

Binge Drinking Flushes Out Alcohol's Benefits

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Moderate consumption of alcohol can be part of a healthy lifestyle to prevent cardiac disease, but not if you drink too fast, Dr. Mary O. Gray said at a meeting sponsored by the California chapter of the American College of Cardiology.

The cardioprotective benefits of alcohol appear to be limited to one drink per day for women or two drinks per day for men (with a "drink" consisting of one glass of wine, one shot of liquor, or one bottle or can of beer). Beyond that, alcohol is cardiotoxic, said Dr. Gray of San Francisco General Hospital.

Binge drinking—defined as consuming three or more drinks in 1 or 2 hours—doubled the risk of death from any cause in a recent study of patients treated for acute MI (*Circulation* 2005;112:3839-45). Investigators interviewed 2,000 patients a median of

4 days after a confirmed MI and found that regular consumption of alcohol reduced their risk of death, but binge drinking blocked or attenuated this benefit.

The negative effects of binge drinking applied regardless of whether a person was a light or heavy drinker overall. The study also asked about other factors that might affect cardiovascular risk, such as vigorous activity or vigorous sexual activity, but found no correlation with mortality, Dr. Grey said at the meeting, also sponsored by the

University of California, San Francisco.

Heavy drinking for a long time can cause alcoholic cardiomyopathy, a diagnosis made clinically through history and elimination of other etiologies. Heavy drinkers with hypertension or heart failure should be advised to stop drinking to preserve their hearts.

Data on very heavy drinkers suggest that those who develop heart failure may recover cardiovascular function if they stop drinking. Recovery is more likely if

the patient is relatively young and has no other risk factors for cardiovascular disease. An older patient who also uses cocaine or has coronary disease or diabetes is much less likely to recover cardiac function with abstinence, she said.

Heavy drinkers often are malnourished, so treatment should include focus on a healthy diet with thiamine supplementation, Dr. Gray advised. The investigators also plan to study the interplay between cigarette smoke and alcohol consumption. ■

Congenital Heart Disease, Renal Impairment Tied

CHICAGO — More than a third of adults with congenital heart disease also had significant renal dysfunction in a review of 201 patients, Dr. Sanaz Piran said at the annual scientific sessions of the American Heart Association.

Impaired renal function in patients with congenital heart disease was also linked with worse ventricular function and a dramatically increased risk of death, she added.

The analysis that she reported was done on 201 consecutive patients older than 18 years with single or systemic right ventricles seen at the Toronto Congenital Cardiac Centre for Adults. The group included 73 patients with dextraposition of the great arteries (DTGA), 69 who had a Fontan procedure, and 59 with congenitally corrected transposition of the great arteries (CCTGA). Their average age was 34 years. The analysis also included 30 normal, healthy, age-matched controls.

The overall prevalence of renal dysfunction—defined as a calculated creatinine clearance rate of less than 60 mL/min—was 36%, with prevalence rates of 56% in patients who had a Fontan procedure, 37% in those who had CCTGA, and 18% in patients following DTGA.

The ventricular ejection fraction was also significantly lower (37%) in patients with a creatinine clearance rate of less than 60 mL/min, compared with patients with a creatinine clearance of 60 mL/min or greater, who had an average ejection fraction of 44%. During follow-up of up to 30 years, 22 patients died. The mortality was 24% among the patients with renal dysfunction at baseline, compared with a 2% death rate among those with a creatinine clearance rate of more than 60 mL/min at baseline, said Dr. Piran, a physician at McMaster University in Hamilton, Ont.

—Mitchel L. Zoler

Advertorial

Helping Change the Cycle of Migraine

A RICHER UNDERSTANDING OF PATIENTS' MIGRAINE IMPAIRMENT



The renowned Diamond Headache Clinic recently hosted a meeting featuring the results of the landmark American Migraine Communication study (AMCS). The study revealed that, during office visits for migraines, patients heard mostly closed-ended or short-answer questions (91%), which prompted limited responses.¹ Such questions may tell you about frequency and severity but may fall short in clarifying the patient's total level of impairment due to migraine.

AMCS reveals prevention is often overlooked

Despite the fact that many patients met the American Migraine Prevalence and Prevention study criteria for prevention, discussions were initiated in only 50% of the office visits.¹

TOPAMAX Tablets and TOPAMAX Sprinkle Capsules are indicated for adults for the prophylaxis of migraine headache. The usefulness of TOPAMAX in the acute treatment of migraine headache has not been studied.

TOPAMAX is contraindicated in patients with a history of hypersensitivity to any component of this product.

IMPORTANT SAFETY INFORMATION

TOPAMAX has been associated with serious adverse events, including:

- Hyperchloremic, non-anion gap metabolic acidosis—lowering of bicarbonate levels in the blood. Measurement of baseline and periodic serum bicarbonate is recommended.
- Acute myopia and secondary angle-closure glaucoma—patients should be cautioned to seek medical attention if they experience

blurred vision or ocular pain.

- Oligohidrosis and hyperthermia—decreased sweating and increased body temperature, especially in hot weather. The majority of reports have been in children.
- Cognitive/psychiatric side effects including cognitive dysfunction, psychiatric/behavioral disturbances including suicidal thoughts or behavior, and somnolence and fatigue.

Most common adverse events associated with TOPAMAX 100 mg vs placebo were: paresthesia, 51% vs 6%; anorexia, * 15% vs 6%; fatigue, 15% vs 11%; nausea, 13% vs 8%; diarrhea, 11% vs 4%; weight decrease, 9% vs 1%; taste alteration, 8% vs 1%.

The possibility of decreased contraceptive efficacy and increased breakthrough bleeding should be considered in patients taking combination oral contraceptive products with TOPAMAX.