

Bacterial Vaginosis May Be Risk Factor for HSV-2

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CHICAGO — Women with bacterial vaginosis might face a higher risk of acquiring herpes simplex type 2 infections, said Dr. Emilia Koumans, a public health official with the Centers for Disease Control and Prevention.

Her cross-sectional study couldn't assess the temporal relationship between the two infections, but it found that the preva-

lence of herpes simplex type 2 (HSV-2) infections was significantly higher in women with bacterial vaginosis (BV) than in those without BV, she reported at a meeting on STD prevention sponsored by the Centers for Disease Control and Prevention.

Dr. Koumans analyzed data for all sexually active women aged 20-49 years who were included in the 2001-2004 National Health and Nutrition Examination Survey. The women completed a detailed health survey and provided self-collected vaginal

swabs for the diagnosis of sexually transmitted infections. They also provided serum samples for HSV-2 serotyping.

Overall BV and HSV-2 prevalence varied significantly by age, race, and number of lifetime sexual partners. For those aged 20-29 years, prevalence of BV was 33% and HSV-2, 17%. For those aged 30-39, prevalence for both was 27%. For those aged 40-49, prevalence of BV was 30% and HSV-2, 34%.

HSV-2/BV coinfections were significantly more common in blacks (66%) than

in whites or Mexican Americans (29% and 19%, respectively). Coinfections were also more common in those reporting 10 or more lifetime sexual partners (58% vs. 40% for those with 5-9 partners and 20% for those with 1-4 partners).

HSV-2 was significantly more common in those with BV than in those without BV (37% vs. 23%). The association was strong after controlling for age, race, and number of lifetime sexual partners. Dr. Koumans reported no financial disclosures. ■

Rozerem did not impair balance or memory in older adults†

- Rozerem improves sleep in older adults, significantly reducing time to fall asleep and demonstrating sustained efficacy through 5 weeks²
- Rozerem has not been shown to impair middle-of-the-night balance or memory in older adults with chronic insomnia compared with placebo⁴
- A single 8-mg dose can be used safely in older adults³

*Sustained efficacy has been shown over 5 weeks in clinical studies in adults and older patients.^{1,2}

†Patients should be advised to avoid engaging in hazardous activities (such as operating a motor vehicle or heavy machinery) after taking Rozerem.³

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Rozerem is indicated for the treatment of insomnia characterized by difficulty with sleep onset. Rozerem can be prescribed for long-term use.

Important Safety Information

Rozerem should not be used in patients with hypersensitivity to any components of the formulation, severe hepatic impairment, or in combination with fluvoxamine. Failure of insomnia to remit after a reasonable period of time should be medically evaluated, as this may be the result of an unrecognized underlying medical disorder. Hypnotics should be administered with caution to patients exhibiting signs and symptoms of depression. Rozerem has not been studied in patients with severe sleep apnea, severe COPD, or in children or adolescents. The effects in these populations are unknown. Avoid taking Rozerem with alcohol. Rozerem has been associated with decreased testosterone levels and increased prolactin levels. Health professionals should be mindful of any unexplained symptoms which could include cessation of menses or galactorrhea in females, decreased libido or problems with fertility that are possibly associated with such changes in these hormone levels. Rozerem should not be taken with or immediately after a high-fat meal. Rozerem should be taken within 30 minutes before going to bed and activities confined to preparing for bed. The most common adverse events seen with Rozerem that had at least a 2% incidence difference from placebo were somnolence, dizziness, and fatigue.

Please see adjacent Brief Summary of Prescribing Information.

References: 1. Zammit G, Erman M, Wang-Weigand S, Sainati S, Zhang J, Roth T. Evaluation of the efficacy and safety of ramelteon in subjects with chronic insomnia. *J Clin Sleep Med.* 2007;3:495-504. 2. Roth T, Seiden D, Sainati S, Wang-Weigand S, Zhang J, Zee P. Effects of ramelteon on patient-reported sleep latency in older adults with chronic insomnia. *Sleep Med.* 2006;7:312-318. 3. Rozerem package insert, Takeda Pharmaceuticals America, Inc. 4. Wang-Weigand S, Zammit G, Peng X. Placebo-controlled, double-blind trial examining the effects of ramelteon vs placebo with zolpidem as a reference on balance in older adults after middle-of-the-night awakening. Poster presented at: American Psychiatric Association Annual Meeting; May 19-24, 2007; San Diego, Calif. Poster NR604.

Visit www.rxrozerem.com/olderadults to learn how Rozerem may be appropriate for a variety of patients with insomnia who have difficulty falling asleep.



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