an adverse effect on breast cancer risk, Dr. Beral said the decision to drink may depend on a woman's age. After 65 years of age, women are more at risk of dying from heart disease than from breast cancer so the benefit of moderate drinking could outweigh the negative impact on breast cancer risk, she explained.

American Gastroenterological Association (AGA) Panel Concludes Non-Prescription Treatments are the First Choice for Heartburn

<http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/11-13-2002/0001840462&EDATE=>

Leading gastroenterologists have concluded that the majority of the 61 million Americans who suffer from heartburn can effectively relieve their symptoms with over-the-counter (OTC) heartburn medications, rather than expensive prescription (Rx) medications like proton pump inhibitors (e.g. Nexium(R) or generic esomeprazole and Prilosec(R) or generic omeprazole). In fact, as many as 7 out of 10 heartburn sufferers can effectively treat their symptoms with OTC products. These results clearly underscore the value of products currently available without a prescription. The American Gastroenterological Association (AGA) consensus panel convened to review clinical evidence and offer physicians recommendations for the diagnosis and treatment of GERD (Gastroesophageal reflux disease). Heartburn is a symptom of GERD. The consensus panel, using evidence-based evaluations of clinical data determined that OTC heartburn medications may provide rapid, safe and effective relief even for people experiencing heartburn two or more times a week. In fact, only 3 out of 10 of these individuals would require a physician's visit. The panel recommended that consumers treat their episodic heartburn with OTC products and only consult a physician if they experienced "severe, frequent or prolonged symptoms" for more than four weeks. While generally recognizing non-prescription products as a first line treatment choice, the consensus panel specifically found that the combination H2 blocker/ antacids, currently only available OTC as Pepcid(R) Complete, provided the most effective heartburn symptom relief. "Optimal treatment options for GERD and heartburn have long elicited debate among physicians," says James W. Freston, Professor of Medicine (Gastroenterology) and Director of Clinical Research at The University of Connecticut Health Center. "Now these recommendations from the AGA provide new guidance for the treatment of heartburn and help to clarify a sufferer's choices. They clearly state that in a majority of cases, OTC medication is the right answer." Heartburn occurs as a result of inappropriate relaxation of the muscular valve at the lower end of the esophagus, or food pipe, which normally serves to keep acidic juices in the stomach. Acid from the stomach flows up into the esophagus causing a burning sensation in the chest or

throat, sometimes leaving an acidic or bitter taste in the mouth. Certain foods may trigger heartburn such as coffee of any type, fatty foods, chocolate, peppermint and alcohol. Heartburn can usually be treated and prevented through lifestyle changes, as well as with medication. "This is great news for heartburn sufferers," says Steven R. Peikin, M.D., head of Gastroenterology and Department of Liver Disease at Cooper Hospital/University Medical Center and professor of medicine at Robert Wood Johnson Medical School and author of *Gastrointestinal Health*. "These findings indicate that many sufferers may not have to rush to prescription medication. We've now confirmed that you can effectively treat episodic heartburn with OTC products for up to four weeks; if the heartburn symptoms are controlled, maintain OTC therapy.

Study Says a Protein May Be Better Than Cholesterol in Predicting Heart Disease Risk

<http://www.nytimes.com/2002/11/14/health/14PROT.html>

An inexpensive blood test for a protein linked to artery disease may be better than a cholesterol test at predicting a person's risk for a heart attack or stroke, researchers are reporting today.

The test, for the substance, C-reactive protein, may help identify people who have an increased risk even though they do not have high cholesterol. About half of the people with heart disease have normal cholesterol levels, a finding that has led many researchers to suspect that other factors must play a role in cardiovascular disease. Recognizing risk can help determine whether patients need to do things like change their diets, lose weight, exercise more or take medication. Previous reports have also found the protein test to be a good measure of risk. The new report, being published today in *The New England Journal of Medicine*, is considered the strongest evidence yet because the study was large, with 27,939 women, and tracked their health for eight years. The results are thought to apply equally to men. The researchers, led by Dr. Paul M. Ridker, director of the center for cardiovascular disease prevention at Brigham and Women's Hospital in Boston, concluded that women with high C-reactive protein were twice as likely to have a heart attack or stroke as women with high cholesterol. "This is a very powerful and I would even argue overwhelming demonstration of the fact that it's time to move beyond cholesterol if we're trying to prevent this disease," Dr. Ridker said. Other researchers had varying opinions about the blood test, with some ready to embrace widespread use and others calling for more research. It was one of the battery of tests performed during President Bush's annual physical exam in August; his level was low. Dr. Eric Topol, chief of cardiology at the Cleveland Clinic, who was not part of Dr. Ridker's study, said, "This is the time to make the call for using this test, not in every patient, but in a large proportion as a routine evaluation." At his clinic, Dr. Topol said, the test costs only \$8 and has been used often for several years. He said he thought it would eventually be

