Cardiovascular Risk Factors in Middle Age Linked to Hypertension in Pregnancy

	Prevalence or average level in women who were:	
Risk factor	Hypertensive in pregnancy (n = 643)	Normotensive in pregnancy (n = 3,421)
Microalbuminuria	17%	12%
Ankle-brachial index <0.9	11%	8%
Left ventricular hypertrophy	19%	13%
Serum C-reactive protein	0.46 mg/dL	0.34 mg/dL
Serum homocysteine	9.5 micromol/L	9.2 micromol/L

Note: All differences between the two study groups are statistically significant. Source: Dr. Garovic

SEASONIOUE™

Clevonorgestrel / ethinyl estradiol tablets) 0.15 mg / 0.03 mg and (ethinyl estradiol tablets) 0.01 mg Brief Summary. See full package brechure for complete information. Patients should be counseled that this product does not protect against HIV-infection (AIDS) and other sexually transmitted diseases. CONTRANDICATIONS: Oral contraceptives should not be used in women who currently have the following conditions: • Thromolophlebitis or thromboenholic disorders • Cerebrovascular or coronary artery disease (current or history) • Valvukr heard disease with thrombogenic complications • Uncontrolled hypertension • Diabetes with vascular involvement • Headaches with focal neurological symptoms • Major surgery with prolonged immobilization • Known or suspected actionana of the endometation ar other associated estrogen dependent neoptasia • Undiagnosed hommal genital bleeding • Cholestatic landice of themanory or landice with nor nul use + Headit adenomas or coronona, a retay for exise + Known or suspected estrogen dependent neoptasia • Undiagnosed hommal genital bleeding • Cholestatic landice of transmory or landice with nor nul use + Headit adenomas or coronona, and use with or suspected • Cholestatic jaundice of pregnancy or jaundice with prior pill use • Hepatic adenomas or carcinomas, or active liver disease • Known or suspected pregnancy • Hypersensitivity to any component of this product WARNINGS

Cigarette smoking increases the risk of serious cardiovascular side effects from oral contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over 35 years of age. Women who use oral contraceptives should be strong-by advised not to smoke.

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Chicken or Egg?

Pregnancy from page 1

that lasted longer than 6 months (this third group was not included in the analysis). The key index event was hypertension in pregnancy and not preeclampsia because the researchers who ran the Family Blood Pressure Program collected data only on hypertension during pregnancy and not information on the incidence of proteinuria or edema during pregnancy.

The women's median age was 54 years when their clinical data were collected, and cardiovascular events were only

findings of minimal risk may be related to the use of oral contraceptive formulations containing lower hormonal doses of estrogens and progestogens. 8. Carbiolytate and Lipid Metabolis Effects: Oral contraceptives have been shown to cause glucose intolerance in a significant perentage of users. Oral contraceptives containing orater than 75 micrograms or estrogens cause befores cause beingensituins, mylite burne base of estrogen cause less glucose intolerance. Progestational gents: Hwere no effects on tasting burnes that 75 micrograms or estrogens cause these demonstrated effects, prediadetic and diabetic women should be cardilly observed while taking oral contraceptives appear to have no effect on fasting blood glucose. Because of these demonstrated effects, prediadetic and diabetic women should be cardilly observed while taking oral contraceptives. As small proportion of women will have persistent hypertrig/orardemia while on the pill. As discussed earlier (see WARNINGS 1a. and 16.), changes in serum trigi/cerides and lipopretin levels have been reported in oral contraceptive users. 9. Elevated Bdoor Perssure: Woma readomice advise that we shown that the incidence of hypetrension increases in build persogning concentrations of progestogens and usersain concentrations of progestogens and usersain concentrations of progestogens and usersain concentrations of progestogens. Women with history of hypetrension or hypertension-related diseases, or renal disease should be encouraged to use another method of contraceptive users, and there is no different in the courrace of hypetrension and and every the advisor of hypetrension or divergence or theoremain earlier women level of progestogens. Wend persistent on the mode advisor of hypetrension of the cause, (See WARNINGS, 1c.) 11. Beeding Integrating earlier advisor of the cause, (See WARNINGS, 1c.) 11. Beeding Integrating earliers and evaluation of the cause, (See WARNINGS, 1c.) 11. Beeding Integrating earliers (10.2%). And the lever mean discontincit at [2%5-3011

Figure: Percentage of Women Taking Seasonique™ Reporting Intermenstrual Bleeding and/or Spotting.



As in any case of bleeding in equilatives, nonhormonal causes should always be considered and adequate diagnostic measures taken to rule out malignancy or pregnancy. In the event of amenormhea, pregnancy should be ruled out. Some women may encounter post-pill amenormhea or oligomenormhea (possibly with anovulation), especially when such a condition was preexistent. **PRECAUTIONS 1. Security Transmitted Diseases: Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases.**

Sexually Transmitted Diseases: Patients should be counseled that this product does not protect against HV infection (AUDS) and other sexually transmitted diseases.
 Physical Examination and Follow-up: A periodic history and physical examination are appropriate for all women, including women using oral contraceptives. The physical examination, however, may be deferred until after initiation of oral contraceptives if requested by the woman and yield organical examination, however, may be deferred until after initiation of oral contraceptives if requested by the woman and yield organic advantation (buoky, and reflection to thold pressure, breasts, about de main pravise), may be advantation to recurrent ahormal variand beering, appropriate diagnostic measures should be conducted to rule out maligname, Women with a strong main/ history of the tracest cancer or who have breast candle: or who have breast can

