

Permanently Disabling MS Attacks Uncommon

BY BETSY BATES
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SALT LAKE CITY — The risk of permanent disability from a multiple sclerosis attack is extremely rare and does not appear to be tied to drug holidays, data on more than 1,000 MS patients showed.

A catastrophic attack of multiple sclerosis is feared by patients and physicians alike, sometimes influencing treatment

decisions, said Dr. Loren A. Rolak, a neurologist at the Marshfield (Wis.) Clinic in an interview. "The debate still simmers a bit in MS circles about how disabling attacks are in general, as opposed to the progressive, neurodegenerative atrophic process of MS, where people sort of slowly get worse," he said.

Dr. Rolak and his associates analyzed data from 1,078 MS patients who had a total of 2,587 attacks over a 34-year pe-

riod. They reported their findings in a poster at the annual meeting of the American Neurological Association.

Seven patients had a disabling attack, defined as a relapse that resulted in a permanent Expanded Disability Status Scale score of 6 or greater. That level of impairment is associated with the loss of unaided mobility.

"It was extremely rare ... 1 in 369 attacks," Dr. Rolak said. In two of the sev-

en cases, the disabling attack was the result of de novo tumefactive MS; another two patients were on interferon therapy.

Physicians who want to wait before prescribing medication to a newly diagnosed MS patient, or to approve a drug holiday in a woman who wants to become pregnant, may find reassurance in the study, Dr. Rolak suggested.

Dr. Rolak's study was not funded by a pharmaceutical company. ■

For the treatment of adults
with major depressive disorder

The start

is just the beginning

It's not just about starting your adult patients with MDD on therapy; it's about helping them toward their treatment goals. Patients should be periodically reassessed to determine the need for continued treatment.¹

PRISTIQ 50 mg:

- SNRI therapy with efficacy proven in 8-week clinical studies
- One recommended therapeutic dose from the start
- Discontinuation rate due to adverse events comparable to placebo in 8-week clinical studies¹



- SSRIs and SNRIs, including PRISTIQ, may increase the risk of bleeding events. Concomitant use of aspirin, NSAIDs, warfarin, and other anticoagulants may add to this risk.
- Mydriasis has been reported in association with PRISTIQ; therefore, patients with raised intraocular pressure or those at risk of acute narrow-angle glaucoma (angle-closure glaucoma) should be monitored.
- PRISTIQ is not approved for use in bipolar depression. Prior to initiating treatment with an antidepressant, patients should be adequately screened to determine the risk of bipolar disorder.
- As with all antidepressants, PRISTIQ should be used cautiously in patients with a history or family history of mania or hypomania, or with a history of seizure disorder.
- Caution is advised in administering PRISTIQ to patients with cardiovascular, cerebrovascular, or lipid metabolism disorders. Increases in blood pressure and small increases in heart rate were observed in clinical studies with PRISTIQ. PRISTIQ has not been evaluated systematically in patients with a recent history of myocardial infarction, unstable heart disease, uncontrolled hypertension, or cerebrovascular disease.
- Dose-related elevations in fasting serum total cholesterol, LDL (low density lipoprotein) cholesterol, and triglycerides were observed in clinical studies. Measurement of serum lipids should be considered during PRISTIQ treatment.
- On discontinuation, adverse events, some of which may be serious, have been reported with PRISTIQ and other SSRIs and SNRIs. Abrupt discontinuation of PRISTIQ has been associated with the appearance of new symptoms. Patients should be monitored for symptoms when discontinuing treatment. A gradual reduction in dose (by giving 50 mg of PRISTIQ less frequently) rather than abrupt cessation is recommended whenever possible.

- Dosage adjustment (50 mg every other day) is necessary in patients with severe renal impairment or end-stage renal disease (ESRD). The dose should not be escalated in patients with moderate or severe renal impairment or ESRD.
- Products containing desvenlafaxine and products containing venlafaxine should not be used concomitantly with PRISTIQ.
- Hyponatremia may occur as a result of treatment with SSRIs and SNRIs, including PRISTIQ. Discontinuation of PRISTIQ should be considered in patients with symptomatic hyponatremia.
- Interstitial lung disease and eosinophilic pneumonia associated with venlafaxine (the parent drug of PRISTIQ) therapy have been rarely reported.

Adverse Reactions

- The most commonly observed adverse reactions in patients taking PRISTIQ vs placebo for MDD in short-term fixed-dose premarketing studies (incidence $\geq 5\%$ and twice the rate of placebo in the 50-mg dose group) were nausea (22% vs 10%), dizziness (13% vs 5%), hyperhidrosis (10% vs 4%), constipation (9% vs 4%), and decreased appetite (5% vs 2%).

Reference: 1. Pristiq® (desvenlafaxine) Prescribing Information, Wyeth Pharmaceuticals Inc.

Please see brief summary of Prescribing Information on adjacent page.

Pristiq®
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