



Drug Monitor

Pregabalin for GAD?

In 2004, the FDA approved pregabalin to treat diabetic neuropathic pain, postherpetic neuralgia, and partial onset seizures (as an adjunctive therapy). There's evidence, however, that it might work against generalized anxiety disorder (GAD) as well. In a multicenter, randomized, double-blind, placebo-controlled study of 454 patients with GAD, pregabalin performed at least as well as alprazolam, the most frequently prescribed anxiolytic drug in the United States.

The study—which was led by a researcher from the University of Pennsylvania, Philadelphia and supported by Pfizer Inc.—compared four weeks of treatment with pregabalin at one of three fixed dosages (300, 450, or 600 mg/day), alprazolam 1.5 mg/day, or placebo. As early as one week into treatment, both pregabalin (at all three dosages) and alprazolam had significantly improved patients' psychic anxiety scores compared to placebo. By study's end, total anxiety scores were better with all treatments than with placebo, but only the 300- and 600-mg pregabalin groups significantly reduced patients' somatic anxiety symptoms.

While not fully understood, pregabalin's mechanisms of action appear to be distinct from those of all other anxiolytics. Furthermore, the drug is absorbed rapidly and, since it does not bind with proteins or act at P450 enzymes, it may have a favorable drug interaction profile, the researchers say.

In the study, all pregabalin dosages were well tolerated—though more patients in the higher dosage groups discontinued treatment. Pregabalin use was associated with dose-related weight gain, with patients in the 300-mg pregabalin group experiencing gains

comparable to those in the alprazolam group (1.1 and 0.9 kg, respectively). Because of its better tolerability and full effectiveness, the researchers say pregabalin 300 mg/day is probably the best dosage for most patients.

Source: *Arch Gen Psychiatry*. 2005;62:1022–1030.

Treating HIV Lipodystrophy

Which drug works best for HIV lipodystrophy: rosiglitazone or metformin? It depends on the patient's particular needs, say researchers from the University Medical Center, Utrecht, the Netherlands; Leiden University Medical Center, Leiden, the Netherlands; St. Franciscus Gasthuis, Rotterdam, the Netherlands; and Hospital Universitari de Sant Joan, Reus, Spain.

After comparing the effects of these two drugs in 39 men with HIV lipodystrophy in an open, randomized, six-month trial, the researchers found pros and cons for both treatments. Both drugs improved patients' response to glucose tolerance testing, but only rosiglitazone increased adiponectin levels. This increase may be explained by improved adipocyte function and may help protect against atherosclerosis, the researchers suggest. Metformin, on the other hand, had a greater beneficial effect on the fasting lipid profile.

While rosiglitazone increased patients' low levels of subcutaneous fat, thus improving lipotrophy, it also increased their visceral abdominal fat. Metformin reduced both subcutaneous and visceral abdominal fat, as has been previously reported.

Given these findings, the researchers suggest that rosiglitazone may be the drug of choice for patients who have marked lipotrophy and insulin resistance but who are not hyperlipidemic.

Metformin may be preferred for viscerally obese, overweight, dyslipidemic patients.

Source: *Ann Intern Med*. 2005;143:337–346.

Nystatin—Hold the Sugar

A spoonful of sugar may help the medicine go down, but it also can rot teeth. Dentists from the University of Mississippi Medical Center, Jackson, report on a patient who experienced persistently recurrent tooth decay, despite oral hygiene and frequent cleanings, while taking an oral suspension of nystatin.

The 77-year-old patient had hypertension, type 2 diabetes, gout, squamous cell carcinoma of the vocal cords, xerostomia, and chronic candidiasis of a tracheal stoma. His vocal cord cancer had been treated with a partial laryngectomy, followed by radiation therapy (which is known to cause xerostomia). In addition to the nystatin oral suspension, his daily medications included ramipril, hydrochlorothiazide, glipizide, and colchicine.

Because of his xerostomia, the patient usually drank a significant amount of water after taking all of his oral medications—except the nystatin suspension. When the dentists consulted with the patient's pharmacist, they discovered that the nystatin suspension contained a 33% sucrose solution.

The authors explain that, because xerostomia can impair the ability to swallow, it may be that some of the nystatin rinse was remaining in the patient's mouth for prolonged periods after he took his regular dose, contributing to his oral pathology. They have since switched the patient to a sugar free nystatin formulation and are monitoring him for improvement. ●

Source: *Ann Pharmacother*. 2005;39:1758.