Patients becoming significantly depressed while taking oral contraceptives should stop the medication and use an alternate method of contraception in an attempt to determine whether the symptom is drug related. **7. Ordiract Lenses:** Ontract-tens wereas who develop visual changes or changes in lens tolerance should be assessed by an ophthalmologist. **8. Drug Interactions:** Changes in contraceptive effectiveness associated with co-administration of other products: "a. Anti-interve agents and anticon-tivations: Changes in contraceptive effectiveness associated with co-administration of other products: "a. Anti-interve agents and anticon-tivations: the intervention of the approximation of the products are approximately were and the approximately effectiveness are be reduced with no constraint attemptives are co-diministration of antibuitos; anticonnuclsants, and other drugs that increase the metabolism of contraceptive effectiveness associated with co-administration of antibuitos; anticonnuclsants, and other drugs that increase the metabolism of contraceptive effectiveness associated within co-administration of antibuitos; anticonnuclsants, and thereas the interventions. The approximation of the anti-HUV protesse inhibitors situe endowned in conscient results: - 0, anti-HUV protease inhibitors. Several of the anti-HUV protease inhibitors are been studied with co-administration of an contraceptives should refer to the label of the individual anti-HU protease inhibitors is for turber drug-drug interaction information - to-Herbal products: Charling SJ. John's Wort (hypericum perforatum) may induce hepatic enzymes (cytochrome P450) and p-plycoprotein transporter and may reduce the effetiveness of contraceptives stroid. In the administration of annips: Containing SJ. John's Wort (hypericum perforatum) may induce hepatic enzymes (cytochrome P450) and p-plycoprotein transporter and may reduce the effetiveness of contraceptives exortaining at the antibility for contraceptive series (co-administration of contr

9. Interactions with Laboratory Test's See Package Insert for complete information.
10. Carcinogenesis: See WARNINES. 11. Prepansor, Category X. See CONTRAINDICATIONS and WARNINGS. 12. Nursing Mothers: Small amounts of oral contraceptive steroids and/or metabolites have been reported, including jauncies and breast entragrement. In addition, oral contraceives grives in the postpartum period may interfere with lactation by decreasing the quartity and quality of breast mikel (Tossable, the nursing mothers should be advected to be or alcontraceptives but to use of the torms of contraceptives are presented by the same in postpartual addecesents under uses 16 and older. Use of Saasoniquev before metarche is not indicated, 14. Gentratifue Use: Sacenoiguev tablets have note associated with the use of oral contraceptives (see WARNINGS). The Market Distributes and the same in postpartual addecesents under the age of 16 and uses 16 and older. Use of Saasoniquev before metarche is not indicated, 14. Gentratifue Use: Sacenoiguev tablets have note enablet for the age of 16 and uses 16 and older. Use of Saasoniquev before metarche is not indicated, 14. Gentratifue Use: Sacenoiguev tablets have note enablet addecesents under of an associated between the following advects or complete information.
ADVERSE REACTIONS: An increased risk of the following serious adverse reactions has been associated with the use of oral contraceptives (see WARNINGS). The information: There is widened of an association between the following advectes or foral contraceptives: • Mesenteric thrombosis - Relina thrombosis. The following advectes reactions have been reported in adjutation target and the bleaking 0. Change in mensitual flow • Amenoritae - Temporary interflity after discontinuation of transfluid rease or ad bleaking 0. Sections - Change in avoid 14 and 24 and

OVERDOSAGE: Serious ill effects have not been reported following acute ingestion of large doses of oral contraceptives by young children. Overdosage may cause nausea, and withdrawal bleeding may occur in females.

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counted if they first occurred after age 39. The cumulative incidence of stroke

among the women who had hypertension in pregnancy was 5.2%, compared with 2.7% among those who were normotensive in pregnancy, a significant difference. The rate of coronary heart disease was 6.8% among those with a history of hypertension during pregnancy, compared with 5.4% among those without this background, also a significant difference.

The prevalence rates of several risk factors for cardiovascular disease were significantly greater in the women with a history of hypertension in pregnancy compared with those who had no such history, even after controlling for possible confounding factors. (See table.)

The prevalence of hypertension at the time of data collection was 61% among women with a history of hypertension in pregnancy, compared with 57% among those without this history. More notably, the average age of hypertension onset was 52 years for the women who had hypertension in pregnancy, compared with 60 years for those who did not.

Women who develop hypertension in pregnancy may have underlying endothelial dysfunction. Pregnancy may serve as a physiologic "stress test" that transiently unmasks the condition, and the disorder and its consequences become more overt again later in life. Alternatively, in predisposed women, pregnancy itself may trigger endothelial dysfunction and this later leads to other disorders, Dr. Garovic said.

Gender Disparity In Management Of Lipids Persists

CHICAGO — The gender gap in lipid management hasn't narrowed at all despite the March 2004 publication of American Heart Association evidence-based guidelines for prevention of cardiovascular disease in women, Dr. Lori Mosca reported at the annual scientific sessions of the AHA.

The percentage of high-risk women in two large southeastern health plans who attained an LDL cholesterol level below 100 mg/dL rose from 33% before release of the gender-specific guidelines to 40% afterward. The proportion of high-risk men with an LDL cholesterol level below 100 mg/dL climbed from 41% to 50%. So the absolute difference in rates of good lipid control between men and womenthe gender gap-actually increased from 8% prior to release of the AHA guidelines to 10% afterward, according to Dr. Mosca, director of preventive cardiology at New York-Presbyterian Hospital. Clearly these data indicate lipid control remains suboptimal in both sexes, she added, since half of high-risk men and 60% of high-risk women had LDL cholesterol values in excess of the National Cholesterol Education Program (NCEP) target of 100 mg/dL.

Dr. Mosca's retrospective study utilized administrative claims data for 17,070 men and 17,357 women. All patients were high risk because they had known cardiovascular disease or diabetes.

Reference: 1. Data on file. Duramed Pharmaceuticals Inc, Pomona, NY.