Perioperative Risks Rise With Cessation of Statins

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VIENNA — Stopping statins for a few days during and after major vascular surgery was linked with a significant rise in cardiovascular events at one center, according to a poster at the annual congress of the European Society of Cardiology.

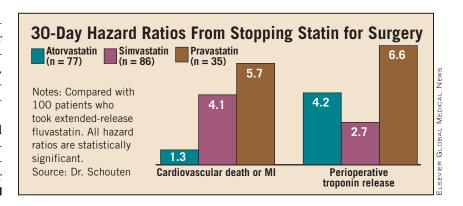
The study included 298

term statin treatment who underwent major vascular surgery at Erasmus. About a quarter of the patients stopped their treatment for an average of 3 days; the other 75% maintained treatment. Stopping a statin was associated with a 4.6-fold increased risk of troponin release, a marker of myocardial is-

consecutive patients on long-

chemia, and with a 7.5-fold increased risk of cardiovascular death or myocardial infarction, said Dr. Olaf Schouten, a vascular surgeon at Erasmus Medical Center in Rotterdam, the Netherlands.

The analyses also showed that patients who stopped treatment with extended-release fluvastatin had significantly fewer events (see box).



QUIT RATES SUPERIOR TO ZYBAN® AT 12 WEEKS IN 2 HEAD-TO-HEAD CLINICAL TRIALS (P=.0001)^{1,2*}

of subjects who received CHANTIX 1 mg bid quit smoking by the end of 12 weeks vs:

- Approximately 30% of subjects who received Zyban 150 mg bid
- Approximately 17.5% of subjects who received placebo

WELL-STUDIED TOLERABILITY AND SAFETY PROFILE

 The most common adverse reactions included nausea, sleep disturbance, constipation, flatulence, and vomiting. Nausea occurred in 30% of subjects while 3% discontinued due to nausea

CONVENIENT PAK DOSING

• PAKs are designed to simplify prescribing and to help improve patient adherence

GET QUIT SUPPORT PLAN

 A personalized behavioral support program designed to address critical behavioral components of smoking cessation, such as relapse

Patients should be encouraged to continue to attempt to quit if they have early lapses after quit day. Dosage adjustment with CHANTIX is recommended in patients with severe renal impairment or in patients undergoing hemodialysis.

Smoking cessation, with or without treatment with CHANTIX, may alter the pharmacokinetics or pharmacodynamics of some drugs, such as theophylline, warfarin, and insulin. Dosage adjustment for these drugs may be necessary.



TURN MORE SMOKERS INTO QUITTERS

*Results from 2 identically designed, 52-week (12 weeks pharmacotherapy, 40 weeks nonpharmacotherapy follow-up), randomized, double-blind, parallel-group, multicenter clinical trials (study 4: N=1022; study 5: N=1023) in which CHANTIX 1 mg bid was compared with Zyban 150 mg bid and placebo for efficacy and safety in smoking cessation. For trial inclusion, subjects must have smoked at least 10 cigarettes per day over the past year, with no period of abstinence greater than 3 months, and must have been bupropion naive. The primary efficacy end point in both trials was the carbon monoxide (CO)—confirmed 4-week continuous abstinence rate for weeks 9 through 12, defined as the percentage of subjects who reported no smoking (not even a puff) or use of any nicotine-containing products confirmed by an exhaled CO measurement of 10 ppm or less at each clinic visit. (Studies 4 and 5 from the CHANTIX package insert.)^{1,35}

Subjects were provided with an educational booklet on smoking cessation and received up to 10 minutes of smoking cessation counseling at each clinic visit in accordance with Agency for Healthcare Research and Quality guidelines.⁵