

Anger Control, Venting Drive CV Risk in Blacks

BY SHARON WORCESTER
Southeast Bureau

NEW ORLEANS — Anger control appears to have beneficial effects on cardiovascular disease risk in African Americans, and conversely, the expression of anger and hostility may be linked with increased levels of an inflammatory marker of cardiovascular disease in this population.

In a study presented at a meeting sponsored by the International Society on Hypertension in Blacks, an unwillingness to express anger outwardly was significantly negatively associated with LDL cholesterol levels and significantly positively associated with HDL cholesterol levels in a convenience sample of 174 normotensive African American adults.

Anger in the participants was assessed using the 20-item Spielberger Anger Expression scale, and plasma cholesterol and triglyceride levels were measured. Items 1 and 8 of the scale, which assessed anger control (“I control my temper” and “I keep my cool,” respectively), were the “highest endorsed” items on the scale, but only item 15 (“I am angrier than I am willing to admit”) was significantly associated with cholesterol levels, Mildred A. Pointer, Ph.D., of North Carolina Central University, Durham, reported in a poster at the meeting.

Avoiding the outward expression of anger may serve as a survival technique in African Americans as they navigate

through life, Dr. Pointer suggested, but it also appears to provide protection against cardiovascular disease by improving the ratio of “good” (HDL) cholesterol to “bad” (LDL) cholesterol, she said.

In a separate study, Den’ee T. Mwendwa, Ph.D., of Howard University, Washington, reported that trait depression and anger/hostility both were significantly positively correlated with C-reactive protein (CRP) levels in a study of 155 African American adults.

The purpose of the study—which is part of an ongoing project to identify biologic and psychosocial predictors of renal health outcomes—was to determine whether trait depression and anger/hostility were associated with increases in CRP levels in a community-based sample of middle-aged African Americans, and it followed previous findings suggesting that depression and anger/hostility traits are associated with cardiovascular disease and stroke, Dr. Mwendwa noted in a poster.

Researchers have suggested that chronic inflammation can result from changes in the immune system that are triggered by negative mood states, and the findings of the current study appear to support this theory. Participants underwent neuropsychological and psychosocial evaluation, and CRP levels were used as a measure of inflammation.

The findings suggest that regular screening for anger and depression would be beneficial in African Americans, Dr. Mwendwa concluded. ■

Eplivanserin Soothes Insomnia Without Next-Morning Effects

BY BRUCE JANCIN
Denver Bureau

CHICAGO — The novel investigational sleep agent eplivanserin improves sleep continuity in patients with chronic primary insomnia without causing next-day drowsiness or rebound insomnia upon discontinuation, clinical trials show.

Eplivanserin’s developer, Sanofi-Aventis, is gearing up for the European launch of the drug in 2009 based upon favorable comments from the European drug agency. In addition, the company, which has funded three completed phase III clinical trials, is preparing to file for marketing approval in the United States and Canada, Pierre Gervais said at the annual American Psychiatric Association Institute on Psychiatric Services.

Eplivanserin is the furthest along in development of a new nonsedating drug class known as ASTARs, or Antagonists of Serotonin Two A Receptors. Many sleep disorder experts expect the ASTARs to take over a major chunk of the insomnia treatment market now dominated by zolpidem and other drugs acting on the γ -aminobutyric acid-A receptor, said Mr. Gervais, a pharmacist at

Q&T Research of Sherbrooke, Quebec, an independent clinical research firm hired by Sanofi-Aventis to participate in an eplivanserin trial.

He reported on a trial of 351 adults with chronic insomnia who were randomized double blind to 4 weeks of either 1 mg or 5 mg of eplivanserin or placebo in the evening. The 5-mg dose, which is what will be marketed, resulted in a mean 39-minute reduction in the baseline 84-minute wake time after sleep onset. This was significantly greater than the mean 26-minute reduction with placebo.

Also, eplivanserin at 5 mg/day resulted in a 64% reduction in the number of nocturnal awakenings, compared with a 36% decrease with placebo. More eplivanserin-treated patients reported a significant improvement in the refreshing quality of sleep.

The side effect profile of eplivanserin mimicked that of placebo. The exception was dry mouth, which was reported by 1.7% of the placebo group and 5.3% of patients on 5 mg/day of eplivanserin.

