Vitamin D Deficiency May Be Prevalent in RA

BY MITCHEL L. ZOLER

PHILADELPHIA — Patients with moderately active rheumatoid arthritis had a high prevalence of vitamin D insufficiency and deficiency in a prospective study of 1,160 patients in the Veterans Health Administration system.

Based on this finding, the "testing of vitamin D levels is mandatory" in patients with RA, Dr. Gail S. Kerr said at the annual meeting of the American College of Rheumatology.

In addition, although "more evidence is needed to determine the exact role of vitamin D in patients with rheumatoid arthritis, we advocate vitamin D replacement as an additional, non-DMARD component of RA management," said Dr. Kerr, chief of rheumatology at the Washington D.C. VA Medical Center.

The study used patients who were en-

rolled in the U.S. VARA (Veterans With RA) registry, which began in 2002. The registry protocol included drawing a blood specimen from patients at the time of enrollment. Patients entered the registry at similar rates throughout the year, which meant that no seasonal bias skewed their vitamin D levels.

The current analysis focused on the 1,160 enrolled patients for whom vitamin D levels were available. Patients' average age was 64 years; 91% were men, 77% were white, and 17% were black. Average duration of RA was 12 years. Insufficiency was defined as a level of 30 ng/mL or lower; deficiency was 20 ng/mL or lower.

Low vitamin D levels were common, with 85% of the patients meeting the definition of insufficiency, and 45% with a deficient level. The average vitamin D level for the entire group was 22 ng/mL. ■

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Drug Interactions: Because ketoconazole, a strong CYP3A4/5 inhibitor, increased saxagliptin exposure, the dose of ONGLYZA should be limited to 2.5 mg when coadministered with a strong CYP3A4/5 inhibitor (e.g., atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, and telithromycin).

Patients with Renal Impairment: The dose of ONGLYZA is 2.5 mg once daily for patients with moderate or severe renal impairment, or with end-stage renal disease requiring hemodialysis (creatinine clearance [CrCl] \leq 50 mL/min). ONGLYZA should be administered following hemodialysis. ONGLYZA has not been studied in patients undergoing peritoneal dialysis. Assessment of renal function is recommended prior to initiation of ONGLYZA and periodically thereafter.

Pregnant and Nursing Women: There are no adequate and well-controlled studies in pregnant women. ONGLYZA, like other antidiabetic medications, should be used during pregnancy only if clearly needed. It is not known whether saxagliptin is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when ONGLYZA is administered to a nursing woman.

Pediatric Patients: Safety and effectiveness of ONGLYZA in pediatric patients have not been established.

*metformin, glyburide, or thiazolidinedione (pioglitazone or rosiglitazone)

Please read the adjacent Brief Summary of the Product Information. For more information about ONGLYZA visit www.onglyza.com.

Reference: 1. Fingertip Formulary[®] data as of October 2, 2009. Data on File, October 2009.

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