

history of neurologic disease, depression, or dementia.

The community-dwelling, independent patients, who averaged 70 years of age, underwent comprehensive neurocognitive testing that assessed global cognitive function, language skills, visual-spatial function, and learning and memory. There was a particular emphasis on test batteries that evaluated executive function—the capacity to control and apply one's mental resources using strategic thinking—which includes attention and psychomotor capabilities.

The patients' mean score on the Mini-Mental State Examination was 28.4, with

an average score of 136.9 on the Dementia Rating Scale, underscoring the point that the study population did not have dementia.

Both brachial artery flow-mediated vasodilation as well as nitroglycerin-mediated endothelium-independent vasodilation, as assessed by ultrasound, were found in multiple regression analyses to correlate significantly with measures of attention, executive function, and processing speed, including the Stroop test, the Controlled Oral Word Fluency Test (COWAT), and the Trail-Making Test, Part B.

"The measures of executive function were very predictive of endothelial per-

formance. The COWAT is a test of word-generation capacity, and the Stroop score reflects the ability to discriminate between a color on a page and a word identifying a different color, so you have here a realm of neurocognitive function that has nothing to do with memory. These are people who are arguably normal in terms of dementia but really have some pretty severe deficits," the cardiologist noted.

The presence of cardiovascular risk factors, including hypertension, diabetes, smoking, and hypercholesterolemia, didn't affect the relationship between brachial artery endothelial function and neurocognitive status, he added. ■

## VERBATIM

*'When it comes to treatment...It's like going back to the influenza epidemic after the First World War, when there were no antibiotics'*

Dr. Ian Gould,  
p. 23

## Watch Blood Pressure in NSAID Users

ORLANDO — Chronic use of non-steroidal anti-inflammatory agents promotes sodium-retention weight gain and can cause blood pressure to rise by an average of 5 mm Hg, Dr. Matthew R. Weir said at a meeting sponsored by the National Kidney Foundation.

The increase is "not insignificant" when one considers how widely used these



**The increase is 'not insignificant' when one considers how widely used these drugs are.**

**DR. WEIR**

drugs are, said Dr. Weir, professor of medicine at the University of Maryland, Baltimore.

"Depending on how much salt you eat, the actual dose of the NSAID you are taking, and your preexisting levels of blood pressure, you can get very different effects on overall changes in blood pressure over time."

The age-related changes in renal blood supply that occur over time may be an important issue in older patients, who are more likely to be using NSAIDs for conditions such as arthritis.

To avoid adverse cardiovascular effects, always use the lowest possible dose of anti-inflammatory drug, regardless of class. Consider using shorter-acting agents, which may allow the kidney to restore its sodium and water balance, Dr. Weir advised.

Advise patients taking NSAIDs to try to avoid dietary sodium. Blood pressure must be monitored carefully in persons taking NSAIDs, and blood pressure medications adjusted accordingly.

Calcium channel blockers in particular appear to retain their lowering effect on blood pressure despite chronic NSAID use.

"We should take a careful history on the use of over-the-counter nonsteroidal anti-inflammatory drugs," Dr. Weir concluded. "They don't often appear on medication lists."

—Fran Lowry

## novo nordisk is changing diabetes<sup>SM</sup>

**Leadership...** It's time to think differently about what a pharmaceutical company can be. Novo Nordisk has dedicated itself to defeating diabetes, which is an interesting goal given that diabetes is the primary focus of our business. Success would undoubtedly force us to change, but then again, change is what we have always embraced.

**Changing Diabetes<sup>SM</sup>** means helping people with our actions, and not just with our products. It means staying true to our ideals and being respectful of the world we live in. And it means continuing to dedicate significant resources to diabetes research until a cure is found.

With leadership comes responsibility. We are committed to improving options for care now while partnering with others who share our mission and ultimate goal of defeating this disease.



Changing Diabetes is a service mark of Novo Nordisk A/S.

NovoMedLink.com  
1-800-727-6500