

# Blood Pressure Goals Unmet In Many Diabetes Patients

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BARCELONA — Only two in five Americans with type 2 diabetes and cardiovascular disease—and just one in five in European countries—meet current blood pressure goals, Benjamin A. Steinberg reported at the joint meeting of the European Society of Cardiology and the World Heart Federation.

These findings from a huge contemporary international database underscore the urgent need for physicians to do much better at identifying and controlling high blood pressure in this very high-risk population, Mr. Steinberg stressed in an interview.

During a year-long fellowship, Mr. Steinberg, a medical student at Johns Hopkins University, Baltimore, analyzed the CardioMonitor database for 1998-2004.

CardioMonitor is a multinational, annual survey of outpatients with cardiovascular disease. It relies on medical records provided by primary care physicians and cardiologists. For the years 1998-2004 excluding 2002, when the survey wasn't conducted, the CardioMonitor database included nearly 155,000 patients with cardiovascular disease in the United States and five European nations; of those, 23,139 also had type 2 diabetes.

The prevalence of diabetes among cardiovascular patients rose during the years of the study. For example, the reported prevalence of type 2 diabetes among patients with cardiovascular disease doubled in France and the United Kingdom between 1998 and 2004, while in the United States, it climbed from 15% to 21%. In Spain it was 20%, up from 12% in 1998, while in Italy the prevalence of type 2 diabetes among cardiovascular patients was just 10% in 2004.

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High

blood pressure (JNC 7) goal of a systolic blood pressure below 130 mm Hg was achieved by only 41% of American diabetic cardiovascular patients. European rates were far lower, Dr. Steinberg said. (See box).

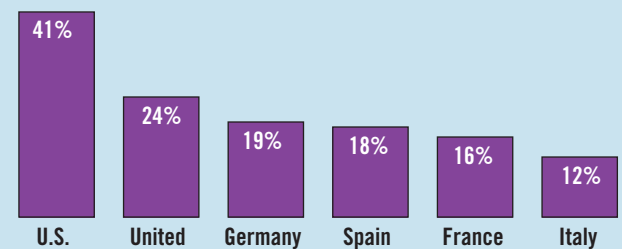
The less stringent European Society of Cardiology blood pressure target in place in 2004—a systolic pressure below 140 mm Hg—was met by 72% of American patients, 53% in the United Kingdom, 49% in Spain, 47% in France, 44% in Germany, and 33% in Italy. ■

These findings underscore the urgent need for physicians to do much better at identifying and controlling high blood pressure in this very-high-risk population.

## Educational Diabetes Videos Available

Free educational online videos are now available for diabetes patients that provide them with information about what regular tests they should have and how they can live a healthier life. The six new videos cover hemoglobin A1C testing, eye exams foot exams, kidney function testing, blood pressure monitoring, and lipid level testing. To view or get more information on the videos, visit the Joslin Diabetes Center Web site at [www.joslin.org](http://www.joslin.org). ■

### Europe Lags Behind U.S. in Meeting JNC-7 BP Goal Of <130 mm Hg for Diabetic Cardiovascular Patients



Note: Based on a database of 155,000 patients.  
Source: Mr. Steinberg

ELSEVIER GLOBAL MEDICAL NEWS

Newly published data vs rosuvastatin

## What mean LDL-C reduction did and rosuvastatin did not?

As an adjunct to diet when diet alone is not

- ▶ VYTORIN 10/40 mg was superior to atorvastatin 40 mg at lowering LDL-C (57% vs 48%,  $P<0.001$ ).<sup>1</sup>
- ▶ VYTORIN 10/40 mg and 10/80 mg were both superior to atorvastatin 80 mg at lowering LDL-C (57% and 59% vs 53%, respectively,  $P<0.001$ ).<sup>1</sup>

\*Mean percent change in LDL-C from untreated baseline in a multicenter, double-blind, randomized, active-controlled, 8-arm, parallel-group study (6 weeks of active treatment) (N=1,902). Patients with hypercholesterolemia who had not met their LDL-C goal as defined by NCEP ATP III were randomized to VYTORIN 10/10, 10/20, 10/40, or 10/80 mg or atorvastatin 10, 20, 40, or 80 mg. Mean pooled baseline LDL-C values for VYTORIN and atorvastatin were 178 mg/dL and 179 mg/dL, respectively. VYTORIN 10/10 mg reduced LDL-C by 47% from baseline vs 36% with atorvastatin 10 mg ( $P<0.001$ ).<sup>1</sup>

- ▶ The dosage should be individualized according to baseline LDL-C level, the recommended goal of therapy, and the patient's response.
- VYTORIN is indicated as adjunctive therapy to diet for the reduction of elevated TOTAL-C, LDL-C, Apo B, TG, and non-HDL-C, and to increase HDL-C in patients with primary (heterozygous familial and nonfamilial) hypercholesterolemia or mixed hyperlipidemia when diet alone is not enough.

**Contraindications:** hypersensitivity to any component of this medication; active liver disease; unexplained persistent elevations of serum transaminases; and women who are pregnant, nursing, or may become pregnant.

VYTORIN contains 2 active ingredients: ezetimibe and simvastatin.

No incremental benefit of VYTORIN on cardiovascular morbidity and mortality over and above that demonstrated for simvastatin has been established.

The clinical impact of comparative differences in lipid changes between products is not known.

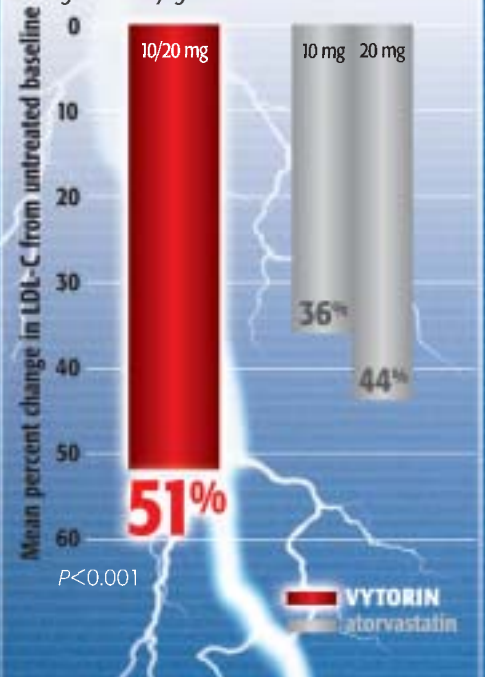
### SELECTED CAUTIONARY INFORMATION

**Skeletal Muscle:** Myopathy sometimes takes the form of rhabdomyolysis with or without acute renal failure secondary to myoglobinuria, and rare fatalities have occurred. The risk of myopathy/rhabdomyolysis is dose related. Tell patients to promptly report muscle pain, tenderness, or weakness. Discontinue drug if myopathy is suspected or CPK levels rise markedly.

**Myopathy Caused by Drug Interactions:** Use of VYTORIN with itraconazole, ketoconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, nefazodone, or large quantities of grapefruit juice (>1 quart daily) should be avoided because of the increased risk of myopathy, particularly at higher doses.

### VYTORIN vs atorvastatin<sup>1</sup>

Significantly greater LDL-C reduction\*



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