included in the blood tests now done routinely during checkups. Dr. Topol also said that at cardiology conferences, where the test is commonly offered free, he had seen doctors line up to find out their levels. The protein is measured in milligrams per liter of blood, and the lower the level, the better, Dr. Topol said. A high level is more than 4.0. Dr. Lori Mosca, director of preventive cardiology at New York Presbyterian Hospital, said the test had predictive value, but, she added, "I don't think we're ready to make the leap to routine screening." Dr. Mosca, who wrote an editorial accompanying Dr. Ridker's article, said it was too soon for routine screening because studies had not been done to determine whether lowering C-reactive protein would lower a person's risk. The same measures already used to treat and prevent heart disease - including exercise, weight loss, aspirin, smoking cessation and the statin drugs that are widely used to lower cholesterol - also lower levels of the protein. Dr. Mosca said she did use the test in some patients, particularly those who had some risk factors but were borderline cases in terms of whether they needed drug treatment. Dr. James Cleeman, coordinator of the National Cholesterol Education Program at the National Heart Lung and Blood Institute, expressed views similar to Dr. Mosca's and said his group would not recommend routine use of the test now. But that could change, he said. Experts from the American Heart Association and the Centers for Disease Control and Prevention expect to issue guidelines soon for using the test, said Dr. Robert Bonow, president of the heart association. He said Dr. Ridker's report would influence the guidelines. Even researchers who do not think the test is ready for the public said the study was extremely important in helping to explain the development of heart disease. C-reactive protein is a measure of inflammation, which in recent years has become the focus of intense research in cardiology. Normally, it is the body's way of protecting itself against injury and infection; it involves a cascade of reactions by the immune system. But if inflammation becomes chronic or turns against a person's own tissues, disease can result. Many researchers think chronic inflammation plays a major part in artery disease, heart attacks and strokes. Inflammation inside arteries is thought to contribute to heart attacks and strokes by causing cholesterol deposits in the artery walls to rupture and bleed. Blood clots then form, blocking the vessels and cutting off the blood supply to portions of the heart or brain. C-reactive protein, Dr. Topol said, "is a window into the process of arterial inflammation, a very important insight that we otherwise can't get." Dr. Ridker said, "From 25 to 30 million healthy, middle-aged Americans are at far higher risk than they and their doctors understand them to be, because we're not taking inflammatory factors into account." The subjects in his study were women 45 and older who were healthy and already participating in a study that tracked the development of heart disease. The women gave blood samples when they entered the study, and researchers followed their health for an average of eight years. During that time, 571 women had heart attacks, strokes, procedures to open blocked coronary arteries or died from cardiovascular

disease. The researchers measured levels of C-reactive protein and LDL cholesterol, the so-called bad cholesterol, in the blood taken at the beginning of the study. High levels of the protein were more dangerous than high LDL cholesterol: compared with high cholesterol, high protein was linked to about twice the risk of stroke, coronary disease or cardiovascular death

Flip side of taking growth hormone: Risk of diabetes

http://www.gopbi.com/partners/pbpost/epaper/editions/wednesday/accent_d31d48b73234425b1032.html

Mention human growth hormone, and ears will open. Some consider it a wonder drug against aging, but its downside wasn't always clear. A study published in today's issue of the Journal of the American Medical Association (JAMA), is certain to encourage more debate on its efficacy. In the first study of the separate and combined effects of growth hormone and sex steroids in healthy older men and women, investigators found that growth hormone replacement substantially increased lean body mass and decreased fat mass in both sexes. In combination with testosterone, growth hormone significantly improved cardiovascular endurance in older men. But there was a big downside. The researchers also reported an increased incidence of glucose intolerance and diabetes among men, a very serious side effect. "Although this study suggests that growth hormone or related substances, particularly given in combination with testosterone in older men, may one day be a promising therapeutic agent in the treatment of certain age-related conditions, it is not ready for prime time," said Dr. Marc R. Blackman, the study's lead investigator. The study was conducted by investigators from the National Institute on Aging (NIA) Intramural Research Program and the Johns Hopkins University School of Medicine in Baltimore.

Houston FBI Warns of Hospital Threat

<http://apnews1.iwon.com/article/20021114/D7N9QQO00.html>

Hospitals in Houston, San Francisco, Chicago and Washington have been alerted they may be targets of a terrorist threat, the Houston FBI says. FBI agent Bob Doguim said Wednesday that the agency received the uncorroborated information from overseas intelligence sources. He said the threat to hospitals in the four cities was not specific, though it mentioned a time between December and April - and the possibility of anthrax or explosives. The Chicago FBI said such an attack "would take place in reaction to the continued arrest of a Pakistani national by Pakistani authorities," and could come leading up to the holiday season. "We have to let the public and the hospitals know about it," Doguim said. "We're going to err on the side of caution." Doguim warned hospital staff and patients not to overreact. "This stuff is going to continue to go on," he said. "Be confident in the fact we have procedures and systems in place to deal with this kind of

information." Erin Fairchild, a spokeswoman for Methodist Hospital in Houston, said the hospital's security staff was talking with members of different departments. "We have alerted different people around the hospital in an attempt to heighten awareness," said Stefanie Asin, a Methodist Hospital spokeswoman. "We are not doing anything extraordinary." Chicago Police Department Officer Carlos Herrera said police were being told to be on the lookout for anything suspicious, and were alerting hospitals of the potential danger. "We've always been on a state of high alert," Herrera said. "That hasn't changed." In San Francisco, a spokeswoman at the regional trauma center, San Francisco General Hospital, said staff received a memo Tuesday outlining the threat, but that no special precautions were put in place. "Our employees believe there's a threat every day," spokeswoman Doreen Meyer said.

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THE NEW ENGLAND JOURNAL OF MEDICINE

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ORIGINAL ARTICLES

Dexamethasone in Adults with Bacterial Meningitis

<<http://content.nejm.org/cgi/content/short/347/20/1549?query=TOC>>

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Website(s) of the Day

Drugs use and Pregnancy

Two good sites with citations to primary literature via pubmed are Motherisk and Perinatology. When faced with clinical questions on drug use and pregnancy consider these sites...or better yet call your favorite neighborhood drug information specialist.

<http://www.motherisk.org/drugs/index.php3>

<http://www.perinatology.com/exposures/druglist.htm>

Answer of the Day

The American Academy of Pediatrics has a tremendous website with a vast amount of information including practice guidelines, policy statements, and more. One very useful policy statement includes a list of drugs compatible with breastfeeding and a discussion of risk with various agents. The statement can be found at the following:

<http://www.aap.org/policy/0063.html>