What's a common denominator of most heart attack victims?

*Mixed hyperlipidemias*—elevated cholesterol and triglycerides—are common among heart attack victims, and nearly two-thirds of people who developed myocardial infarction in the PROCAM Trial had a low (<35 mg/dL) baseline level of HDL cholesterol.  

**HEART ATTACK PATIENTS (PROCAM TRIAL)**

- HDL over 35 mg/dL: 36%
- HDL under 35 mg/dL: 64%
A powerful case for LOPID® (gemfibrozil) 600-mg Tablets

Raised low HDL 25%  
in patients whose baseline HDL was below 35 mg/dL in the landmark Helsinki Heart Study (HHS).

Reduced heart attack incidence* up to 62%  
in these HHS patients and 45% in HHS patients whose baseline HDL was below the median (46.4 mg/dL). Incidence of serious coronary events was similar for LOPID and placebo subgroups with baseline HDL above the median (46.4 mg/dL).

Raised HDL levels 1½ to 3 times more effectively than lovastatin  
in a 12-week, double-blind, randomized trial among patients with moderate to severe hyperlipidemia. Lovastatin achieved greater reductions in total serum cholesterol than gemfibrozil in this study population.

RAISES HDL DRAMATICALLY REDUCES HEART ATTACK  
LOPID is indicated for reducing the risk of coronary heart disease (CHD) in Type llb patients with low HDL, in addition to elevated LDL and triglycerides, and who have had an inadequate response to weight loss, diet, exercise, and other pharmacologic agents such as bile acid sequestrants and nicotinic acid.

*Defined as a combination of definite coronary death and/or definite myocardial infarction.


Please see last page of this advertisement for warnings, contraindications, and brief summary of prescribing information.
CONTRAINDICATIONS. 1. Hepatic or severe renal dysfunction, including primary biliary cirrhosis.

2. Preexisting gallbladder disease (See WARNINGS).

WARNINGS. 1. Because of the potential for hypertriglyceridemia, patients with a history of lipid storage diseases should not be treated with gemfibrozil.

2. Preexisting gallbladder disease (See WARNINGS).

3. Preexisting gallbladder disease (See WARNINGS).

4. Preexisting gallbladder disease (See WARNINGS).

5. Preexisting gallbladder disease (See WARNINGS).

6. Cataracts-Subcapsular bilateral cataracts occurred in 4.9% for the placebo group (17 vs 11 subjects, a 54% excess) (Gemfibrozil Capsules and Tablets).

7. Preexisting gallbladder disease (See WARNINGS).

8. Liver Function-Abnormal liver function tests have been observed occasionally during Lopid administration, including elevations in AST (SGOT), ALT (SGPT), bilirubin, and alkaline phosphatase. These are usually reversible. Other hepatic enzyme abnormalities in children have not been established.

ADVERSE REACTIONS. In the double-blind controlled phase of the Helsinki Heart Study, 20046 patients received Lopid for up to 5 years. In that study, the following adverse reactions were statistically more frequent in the Lopid group (placebo incidence in parentheses): gastrointestinal reactions, 32.4% (45%); headache, 11.4% (14%); rhinitis, 4.1% (5%); other dermatological reactions, 35.6% (47.3%); nervous system and special senses adverse reactions were more common in the Lopid group. These included hypesthesia, paresthesias, and taste perversion. Other adverse reactions reported for gemfibrozil are listed below (Gemfibrozil Capsules and Tablets).

Lopid®(Gemfibrozil Capsules and Tablets) raises HDL...DRAMATICALLY REDUCES HEART ATTACK (23.8%) dyspnea, 19.6% (11.4%); abdominal pain, 18.7% (11.5%); diarrhea, 7.2% (6.5%); fatigue, 13.6% (33.9%); nausea/vomiting, 2.9% (2.1%); eczema, 1.9% (1.2%); rash, 1.7% (1.3%); and pruritus, 1.3% (1.9%). Clinical Laboratory: Hematopoietic: anemic, leukopenia, bone marrow hypoplasia, eosinophilia; immunologic changes (histologically confirmed in most cases where data are available), 1.2% (0.6%); atrial fibrillation, 0.7% (0.4%). Adverse reactions reported by more than 1% of subjects, but with a significant difference between groups (placebo incidence in parentheses) were: diarrhea, 7.2% (6.5%); fatigue, 13.6% (33.9%); nausea/vomiting, 2.9% (2.1%); eczema, 1.9% (1.2%); rash, 1.7% (1.3%); and pruritus, 1.3% (1.9%). Clinical Laboratory: Hematopoietic: anemic, leukopenia, bone marrow hypoplasia, eosinophilia; immunologic changes (histologically confirmed in most cases where data are available), 1.2% (0.6%); atrial fibrillation, 0.7% (0.4%). Adverse reactions reported by more than 1% of subjects, but with a significant difference between groups (placebo incidence in parentheses) were: diarrhea, 7.2% (6.5%); fatigue, 13.6% (33.9%); nausea/vomiting, 2.9% (2.1%); eczema, 1.9% (1.2%); rash, 1.7% (1.3%); and pruritus, 1.3% (1.9%). Other reactions reported for gemfibrozil are listed below (Gemfibrozil Capsules and Tablets).

