Fish Oil Supplements an Issue in Cardiac Surgery

BY DAMIAN MCNAMARA

MIAMI BEACH — Patients who take omega-3 fatty acid fish oil supplements before cardiac surgery might be more likely to need platelet transfusions than would those who do not, a retrospective study indicates.

"At this point, it's advisable to stop fish oil before surgery to reduce the risk of bleeding," Marc Reichert, Pharm.D., said during a poster rounds session at the annual congress of the Society of Critical Care Medicine.

Dr. Reichert and colleagues at Wake Forest University Baptist Medical Center in Winston-Salem, N.C., compared platelet transfusion requirements between 75 patients who took a fish oil supplement 24 hours or less before surgery and 75 controls who did not. Whether or not a patient otherwise took the supplements (for example, chronically) was not assessed.

They found that 29% of the fish oil group vs. 17% of the controls received at least one transfusion with platelets intraoperatively or within 24 hours postoperatively. This difference was significant. The fish oil group was transfused with a larger mean volume of platelets perioperatively (205 mL, compared with 30 mL in the control group), a difference that also was significant. All patients underwent cardiac surgery between July 2006 and July 2008. Mean dose of fish oil was 1,848 mg (range, 500-6,000 mg). Controls were propensity matched with the treatment patients; there were no significant differences in baseline demographic or intraoperative or postoperative clinical variables. Mean patient age was 64 years. Men accounted for 80% of the fish oil group and 72% of the control group.

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
- Convenient, once-daily dosing
- Broad formulary coverage nationally¹
- Accessible to almost 75% of patients[†]

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] \leq 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) *"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.

Bristol-Myers Squibb
Comparison Squibb 422US09AB12927 12/09
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