Low HDL with elevated LDL and triglycerides: A common denominator of many 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. 1-2 (Abstract) is not indicated for the treatment of patients with low HDL cholesterol as their only lipid abnormality.

HEART ATTACK PATIENTS (PROCAM TRIAL)

HDL under 35 mg/dL 64%
LOPID®

gemfibrozil

600-mg Tablets

LOPID is indicated for reducing the risk of coronary heart disease in type IIb 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.

Raised low HDL 25% — in patients whose baseline HDL was below 35 mg/dL in the landmark Helsinki Heart Study (HHS).3

Reduced heart attack incidence up to 62%* — in these HHS patients. Incidence of serious coronary events was similar for LOPID and placebo subgroups with baseline HDL above the median (46.4 mg/dL).3

RAISES HDL, LOWERS LDL AND TRIGLYCERIDES DRAMATICALLY REDUCES HEART ATTACK

Contraindicated in patients with hepatic or severe renal dysfunction, including primary biliary cirrhosis, preexisting gallbladder disease, or hypersensitivity to gemfibrozil. LOPID may increase cholesterol secretion into the bile, leading to cholelithiasis. Caution should be exercised when anticoagulants are given in conjunction with LOPID.

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

P = .013; 95% CI 13.3-111.3.

3. Data on file, Medical Affairs Dept, Parke-Davis.

Please see last page of this advertisement for warnings, contraindications, and brief summary of prescribing information.
Lopid® (Gemfibrozil Capsules and Tablets)

From controls in the incidence of liver tumors, but the dosages tested were lower than those in the other study, concerning excretion into the bile leading to cholelithiasis. If cholelithiasis is suspected, gallbladder studies are indicated. Lopid therapy should be discontinued if gallstones are found.

Lopid therapy is not recommended for patients who have an unsatisfactory lipid response to other drugs alone, the possibility of combined therapy with lovastatin and gemfibrozil does not outweigh the risks of severe myopathy, rhabdomyolysis, and acute renal failure. (See Drug Interactions). The use of fibrate therapy is not recommended in patients who have had an unsatisfactory response to one drug alone. However, if Lopid is continued, there is a small risk of disease, and intracerebral hemorrhage.

Lopid's relationship to treatment with Lopid therapy is not established. However, Lopid has not been associated with the occurrence of any cases of leukemia or lymphoma in hamster studies. The use of Lopid in patients with a history of lipoatrophy and diabetes mellitus and hyperlipidemia who are contributing to the lipid abnormalities.

Adverse reactions reported more than 1% of patients treated with Lopid therapy included dyspepsia, back pain, myalgias, and adrenocortical disorders. The incidence of these disorders was not significantly different from placebo.

6. Cataracts—Subcapsular bilateral cataracts occurred in 0.7% of patients treated with gemfibrozil. In another study, the incidence of cataracts was 2.8% in patients treated with gemfibrozil. The incidence of cataracts was not significantly different from that in the placebo group.

7. Hematologic Changes—Mild hemoglobin and white blood cell changes have been observed in occasional patients following initiation of Lopid therapy. However, these levels were not statistically different from placebo levels in the Lopid group. These changes included leukocytosis, erythrocytosis, and eosinophilia. The higher risk of clofibrate-treated at the high dose is termed in the incidence of coronary heart disease in the WHO Study Group.

8. Liver Function—Abnormal liver function tests have been observed occasionally during Lopid therapy. The higher risk of clofibrate-treated at the high dose is not statistically significantly different from the 25% excess mortality seen in the clofibrate group in the separate WHO study. Noncoronary heart disease related mortality was a 58% greater trend in the Lopid group (43 vs 27 patients in the placebo group, p=0.06).

9. Concomitant therapy with Lopid and clofibrate has been associated with disease, and intracerebral hemorrhage. If Lopid is continued, there is a small risk of disease, and intracerebral hemorrhage.

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Food Fight Erupts in Neighborhood Supermarket

Carrots, broccoli, tomatoes, even brussels sprouts were flying into grocery carts as The Great American Food Fight Against Cancer broke out in area supermarkets.

Consumers are reacting to studies which show that foods high in vitamins A and C, high in fiber and low in fat, may help reduce cancer risk.

“My husband is getting whole grain toast tomorrow morning,” one shopper declared. A mother was seen throwing carrots into her bag. “Snacks for the kids,” she said.

Grocers are, of course, delighted. “This food fight is pretty exciting,” said one produce manager, “and there’s nothing for me to clean up!”

The American Cancer Society, sponsor of the Food Fight, has more information. Call 1-800-ACS-2345.

And, be on the lookout for Community Crusade volunteers armed with shopping lists.
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