

min vs. 58 min). However, patients taking the 8-mg/night dose reported it took them 51 minutes to fall asleep, which was not statistically different from results seen with placebo.

"Another positive finding was improvement in total sleep time. It could be an effect of them falling asleep quicker," Dr. Seiden said. During the placebo phase, participants slept a mean of 350 total minutes, according to polysomnography. Total sleep time increased to 359 minutes at the 4-mg dose of ramelteon and 362 minutes at the 8-mg dose.

There were no consistent differences in wake time after sleep onset or number of

nighttime awakenings between the two treatment groups.

"This drug has a really well tolerated side effect profile," said Dr. Seiden, who has no financial affiliation with the company.

The most commonly reported adverse events were headache and nausea. Overall incidence of adverse events was similar between placebo (9%), ramelteon 4 mg (14%), and ramelteon 8 mg (7%) groups.

Dr. Seiden noted that the developer of ramelteon, Takeda Pharmaceuticals North America Inc., is currently looking at additional applications for the drug, including jet lag and shift work disorders. ■

Statins Don't Cut Dementia Risk

Statins do not appear to decrease the risk of Alzheimer's disease and other dementias, as several studies have suggested, reported Peter P. Zandi, Ph.D., of Johns Hopkins University, Baltimore, and his associates.

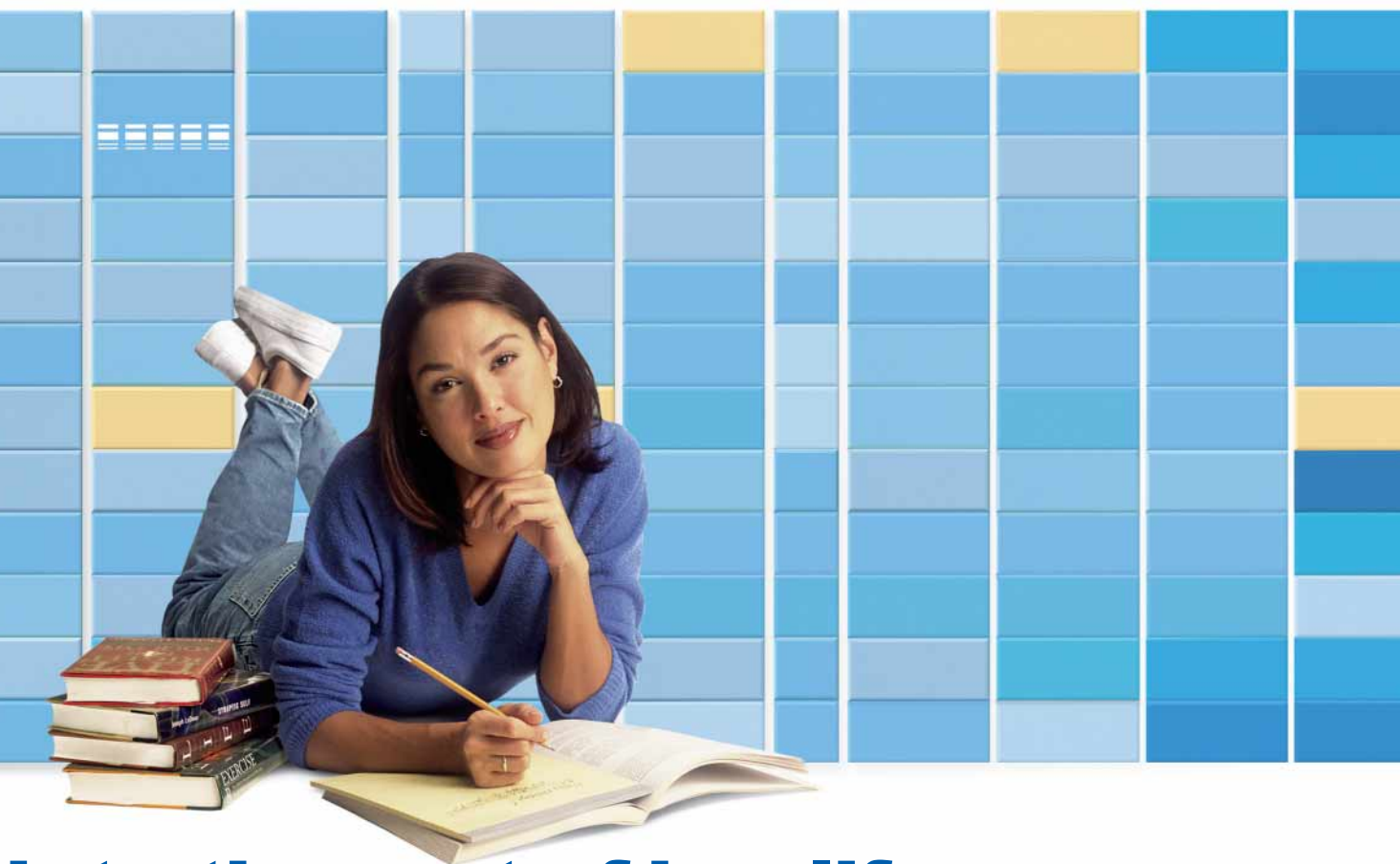
At least six observational studies have suggested an inverse association between statin use and dementia, but three randomized trials have found no such protective effect. To shed light on the issue, Dr. Zandi and his associates analyzed data from a study of nearly 5,000 elderly subjects living in Cache County, Utah.

Initial analyses of the investigators' data suggested that statin use lowered the risk of dementia. But that link disappeared in further analyses that adjusted for covariates, particularly subject age and sex.

The investigators concluded that the purported protective effect of statins that was found in cross-sectional studies is an artifact of the study design and simply is not borne out by further prospective analyses (*Arch. Gen. Psychiatry* 2005;62:217-24).

—Mary Ann Moon

with Bipolar I Disorder



into the rest of her life.

mixed episodes*^{1,2}
weight gain.^{†3}

drug should be considered if any evidence of significant bone marrow depression develops.

Carbamazepine should not be used in patients with a history of previous bone marrow depression, hypersensitivity to the drug, or known sensitivity to any of the tricyclic compounds.

Because the possibility of suicide attempt is inherent in bipolar disorder, close supervision of high-risk patients should accompany drug therapy.

Equetro™
carbamazepine
extended-release
Capsules

Reminder:

Equetro™ contains carbamazepine.
Please ensure patient is not taking any other form of carbamazepine.