## Exertion Not Implicated in Young Patients' SCD

BY BRUCE JANCIN

ORLANDO — Sudden cardiac death accounted for 8% of all mortality in individuals aged up to 35 years in Denmark, in a first-of-its-kind comprehensive na-

The extensive Danish national health record system permitted systematic investigation of all 6,629 Danish deaths in subjects aged 35 years and younger dur-

ing 2000-2006, with review of all death certificates and the autopsy reports in most presumed cases, Dr. Bo G. Winkel explained at the annual scientific sessions of the American Heart Association.

About a third (31%) of SCDs happened during sleep, 58% while individuals were awake and relaxed, and 10% occurred during moderate- to high-intensity physical activities, reported Dr. Winkel of the University of Copenhagen.

The mean age at the time of SCD was 26 years, with a median of 29 years.

Autopsies were conducted in 454 of the 619 patients with presumed SCDs. The autopsies revealed definite evidence of SCD in 224 cases and negative findings strongly suggestive of sudden arrhythmic death syndrome in another 136. This syndrome includes diseases such as long QT syndrome, catecholaminergic polymorphic ventricular tachycardia, and Brugada

syndrome. Autopsies showed pulmonary embolism to be the cause of death in 49 cases, ischemic heart disease in 39, myocarditis and aortic dissection in 23 each, and hypertrophic cardiomyopathy in 18, Dr. Winkel said.

Dr. Winkel estimated the annual incidence of SCD in the 0-35 age group to be a maximum of 3.1 cases per 100,000 population. His study was funded by the Danish Heart Foundation.

## struggling to gain glycemic control



## Significant reductions in A1C when partnered with key oral antidiabetic agents\*

- Onglyza is weight neutral
- Discontinuation of therapy due to adverse events occurred in 3.3% and 1.8% of patients receiving Onglyza and placebo, respectively
- Convenient, once-daily dosing
- Rapidly growing formulary access<sup>1</sup>

Drug Interactions: Because ketoconazole, a strong CYP3A4/5 inhibitor, increased saxagliptin exposure, the dose of ONGLYZA should be limited to 2.5 mg when coadministered with a strong CYP3A4/5 inhibitor (e.g., atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, and telithromycin).

Patients with Renal Impairment: The dose of ONGLYZA is 2.5 mg once daily for patients with moderate or severe renal impairment, or with end-stage renal disease requiring hemodialysis (creatinine clearance [CrCl] ≤50 mL/min). ONGLYZA should be administered following hemodialysis. ONGLYZA has not been studied in patients undergoing peritoneal dialysis. Assessment of renal function is recommended prior to initiation of ONGLYZA and periodically thereafter.

Pregnant and Nursing Women: There are no adequate and well-controlled studies in pregnant women. ONGLYZA, like other antidiabetic medications, should be used during pregnancy only if clearly needed. It is not known whether saxagliptin is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when ONGLYZA is administered to a nursing woman.

Pediatric Patients: Safety and effectiveness of ONGLYZA in pediatric patients have not been established.

\*metformin, glyburide, or thiazolidinedione (pioglitazone or rosiglitazone)

Please read the adjacent Brief Summary of the Product Information.

For more information about ONGLYZA visit www.onglyza.com.

Reference: 1. Fingertip Formulary® data as of October 2, 2009. Data on File, October 2009



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