

Congenital Disease Survival to Adulthood at 89%

BY MITCHEL L. ZOLER

ORLANDO — Infants born with a congenital heart disease during 1990-1999 who then underwent care at a tertiary center had an 89% actuarial survival rate to age 18 or older, based on data of more than 3,800 patients at one Belgium center.

The rate was a significant improvement over an 85% survival to adulthood rate for infants with congenital heart

disease born during 1980-1989 and managed at the same center, and the 82% survival to age 18 or older in infants born during 1970-1979, Philip Moons, Ph.D., said at the annual scientific sessions of the American Heart Association.

Dr. Moons and associates used the clinical database of the congenital heart disease program at Catholic University in Leuven, Belgium, which included 17,044 patients born with gross structural ab-

normalities of the heart or intrathoracic great vessels. Twenty-three percent were born during 1990-1999; 24% before 1970, 10% during 1970-1979, 21% during 1980-1989, and 17% in 2000 or more recently.

The most common congenital diseases for the entire group was ventricular septal defect, in 22%, followed by atrial septal defect in 15%, and pulmonary valve abnormality in 10%.

In the 1990-1999 group, mortality from

congenital heart disease occurred because of cardiac failure in 56%, postoperative complications in 22%, and perioperative complications in 9%. In the 1990-1999 group, mortality during follow-up was 99% in patients with mild congenital heart disease, 90% in those with moderate disease, and 59% in patients with a complex abnormality, said Dr. Moons, a researcher at Catholic University who reported no financial conflicts of interest. ■

Valturna (aliskiren and valsartan, USP) Tablets

Initial U.S. Approval: 2009

BRIEF SUMMARY: Please see package insert for full prescribing information.

WARNING: AVOID USE IN PREGNANCY

When pregnancy is detected, discontinue Valturna as soon as possible. When used in pregnancy during the second and third trimesters, drugs that act directly on the renin-angiotensin-aldosterone system can cause injury and death to the developing fetus. [See Warnings and Precautions (5.1)].

1 INDICATIONS AND USAGE

Valturna is indicated for the treatment of hypertension.

Add-on Therapy

A patient whose blood pressure is not adequately controlled with aliskiren alone or valsartan (or another angiotensin receptor blocker) alone may be switched to combination therapy with Valturna.

Replacement Therapy

Valturna may be substituted for the titrated components.

Initial Therapy

Valturna may be used as initial therapy in patients who are likely to need multiple drugs to achieve their blood pressure goals.

The choice of Valturna as initial therapy should be based on an assessment of potential benefits and risks.

Patients with Stage 2 hypertension are at a relatively high risk for cardiovascular events (such as strokes, heart attacks, and heart failure), kidney failure, and vision problems, so prompt treatment is clinically relevant. The decision to use a combination as initial therapy should be individualized and should be shaped by considerations such as baseline blood pressure, the target goal, and the incremental likelihood of achieving goal with a combination compared to monotherapy. Individual blood pressure goals may vary based upon the patient's risk.

Data from the high-dose multifactorial study [see Clinical Studies (14) in the full prescribing information] provide estimates of the probability of reaching a target blood pressure with Valturna compared to aliskiren or valsartan monotherapy. The figures below provide estimates of the likelihood of achieving systolic or diastolic blood pressure control with Valturna 300/320 mg, based upon baseline systolic or diastolic blood pressure. The curve of each treatment group was estimated by logistic regression modeling. The estimated likelihood at the right tail of each curve is less reliable because of a small number of subjects with high baseline blood pressures.