The ASTAR was not associated with next-morning drowsiness or difficulty in concentration. ■

Preoperative Depression Lowers Survival With Brain Tumor

BY PATRICE WENDLING
Chicago Bureau

CHICAGO — Patients who were suffering from depression at the time of malignant brain astrocytoma surgery had significantly reduced survival compared with nondepressed patients in a retrospective analysis of 1,052 patients.

Although no causative association can be inferred because of the study’s retrospective design, recognizing and treating preoperative depression could maximize survival in patients with malignant brain tumors, said Dr. Alfredo Quiñones-Hinojosa at the annual meeting of the American Association of Neurological Surgeons.

Currently, patient age, tumor grade, and functional status are known preoperative prognostic indicators of survival. Identification of any reversible comorbidity would be important, as malignant astrocytoma, also known as glioma or glioblastoma multiforme, typically results in death in about 1 year, even with the latest, most effective therapies.

Researchers at Johns Hopkins School of Medicine in Baltimore, led by Dr. Matthew J. McGirt, analyzed the outcomes of 1,052 patients with malignant astrocytoma who underwent surgery from 1995 to 2006.

Of these patients, 605 underwent primary resection, 410 underwent secondary resection, and 37 had a biopsy only. Excluding the biopsies, 213 tumors were

World Health Organization grade III and 802 tumors were grade IV. A total of 204 patients received subtotal resection, 274 received adjuvant therapy, and 136 required subsequent resection.

Only 49 patients (5%) who were taking antidepressant medication for clinical depression at the time of the surgery met the study’s definition of having depression.

All demographic and clinical characteristics were similar between the two groups, said Dr. Quiñones-Hinojosa. Their mean age was 51 years and median preoperative Karnofsky Performance Scale (KPS) score was 80. Among survivors, the median follow-up was 12 months (range 3-18 months).

In a Kaplan Meier analysis, patients with depression had more than a 40% increase in the relative risk of mortality compared with nondepressed patients (relative risk 1.41), regardless of KPS, WHO tumor grade, patient age, or clinical presentation.

Median survival was 7 months among patients with depression, compared with 11 months in those without depression. At 2 years post surgery, 5% of patients with depression were alive, compared with 23% of nondepressed patients. The difference was significant.

Dr. Quiñones-Hinojosa acknowledged that the investigators could not be certain that the patients’ depression was not a response to the recent diagnosis of a terminal disease. In addition, many patients with clinical depression may have been undiagnosed and unmedicated. ■

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Watch for Early Warning Signs of Disturbed Eating in Diabetic Girls

KEYSTONE, COLO. — Red flags for disturbed eating behavior in adolescent girls with type 1 diabetes include a persistently high glycosylated hemoglobin level, frequent episodes of diabetic ketoacidosis, and behaviors such as skipping insulin doses or underdosing in order to control weight, according to one expert.

Another warning sign is a pattern of skipping breakfast and/or lunch, followed by binge eating throughout the evening, Rita Temple-Trujillo said at a conference on the management of diabetes in youth. Distress about body weight and shape is also common among affected individuals, but it’s a nonspecific indicator.

“It’s rare that I see girls who don’t have concern about body image. We’re a weight-obsessed culture,” said Ms. Temple-Trujillo, a clinical social worker at the Barbara Davis Center for Childhood Diabetes, which cosponsored the conference with the University of Colorado and the Children’s Diabetes Foundation at Denver.

Pressed by a physician in the audience for a few quick screening questions to help

zero in on disturbed eating behavior in adolescent girls with diabetes, Ms. Temple-Trujillo’s fellow panelist, Dr. Denis Daneman, suggested asking the following:

- ▶ Are you manipulating your insulin by omission or by changing the dose in order to control your weight?
- ▶ Are you dieting at the moment to control your weight?
- ▶ Are you exercising specifically to control your weight?
- ▶ Are you doing any other things specifically to control your weight?

“Those four questions, if you get honest answers, will probably give you most of the information you need,” said Dr. Daneman, professor and chair of the department of pediatrics at the University of Toronto and pediatrician-in-chief at the Hospital for Sick Children there.

But getting honest answers is a challenge because diabetic youths with disturbed eating behaviors feel great shame and a reluctance to disclose the details, according to Ms. Temple-Trujillo.

—Bruce Jancin