Overall, 40% of the study subjects reported chronic polyarticular pain, and another 24% reported chronic pain in just one joint area. A total of 1,029 falls occurred during follow-up, with 405 subjects (54%) falling at least once during the study.

Compared with participants who did not report chronic pain, those who did had a significantly higher rate of falls, regardless of whether their pain was measured by location, severity, or degree of interference with daily life, Dr. Leveille and colleagues said (JAMA 2009;302:2214-21).

Chronic pain was persistently associated with fall risk after the data were adjusted to account for coexisting chronic conditions, other risk factors for falling, baseline balance and mobility, the use of psychotherapeutic medications, and the use of analgesics.

There also was a strong, graded relationship between monthly pain-severity ratings and the risk for falling during the subsequent month. "For example, among persons who reported severe or very severe pain for any given month on their calendar postcard, there was a 77% increased likelihood for a fall in the subsequent month, compared with those who reported no pain," the investigators

said. "Persons reporting even very mild pain also had an elevated risk of falling in any given month," they added.

There are three possible mechanisms underlying the link between pain and falling, according to the researchers. First, joint pathology may cause both pain and the instability that can lead to falling. However, Dr. Leveille and her colleagues deemed that explanation unlikely because the association in this study was independent of hand and knee osteoarthritis and of mobility.

Second, the neuromuscular effects of pain could cause muscle weakness, slowed responses to an impending fall, or gait alterations, all of which can lead to falling. Third, chronic pain may distract patients or otherwise interfere with the cognitive activity needed to prevent falling.

Other studies have shown that patients with chronic pain show decreased executive function and attention. Moreover, avoiding or interrupting a fall "typically requires a cognitively mediated physical maneuver," they noted.

Dr. Leveille reported no financial conflict of interest. The MOBILIZE Boston study was supported in part by a grant from Pfizer Inc.

## with amilodine makes in the diet for up to two years, at concentrations established to provide daily design for which an including a military of the provided provided and provided and provided and provided daily design for the mouse. In 16, 13, 125, and 12, fing amilodine fly (fig. disease) on designed on the main and concentration of 10 mg amilodine/sign\*, or the mouse he has been a significant of the mouse of 10 mg amilodine/sign\*. For the risk, the highest dose was, on a mg/m\* basis, about twice the maximum recommended human dose. A Muzagamorty studies conducted with amilodine makester revealed no drug related effects at either the gene or characteristic of the control of the provided provided human dose. The control of the provided human dose of 10 mg/day on a mg/m\* basis. Studies with almossation: in a 2-year caranogamicly study with another than a studie selected and the provident to 10, 30, and 10 cm gatorestatin/s/g/day. 2 rare turnors were found in muzcle in high-dose fernales: in one, there was a mbadomyocharian and in another, there was a drug exposure after a 80 mg gord allocate. 2 -year caranogamicly study in the open atomastan calcium in rate dose levels equivalent to 100, 200, and 400 mg atomastatin/s/g/day resulted in a significant nonese in liver adenomas in high-dose lemals; the sea for the provident at planes Aux (C-Q-Ya) values of maximum and the caranomas in high-dose lemals; these indings occurred at planes Aux (C-Q-Ya) values of maximum and a sea of the provident and the provident and sea of the provident and the characteristic ord. The HCPRT forward muzdle and sea of the provident and sea of the characteristic ord. The HCPRT forward muzdle and sea of the provident and the characteristic ord. One of the provident and the pr stroke or TIA within the preceding 6 months, a higher incidence of hemorrhagic stroke was seen in the LIPITOR 80 mg group compared to placebo. Subjects with hemorrhagic stroke on study entry appeared to be at increased risk for

group compared to placebo. Subjects with hemorrhagic stroke on study entry appeared to be at increased risk for hemorrhagic stroke.

ADVERSE REACTIONS: CADUET: CADUET (amlodipine besylate/ atorvastatin calcium) has been evaluated for safety in 1092 patients in double-blind placebo controlled studies treated for co-morbid hypertension and dyslipidemia. In general, treatment with CADUET was well tolerated. For the most part, adverse experiences have been milid or moderate in severity. In clinical trials with CADUET, no adverse experiences peculiar to this combination have been observed. Adverse experiences are similar in terms of nature, severity, and frequency to those reported previously with amlodipine and atorvastatin. The following information is based on the clinical experience with amlodipine and atorvastatin. The Amlodipine Component of CADUET: Amlodipine evaluated for safety in more than 11,000 patients in U.S. and foreign clinical trials. In general, treatment with amlodipine was well tolerated at doses up to 10 mg daily. Most adverse reactions reported during therapy with amlodipine was not significantly different from placebo (about 1%). The most common side effects are headache and edema. The incidence (%) of side effects which occurred in a dose related manner are as follows:

