

PCOS Patients' Brothers Share Metabolic Traits

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BOSTON — Brothers of women with polycystic ovary syndrome share with their sisters similar metabolic features that indicate they may be at increased risk for decreased insulin sensitivity and glucose tolerance, high triglycerides, and dyscoagulability, Dr. Jean-Patrice Baillargeon said at the annual meeting of the Androgen Excess Society.

These characteristics, which are independent of both fat percentage and body mass index, suggest that polycystic ovary syndrome (PCOS) may represent an inherited constellation of symptoms that are expressed differently in men and women, said Dr. Baillargeon of the University of Sherbrooke (Que.).

He compared insulin sensitivity and other metabolic measures in 17 brothers of women with PCOS and 28 men who had no first-degree relatives with PCOS. Their

average age was 28 years. There were no significant differences in body mass index (average 26.5 kg/m²) or percentage of body fat (average 22%). Levels of total and free testosterone and dehydroepiandrosterone sulfate were also similar for the two groups.

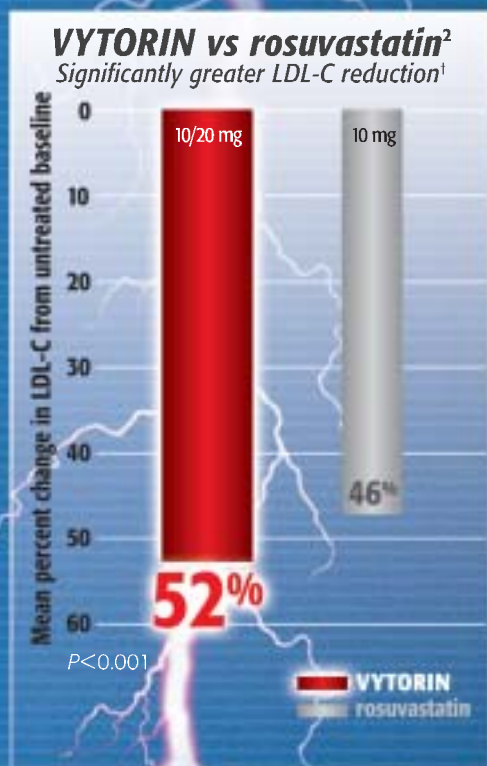
At baseline, brothers had significantly higher levels of triglycerides (1.66 vs. 0.99 mmol/L), plasminogen activator inhibitor-1 (27 vs. 16 nmol/L), and factor VIII (27 vs. 16 nmol/L). "The increased PAI-1 and factor VIII show a dyscoagula-

bility in the brothers," Dr. Baillargeon said.

Three of the brothers (18%) had decreased insulin sensitivity after an oral glucose tolerance test; insulin sensitivity values were normal in all controls. The 2-hour glucose levels, insulin area under the curve, and glucose area under the curve were also significantly higher in brothers of women with PCOS. "The insulin sensitivity of the brothers was 38% less than that of the controls," Dr. Baillargeon noted. ■

enough, in 2 separate head-to-head studies

VYTORIN provide that atorvastatin 50%^{1,2,3} at a usual starting dose mean LDL-C reduction



- ▶ VYTORIN 10/40 mg lowered LDL-C more than rosuvastatin 20 mg (55% vs 52%, $P=0.001$).²
- ▶ VYTORIN 10/80 mg lowered LDL-C more than rosuvastatin 40 mg (61% vs 57%, $P<0.001$).²

[†] Data from a multicenter, randomized, double-blind, active-controlled, 6-arm, parallel-group study designed to evaluate the efficacy and safety of VYTORIN vs rosuvastatin over a 6-week period. Patients with hypercholesterolemia (N=2,959) were randomized to 1 of 6 treatment groups: VYTORIN 10/20, 10/40, or 10/80 mg or rosuvastatin 10, 20, or 40 mg. Mean baseline LDL-C level for both VYTORIN 10/20 mg and rosuvastatin 10 mg was 172 mg/dL.²

SELECTED CAUTIONARY INFORMATION (cont)

The concomitant use of VYTORIN and fibrates (especially gemfibrozil) should be avoided. Although not recommended, the dose of VYTORIN should not exceed 10/10 mg if used with gemfibrozil. The benefit of further alterations in lipid levels by the combined use of VYTORIN with niacin should be carefully weighed against the potential risks of myopathy. The dose of VYTORIN should not exceed 10/10 mg daily in patients receiving cyclosporine or danazol, and 10/20 mg daily in patients receiving amiodarone or verapamil.

Liver: It is recommended that liver function tests be performed before the initiation of treatment and thereafter when clinically indicated. Additional tests are recommended prior to and 3 months after titration to the 10/80-mg dose, and semiannually for the first year thereafter.

VYTORIN is not recommended in patients with moderate or severe hepatic insufficiency.

In clinical trials, the most commonly reported side effects, regardless of cause, included headache (6.8%), upper respiratory tract infection (3.9%), myalgia (3.5%), influenza (2.6%), and extremity pain (2.3%).

Please read the brief summary of Prescribing Information on the adjacent page.

References: 1. Ballantyne CM, Abate N, Yuan Z, King TR, Palmisano J. Dose-comparison study of the combination of ezetimibe and simvastatin (Vytorin) versus atorvastatin in patients with hypercholesterolemia: the Vytorin Versus Atorvastatin (VVA) Study. *Am Heart J*. 2005;149:464-473. 2. Catapano AL, Davidson MH, Ballantyne CM, et al. Lipid-altering efficacy of the ezetimibe/simvastatin single tablet versus rosuvastatin in hypercholesterolemic patients. *Curr Med Res Opin*. 2006;22:2041-2053. 3. IMS HEALTH, NPA PlusSM, NRx, July 2006.

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VYTORIN
(ezetimibe/simvastatin)
tablets