Daily Exercise Offsets 'Obesity Gene' in Teens

BY MARY ANN MOON

hysical activity appears to cancel out the effects of the "obesity gene" in adolescents, as it has been shown to do in adults.

"To our knowledge, our study is the first to report an interaction between the FTO [fat mass– and obesity-associated] rs9939609 polymorphism and physical activity level on adiposity indices using

objectively assessed physical activity in adolescents," said Jonatan R. Ruiz, Ph.D., of the Karolinska Institute, Huddinge, Sweden, and his associates.

The investigators genotyped and assessed body mass index, waist circumference, and body fat percentage in 752 adolescents in the Healthy Lifestyle in Europe by Nutrition in Adolescence Cross-Sectional Study. They also assessed subjects' physical activity level using an accelerometer attached to the lower back.

As expected, the FTO gene variant known as rs9939609 was significantly associated with higher BMI, greater waist circumference, and higher percentage of body fat. But there was no such association in the subgroup of carriers who engaged in at least 60 minutes per day of moderate to vigorous physical activity, Dr. Ruiz and his colleagues said (Arch. Pediatr. Adolesc. Med. 2010;164:328-33).

The findings "have important public health implications and indicate that meeting the physical activity recommendations [of the Department of Health and Human Services may offset the genetic predisposition to obesity associated with the FTO polymorphism in adolescents," the researchers said.

The study was funded by several European government organizations. No financial conflicts were reported.

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
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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) t"Patients" means covered lives as calculated by Fingertip Formulary® as of 10/09.

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 25, 2009. Data on File, October 2009.



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