Adverse Event	ialiliei ale as ioliows	amlod	lipine	
	2.5 mg N=275	5.0 mg N=296	10.0 mg N=268	Placebo N=520
Edema	1.8	3.0	10.8	0.6
Dizziness	1.1	3.4	3.4	1.5
Flushing	0.7	1.4	2.6	0.0
Palpitations	0.7	1.4	4.5	0.6
Other adverse expe	riences which were r	ot clearly dose related but	which were reported with an in	cidence greater than

Placebo-Controlled Studi	u cillical trials include trie following.	
Adverse Event	amlodipine (%) (N=1730)	Placebo (%) (N=1250)
Headache	7.3	7.8
Fatigue	4.5	2.8
Nausea	2.9	1.9
Abdominal Pain	1.6	0.3
Somnolence	1.4	0.6

For several adverse experiences that appear to be drug and dose related, there was a greater incidence in women than men associated with amlodipine treatment as shown in the following table:

Adverse Event	amlodipine		Placebo		
	M=%	F=%	M=%	F=%	
	(N=1218)	(N=512)	(N=914)	(N=336)	
Edema	5.6	14.6	1.4	5.1	
Flushing	1.5	4.5	0.3	0.9	
Palpitations	1.4	3.3	0.9	0.9	
Somnolence	1.3	1.6	0.8	0.3	

Flushing 1.5 4,5 0.3 0.9 0.9

Ralpitations 1.4 3.3 0.9 0.9 0.9

Somnolence 1.3 1.6 0.8 0.3

The following events occurred in <1% but >0.1% of patients treated with amblighine in controlled clinical trials or under conditions of open trials or marketing experience where a causal relationship is uncertain; they are listed to alert the physician to a possible relationship: Cardiovascular: arrhythmia (including ventricular tachycardia and trial fibrillation), bradycardia, chest pain, hypotension, peripheral ischemia, syncope, tachycardia, postural dizziness, postural hypotension, vasculitis. Central and Peripheral Nervous System: hypoesthesia, neuropathy peripheral, paresthesia, tremor, vertigo, Gastrointestinal: anorexia, constipation, dyspepsia,\*\* dysphagia, diarhera, flatulence, pancreatitis, vomiting, gingiwal hyperplasia. General: allergic reaction, asthenia,\*\* back pain, hot flushes, malaise, pain, rigors, weight gain, weight decrease. Musculoskeletal System: arthralgia, arthrosis, muscle cramps.\*\* myalgia.

Psychlatric: sexual dysfunction (male\*\* and female), insomnia, nervousness, depression, abnormal dreams, anxiety, depersonalization. Respiratory System: dyspnea,\*\* epistaxis. Skin and Appendages: angioedema, erythema multiforme, puritus,\*\* rash,\*\* rash erythematous, rash maculopapular. \*\*These events occurred in less than 1% in placebo-controlled trials, but the incidence of these side effects was between 1% and 2% in all multiple does studies. Special Senses: abnormal vision, conjunctivitis, diplopia, ey pain, tinnitus. Unitnary System: micturition frequency, micturition disorder, nocturia. Autonomic Nervous System: dry mouth, sweating increased. Metabolic and Nutritional: Hyperglycemia, this: Hempopletic: leukopenia, purpura, thrombocytopenia. The following events occurred in <0.1% of patients treated with amlodipine in controlled clinical trials or under conditions of open trials or marketing experience: cardiac failure, pulse irregularity, extrasystoles, skin discoloration, urticaria, skin dryness, al

Body System/ Adverse Event BODY AS A WHOLE	Placebo N=270	10 mg N=863	20 mg N=36	40 mg N=79	80 mg N=94
	10.0	10.0	0.0	10.1	7.4
Infection	10.0	10.3	2.8	10.1	7.4
Headache	7.0	5.4	16.7	2.5	6.4
Accidental Injury	3.7	4.2	0.0	1.3	3.2
Flu Syndrome	1.9	2.2	0.0	2.5	3.2
Abdominal Pain	0.7	2.8	0.0	3.8	2.1
Back Pain	3.0	2.8	0.0	3.8	1.1
Allergic Reaction	2.6	0.9	2.8	1.3	0.0
Asthenia	1.9	2.2	0.0	3.8	0.0
DIGESTIVE SYSTEM					
Constipation	1.8	2.1	0.0	2.5	1.1
Diarrhea	1.5	2.7	0.0	3.8	5.3
Dyspepsia	4.1	2.3	2.8	1.3	2.1
Flatulence	3.3	2.1	2.8	1.3	1.1
RESPIRATORY SYSTEM					
Sinusitis	2.6	2.8	0.0	2.5	6.4
Pharyngitis	1.5	2.5	0.0	1.3	2.1
SKIN AND APPENDAGES					
Rash	0.7	3.9	2.8	3.8	1.1
MUSCULOSKELETAL SYSTE	M				
Arthralgia	1.5	2.0	0.0	5.1	0.0
Myalgia	1.1	3.2	5.6	1.3	0.0
Andlo-Scandinavian Cardia	Outcomes Trial (	ASCOT): In ASCOT	(SOO CLINICAL PH	ARMACOLOGY CL	inical Studies

