

# Chinese Study Finds No Blood Pressure J-Curve

BY BRUCE JANCIN  
Denver Bureau

SAN ANTONIO — Among patients with known cardiovascular disease, there is no J-shaped association between blood pressure and either future cardiovascular events or all-cause mortality, new data suggest.

“These data indicate there is a strong, independent, and direct association between blood pressure and mortality among men and women with a history of cardiovas-

cular disease,” Dr. Jing Chen said at a meeting of the American Heart Association Council for High Blood Pressure Research. The findings support a lower blood pressure goal in patients with cardiovascular disease in order to reduce mortality.

The J-curve concept—the notion that driving blood pressures lower is beneficial only to a certain point, after which mortality climbs again—has a lengthy history. After years of debate, a consensus emerged that the J-curve does not exist in the gen-

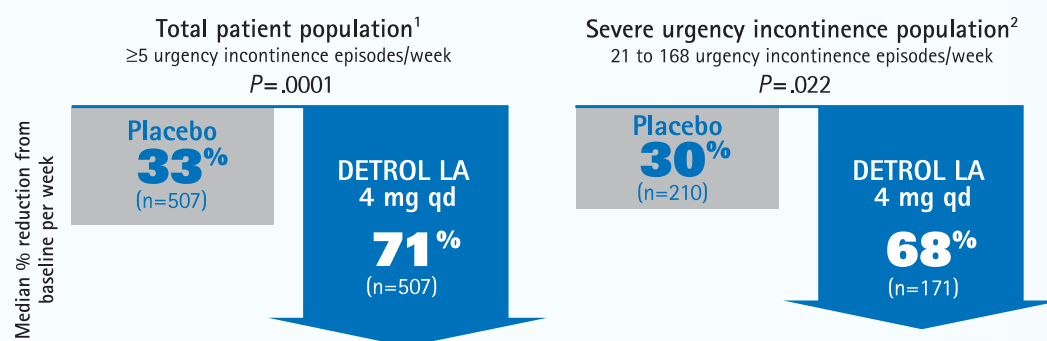
eral population. But some recent reports suggest that the J-curve applies to patients with cardiovascular disease, said Dr. Chen of Tulane University, New Orleans.

The China National Hypertension Survey Epidemiology Study enrolled 158,666 participants aged 15 years or older in 1991, including 2,251 men and 1,941 women with a baseline history of coronary heart disease or stroke. At follow-up during 1999-2000, blood pressure was a directly associated with cardiovascular mortality in

the subgroup having baseline cardiovascular disease—no J-curve.

Compared with normotensive men with a cardiovascular disease, those with prehypertension had an 18% greater adjusted risk of cardiovascular death. Prehypertensive women had a 21% increase. Men and women with stage 1 hypertension had risk increases of 24% and 62%. Cardiovascular mortality was 71% higher in men with stage 2 hypertension and 72% higher in women with stage 2 hypertension. ■

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Van Kerrebroeck et al. *Urology*. 2001;57:414-421.<sup>1</sup>  
A 12-week, placebo-controlled OAB study.  
See full study description on next page.

Landis et al. *J Urol*. 2004;171:752-756.<sup>2</sup>  
A post hoc subgroup analysis of Van Kerrebroeck et al.  
See full study description on next page.

DETROL LA is indicated for the treatment of overactive bladder with symptoms of urge incontinence, urgency, and frequency. DETROL LA is contraindicated in patients with urinary retention, gastric retention, or uncontrolled narrow-angle glaucoma and in patients who have demonstrated hypersensitivity to the drug or its ingredients. DETROL LA capsules should be used with caution in patients with clinically significant bladder outflow obstruction, gastrointestinal obstructive disorders, controlled narrow-angle glaucoma, and significantly reduced hepatic or renal function. Dry mouth was the most frequently reported adverse event (DETROL LA 23% vs placebo 8%); others (≥4%) included headache (DETROL LA 6% vs placebo 4%), constipation (DETROL LA 6% vs placebo 4%), and abdominal pain (DETROL LA 4% vs placebo 2%).

\*Source: IMS NPA, based on total US prescriptions of antimuscarinics for OAB from October 2001 to December 2005.

<sup>†</sup>Source: IMS Midas Global Sales Audit, Verispan longitudinal data, based on total prescriptions of DETROL and DETROL LA for OAB from April 1998 to December 2005.

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