

Web-Based Glucose Monitoring Shows Promise

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An Internet-based glucose monitoring system can be more effective than conventional diabetes care systems for the long-term control of blood glucose and maintenance of glucose stability in type 2 diabetes patients, according to Dr. Jae-Hyoung Cho and colleagues at the Catholic University of Korea, Seoul.

Eighty patients with type 2 diabetes par-

ticipated in a 30-month study comparing glucose monitoring systems. The patients were randomly assigned to the intervention group, for treatment with Internet-based glucose monitoring, or to the control group, which received conventional monitoring (Diabetes Care 2006;29:2625-31).

At baseline, patients had a physical examination and standard laboratory tests, including measurement of hemoglobin A_{1c}. In a 4-hour diabetes management program, patients were taught daily self-monitoring

of blood glucose to maintain glycemic control and were advised on nutrition and exercise. Every 3 months, they met with their physician and provided a blood sample for determination of HbA_{1c} level.

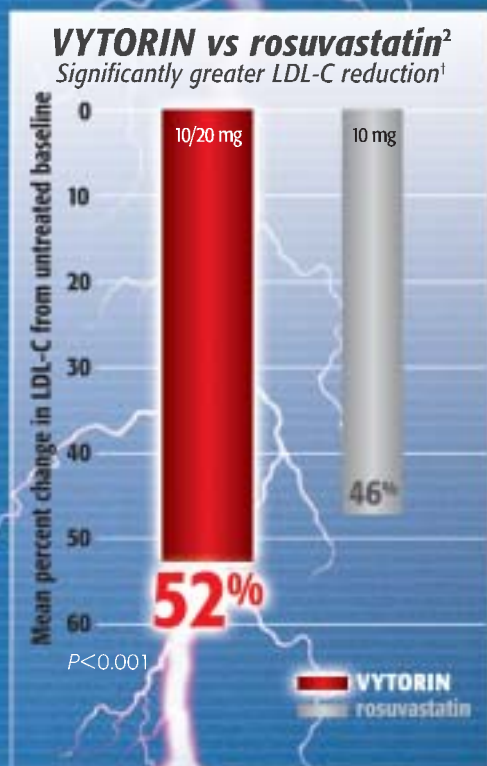
Patients in the intervention group logged onto a Web site each day to access an online chart on which they entered glucose levels from self-monitoring, and their weight, blood pressure, and medication use. They could post questions to clinical staff via a comments' box, and every 2

weeks, staff would send them recommendations. The control group patients kept conventional records of their blood glucose levels. They received recommendations from the same endocrinologists who worked online with the intervention group.

Mean baseline HbA_{1c} values were 7.5% in the control group and 7.7% in the intervention group. After 30 months, mean HbA_{1c} values were 7.5% and 6.9% in the control and intervention groups, respectively, a statistically significant difference. ■

enough, in 2 separate head-to-head studies

VYTORIN provide that atorvastatin 50% at a usual starting dose^{1,2,3} mean LDL-C reduction



- ▶ VYTORIN 10/40 mg lowered LDL-C more than rosuvastatin 20 mg (55% vs 52%, $P=0.001$).²
- ▶ VYTORIN 10/80 mg lowered LDL-C more than rosuvastatin 40 mg (61% vs 57%, $P<0.001$).²

[†] Data from a multicenter, randomized, double-blind, active-controlled, 6-arm, parallel-group study designed to evaluate the efficacy and safety of VYTORIN vs rosuvastatin over a 6-week period. Patients with hypercholesterolemia (N=2,959) were randomized to 1 of 6 treatment groups: VYTORIN 10/20, 10/40, or 10/80 mg or rosuvastatin 10, 20, or 40 mg. Mean baseline LDL-C level for both VYTORIN 10/20 mg and rosuvastatin 10 mg was 172 mg/dL.²

SELECTED CAUTIONARY INFORMATION (cont)

The concomitant use of VYTORIN and fibrates (especially gemfibrozil) should be avoided. Although not recommended, the dose of VYTORIN should not exceed 10/10 mg if used with gemfibrozil. The benefit of further alterations in lipid levels by the combined use of VYTORIN with niacin should be carefully weighed against the potential risks of myopathy. The dose of VYTORIN should not exceed 10/10 mg daily in patients receiving cyclosporine or danazol, and 10/20 mg daily in patients receiving amiodarone or verapamil.

Liver: It is recommended that liver function tests be performed before the initiation of treatment and thereafter when clinically indicated. Additional tests are recommended prior to and 3 months after titration to the 10/80-mg dose, and semiannually for the first year thereafter.

VYTORIN is not recommended in patients with moderate or severe hepatic insufficiency.

In clinical trials, the most commonly reported side effects, regardless of cause, included headache (6.8%), upper respiratory tract infection (3.9%), myalgia (3.5%), influenza (2.6%), and extremity pain (2.3%).

Please read the brief summary of Prescribing Information on the adjacent page.

References: 1. Ballantyne CM, Abate N, Yuan Z, King TR, Palmisano J. Dose-comparison study of the combination of ezetimibe and simvastatin (Vytorin) versus atorvastatin in patients with hypercholesterolemia: the Vytorin Versus Atorvastatin (VYVA) Study. *Am Heart J*. 2005;149:464-473. 2. Catapano AL, Davidson MH, Ballantyne CM, et al. Lipid-altering efficacy of the ezetimibe/simvastatin single tablet versus rosuvastatin in hypercholesterolemic patients. *Curr Med Res Opin*. 2006;22:2041-2053. 3. IMS HEALTH, NPA PlusSM, NRx, July 2006.

POWER MADE PRACTICAL

VYTORIN
(ezetimibe/simvastatin)
tablets