Arthralgia 1.5 2.0 0.0 5.1 0.0
Myalgia 1.5 3.2 5.6
Myalgia 1.5 3.0
Anglo-Saandinavian Cardiac Outcomes Trial (ASCOT): In ASCOT (see CLINICAL PHARMACOLOGY, Clinical Studies, Vilnical Studies with Atorvastatin) involving 10,305 participants treated with atorvastatin up of daily (n-5,168) or placebo (n-5,137), the safety and tolerability profile of the group treated with atorvastatin was comparable to that on the group treated with placebo during a median of 3.3 years of follow-up. Collaborative Atorvastatin Diabetes Study (CARDS): In CARDS (see CLINICAL PHARMACOLOGY, Clinical Studies, Clinical Studies with Atorvastatin) involving 2838 subjects with type 2 years. No cases of riabdownyolsx were reported. Treating to New Targets Study (TMT): In TNT (see CLINICAL PHARMACOLOGY, Clinical Studies) involving 10,001 subjects with clinically evident CHD treated with LIPITOR 10 mg daily (n-4995), there were more serious adverse events and discontinuations due to adverse events in the high-dose atorvastatin group (92, 1.8%; 497, 9.9%, respectively) as compared to the low-dose group (69, 1.4%; 404, 8.1%, respectively) during a median follow-up of 4.9 years. Persistent transaminase elevations (23 x ULN twice within 4-10 days) occurred in 62 (1.3%) individuals with atorvastatin 10 mg. Elevations of CK (£ 10 x ULN) were low overall, but were higher in the high-dose atorvastatin treatment group (30, 0.3%) compared to the low-dose atorvastatin group (6, 0.1%). Incremental Decrease in Endpoints Through Aggressive Lipid Lowering Study (IDEAL). In IDEAL (see CLINICAL) PHARMACOLOGY, Clinical Studies) involving 8.888 subjects treated with LIPITOR 80 mg day (n-4439) or sinwastatin group (6, 0.1%). Incremental Decrease in Endpoints Through Aggressive Lipid Lowering Study (IDEAL). In IDEAL (see CLINICAL) in IDEAL (see CLINICAL



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## Predictor of Malnutrition

GFR Levels a

SAN DIEGO — An estimated glomerular filtration rate of less than 30 mL/min is associated with malnutrition in all ages, while an estimated GFR between 30 and 59 mL/min is associated with malnutrition only in people older than age 60 years.

Those are key findings from a study that compared the prevalence of malnutrition in the elderly with that of younger age groups and that compared the risk of malnutrition using estimated GFR (eGFR) calculated by creatinine and cystatin C-based equations.



An eGFR between 30 and 59 mL/min was associated with malnutrition only in people over age 60 years.

DR. HUANG

Researchers at Tufts Medical Center, Boston, examined the prevalence of malnutrition and its relationship to eGFR in 6,877 adults over the age of 20 years who participated in the National Health and Nutrition Examination Survey 1988-1994 (NHANES III).

Dr. Cindy Huang, a nephrology fellow at the medical center, reported that the prevalence of malnutrition increased with age in a stepwise fashion, from 9% in those aged 20-49 years to 12% in those aged 40-49; 15% in those 60-79, and 22% in those older than 80 years. An eGFR of less than 30 mL/min was associated with malnutrition in all ages, while an eGFR between 30 and 59 mL/min was associated with malnutrition only in people over age 60 years, Dr. Huang said in a poster presented at the annual meeting of the American Society of Nephrology.

By estimating GFR by serum creatinine alone, the researchers found that a level of 90 mL/min or greater was associated with malnutrition in the elderly, most likely due to the presence of sarcopenia. The study was supported by a grant from the National Institutes of Health. Dr. Huang had no relevant financial disclosures to make.