

HDL May Protect Against Venous Thrombosis

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ORLANDO — High-density lipoproteins, which are known protectors against arterial atherothrombosis, may also protect against recurrent venous thrombosis, Dr. Sabine Eichinger reported at the annual meeting of the American Society of Hematology.

In a prospective study of 772 patients with a first episode of spontaneous venous

thromboembolism, the relationship between plasma lipoprotein parameters and recurrence of venous thrombosis was evaluated. Of the 772 patients, 100 (13%) had recurrent venous thromboembolism during an average follow-up of 4 years. Patients who had a recurrence had significantly lower mean plasma levels of apolipoprotein A-I, a major component of HDL (1.12 vs. 1.23 mg/mL), compared with those who had no recurrence, said Dr. Eichinger of the Medical University of Vienna.

The relative risk of recurrence in this study population was 0.87 for each increase of 0.1 mg/mL in plasma apolipoprotein A-I; for those patients with apolipoprotein A-I levels above the 67th percentile of the study population, compared with those with lower levels, the relative risk of recurrence was 0.51.

In addition, the HDL cholesterol levels and HDL particle concentrations in the plasma of patients with recurrence were lower, compared with those patients with-

out recurrence, Dr. Eichinger noted.

Although HDL is known to protect against arterial atherothrombosis, venous thrombosis is a clinically distinct entity, particularly with regard to thrombus appearance, pathogenic mechanisms, and therapeutic approaches. Although it was believed that HDL is protective against recurrent venous thrombosis as a result of its multiple antithrombotic and anti-inflammatory actions, this had not been previously shown, she explained. ■

Advertorial

COULD LEAD TO BETTER INFORMED TREATMENT DECISIONS.¹

Improving Communication Is Important to a Broader Assessment

Open-ended questions can help you gain a richer understanding of your patients' impairment during and *in between* their attacks.

The study showed that most patients gave brief yet informative responses to questions and prompts like these:¹

- "How do migraines make you feel—even when you aren't having one?"
- "Describe the total impact migraines have on your work, family, or social life."

A Subtle Communication Shift Can Help Make a Difference

You may find asking open-ended questions leads to a broader assessment of migraine impairment, and the disruption, disability, and frustration that can come with it. In fact, your patients' level of impairment may require a different treatment option.

Finding out if your patients are feeling trapped in a cycle of suffering, treating and worrying may open up an opportunity to discuss the need for preventive therapy. TOPAMAX can help stop migraines before they start—so your patients can get fewer of them.^{2,3} TOPAMAX offers proven efficacy and is the #1 prescribed brand for migraine prevention in the U.S.⁴

When evaluating migraine, consider using open-ended questions to assess the total degree of migraine impairment. Then talk about the possibility of preventive therapy with TOPAMAX.

The Migraine Discussion Continues

Look for the next installment of *Helping Change the Cycle of Migraine*, in which we'll continue to explore important topics regarding the migraine patient and strategies to help enhance patient care.

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Patients should be instructed to maintain an adequate fluid intake in order to minimize the risk of renal stone formation.

*Anorexia is defined as loss of appetite.

Please see brief summary of full Prescribing Information on following page.

Rx

Important
Avoid confusion with Toprol-XL® (metoprolol succinate) by spelling out TOPAMAX® (topiramate) on your prescription. Toprol XL is a registered trademark of the AstraZeneca group of companies.

References: 1. Hahn SR, Nelson M, Lipton RB. Provider-patient migraine discussions: Results of American Migraine Communication study (AMCS). Poster presented at: 58th American Academy of Neurology Annual Meeting, April 1–8, 2006; San Diego, California. 2. Silberstein SD, Neto W, Schmitt J, Jacobs D, for the MIGR-001 Study Group. Topiramate in migraine prevention: results of a large controlled trial. *Arch Neurol*. 2004; 61:490-495. 3. Brandes JL, Saper JR, Diamond M, et al, for the MIGR-002 Study Group. Topiramate for migraine prevention: a randomized controlled trial. *JAMA*. 2004; 291:965-973. 4. IMS Data. July 2006.