Pregnancy Category B. Lopid is not known to cause impairment of fertility in females. Lopid is not known to cause impairment of fertility in males. There was no evidence of impaired fertility in females or harm to the fetus due to Lopid. Minor fetotoxicity was manifested by reduced birth weights observed at objective in vivo and in vitro studies. No significant mortality differences resulted from the administration of Lopid to pregnant rabbits at dosages 40 times the maximum human dose. Adverse reactions reported by more than 1% of subjects, but with a significant difference between groups (placebo incidence in parentheses) were: diarrhea, 7.2% (6.5%); fatigue, 13.6% (33.9%); nausea/vomiting, 2.9% (2.1%); eczema, 1.9% (1.2%); rash, 1.7% (1.3%); and pruritus, 1.3% (1.9%). Mechanistic studies have revealed no evidence of impaired fertility in females or harm to the fetus due to Lopid. Minor fetotoxicity was manifested by reduced birth weights observed at objective in vivo and in vitro studies. No significant mortality differences resulted from the administration of Lopid to pregnant rabbits at dosages 40 times the maximum human dose.

Dosage and Administration. The recommended dose for adults is 1200 mg administered in two divided doses 30 minutes before the morning and evening meal. Malabsorption of Oral Contraceptives: There have been isolated cases of oral contraceptive failure when Lopid has been given concurrently. The manufacturer recommends that contraceptive failure should be considered if Lopid is taken continuously. It is advisable to observe the patients for several months before concluding that contraceptive failure is due to the drug. There have been reports of contraceptive failure in patients on Lopid and subsequently on ethinyl estradiol. The mechanism of contraceptive failure is unknown. It may be due to decreased endogenous estrogen production or to increased metabolism of estrogen. There are no controlled studies of the effectiveness of ethinyl estradiol in women on Lopid. However, it has been observed that Lopid does not seem to interfere with the contraceptive effect of "Norpace." It is advisable to observe patients carefully and to discontinue Lopid if contraceptive failure occurs. There are no controlled studies of the effectiveness of ethinyl estradiol in women on Lopid. However, it has been observed that Lopid does not seem to interfere with the contraceptive effect of "Norpace." It is advisable to observe patients carefully and to discontinue Lopid if contraceptive failure occurs. There are no controlled studies of the effectiveness of ethinyl estradiol in women on Lopid. However, it has been observed that Lopid does not seem to interfere with the contraceptive effect of "Norpace." It is advisable to observe patients carefully and to discontinue Lopid if contraceptive failure occurs. There are no controlled studies of the effectiveness of ethinyl estradiol in women on Lopid. However, it has been observed that Lopid does not seem to interfere with the contraceptive effect of "Norpace." It is advisable to observe patients carefully and to discontinue Lopid if contraceptive failure occurs. There are no controlled studies of the effectiveness of ethinyl estradiol in women on Lopid. However, it has been observed that Lopid does not seem to interfere with the contraceptive effect of "Norpace." It is advisable to observe patients carefully and to discontinue Lopid if contraceptive failure occurs. There are no controlled studies of the effectiveness of ethinyl estradiol in women on Lopid. However, it has been observed that Lopid does not seem to interfere with the contraceptive effect of "Norpace." It is advisable to observe patients carefully and to discontinue Lopid if contraceptive failure occurs. There are no controlled studies of the effectiveness of ethinyl estradiol in women on Lopid. However, it has been observed that Lopid does not seem to interfere with the contraceptive effect of "Norpace." It is advisable to observe patients carefully and to discontin...
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