Figure 1: Probability of Achieving Systolic Blood Pressure (SBP) <140 mmHg in Patients at Endpoint

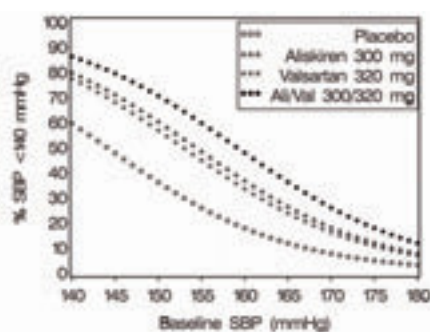


Figure 2: Probability of Achieving Diastolic Blood Pressure (DBP) <90 mmHg in Patients at Endpoint

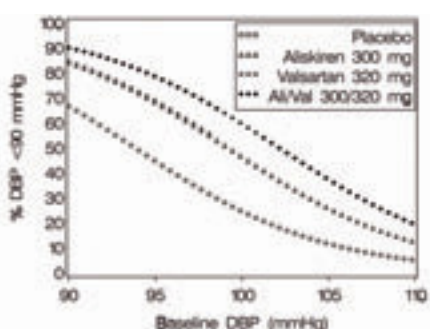


Figure 3: Probability of Achieving Systolic Blood Pressure (SBP) <130 mmHg in Patients at Endpoint

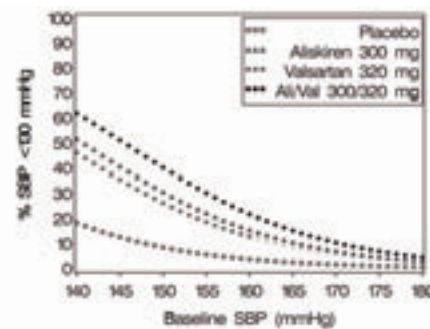
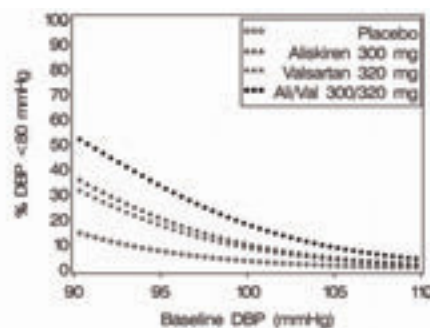


Figure 4: Probability of Achieving Diastolic Blood Pressure (DBP) <80 mmHg in Patients at Endpoint



At all levels of baseline blood pressure, the probability of achieving any given diastolic or systolic goal is greater with the combination than for either monotherapy. For example, the mean baseline SBP/DBP for patients participating in this multi-factorial study was 154/100 mmHg. A patient with a baseline blood pressure of 154/100 mmHg has about a 51% likelihood of achieving a goal of <140 mmHg (systolic) and 46% likelihood of achieving <90 mmHg (diastolic) on aliskiren alone, and the likelihood of achieving these goals on valsartan alone is about 47% (systolic) and 47% (diastolic). The likelihood of achieving these goals on Valturna rises to about 62% (systolic) and 60% (diastolic). The likelihood of achieving these goals on placebo is about 28% (systolic) and 25% (diastolic) [see Dosage and Administration (2) and Clinical Studies (14) in the full prescribing information].

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Fetal/Neonatal Morbidity and Mortality

Valturna can cause fetal harm when administered to a pregnant woman. If this drug is used during pregnancy, or if a patient becomes pregnant while taking this drug, apprise the patient of the potential hazard to the fetus.

Drugs that act directly on the renin-angiotensin-aldosterone system can cause fetal and neonatal morbidity and death when administered to pregnant women. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, apprise the patient of the potential hazard to the fetus [see Use in Specific Populations (8.1)]. In several dozen published cases, use of ACE inhibitors during the second and third trimesters of pregnancy was associated with fetal and neonatal injury, including hypotension, neonatal skull hypoplasia, anuria, reversible or irreversible renal failure, and death. In addition, first trimester use of ACE inhibitors has been associated with birth defects in retrospective data.

5.2 Head and Neck Angioedema

Aliskiren

Angioedema of the face, extremities, lips, tongue, glottis and/or larynx has been reported in patients treated with aliskiren and has necessitated hospitalization and intubation. This may occur at any time during treatment and has occurred in patients with and without a history of angioedema with ACE inhibitors or angiotensin receptor antagonists. If angioedema involves the throat, tongue, glottis or larynx, or if the patient has a history of upper respiratory surgery, airway obstruction may occur and be fatal. Patients who experience these effects, even without respiratory distress, require prolonged observation since treatment with antihistamines and corticosteroids may not be sufficient to prevent respiratory involvement. Prompt