

Fewer, Milder MIs Tied to Drop in Smoking Rates

BY BRUCE JANCIN
Denver Bureau

BARCELONA — North Americans and Europeans have been presenting with milder acute MIs for the last 2 decades—and a new Swedish study suggests the declining popularity of smoking may be a factor.

The study, which involved 121,032 consecutive admissions for acute MI to Swedish coronary care units in 1996-2004,

showed that smoking was an independent predictor of presentation with a more extensive ST-elevation MI (STEMI) rather than a non-ST-elevation MI (NSTEMI), Dr. Lena Bjorck reported at the joint congress of the European Society of Cardiology and the World Heart Federation.

This relationship makes theoretical sense. Smoking is known to promote coagulation and interfere with thrombolysis. Since thrombosis plays a key role in MI, smoking might be expected to result in increased

likelihood of a larger STEMI when MI occurs, explained Dr. Bjorck of Sahlgrenska University Hospital, Goteborg, Sweden.

In all, 35% of acute MI patients in this large consecutive series gleaned from the Register of Information and Knowledge about Swedish Heart Intensive Care Admissions presented with STEMI; 27% of STEMI patients were current smokers, vs. just 19% in the NSTEMI group.

The trend was strongest in patients under age 65, in whom 44% of men and 54%

of women who presented with STEMI were current smokers, compared with 34% of men and 37% of women with NSTEMI.

Current smoking independently predicted STEMI in MI patients. Among current smokers, men younger than 65 years old who presented with MI were 40% more likely than nonsmokers to have STEMI; women were 90% more likely. Dr. Bjorck noted that besides smoking, improved medical interventions and diagnosis probably also contribute to milder MIs. ■

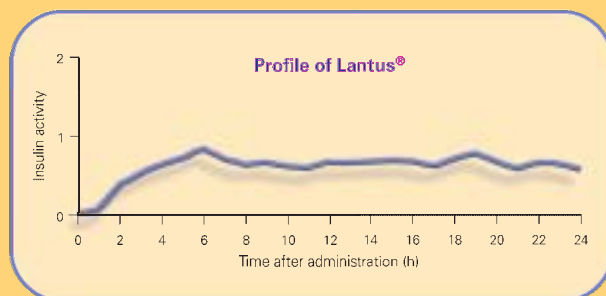
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Lantus® closely mimics physiologic basal insulin secretion.^{3,5}

Physiologic basal insulin is secreted continuously over 24 hours, at a rate of approximately 0.5 IU/h, to meet between-meal and overnight glucose-regulating requirements and to suppress excess hepatic glucose production.⁶ Past attempts at creating an insulin to mimic this profile have resulted in agents that have wide variability in their absorption and length of effect. Lantus® demonstrates a low rate of variability in its action, with a relatively flat, predictable profile after only 1 injection that lasts for a full 24 hours.^{2,7,8} Additionally, in a crossover study of healthy volunteers, no differences in absorption rates were observed whether Lantus® was injected into the leg, arm, or abdomen.^{2,9}



Physiologic basal profile means patients are better able to plan when to eat—because they don't have to contend with insulin peaks.⁶ That can help patients by not requiring them to eat or snack at a specific time to balance a peak. In fact, Lantus® is associated with a low rate of hypoglycemia. It also has a neutral effect on weight.

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Lantus® is the only once-daily, 24-hour basal insulin with no pronounced peak, and it closely mimics physiologic basal insulin secretion.²

It's tried. It's trusted. And it's there for you as you help

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Once-Daily
24-HOUR
LANTUS®
insulin glargine [rDNA origin] injection

Important Safety Information

Lantus® is indicated for once-daily subcutaneous administration, at the same time each day, for the treatment of adult and pediatric patients (6 years and older) with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

LANTUS® MUST NOT BE DILUTED OR MIXED WITH ANY OTHER INSULIN OR SOLUTION. If mixed or diluted, the solution may become cloudy, and the onset of action/time to peak effect may be altered in an unpredictable manner.

Lantus® is contraindicated in patients hypersensitive to insulin glargine or the excipients.

Hypoglycemia is the most common adverse effect of insulin, including Lantus®. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes. Any change of insulin type and/or regimen should be made cautiously and only under medical supervision. Concomitant oral antidiabetes treatment may need to be adjusted.

Other adverse events commonly associated with Lantus® include the following: lipodystrophy, skin reactions (such as injection-site reaction, pruritus, rash), and allergic reactions.

Please see brief summary of prescribing information on adjacent page.

*Based on PNRx. IMS Health. National Prescription Audit Plus™. September 2003 – December 2005.

References: 1. American Diabetes Association. *Diabetes Care*. 2005;28(suppl 1):S4-S36. 2. Lantus Prescribing Information. 3. Data on file, sanofi-aventis U.S. LLC (CSR HOE901/5001). 4. Data on file, sanofi-aventis U.S. LLC (CSR HOE901/5024). 5. Nathan DM. *N Engl J Med*. 2002;347:1342-1349. 6. Guthrie R. *Clin Diabetes*. 2001;19:66-70. 7. Scholtz HE, Pretorius SG, Wessels DH, Becker RHA. *Diabetologia*. 2005;48:1988-1995. 8. Fanelli CG, Pampanelli F, Porcellati P, et al. Poster presented at: 38th Annual Meeting of the European Association for the Study of Diabetes (EASD); September 1-5, 2002; Budapest, Hungary. 9. McKeage K, Goa KL. *Drugs*. 2001;61:1599-1624.

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