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. TOPID agent, triazolol, is not indicated for the treatment of patients with low HDL cholesterol as this only lipid abnormality.

HEART ATTACK PATIENTS
(PROCAME TRIAL)

HDL
under
35 mg/dL
64%
A powerful case for

**LOPID®**

(geimfibrozil) 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 < 35 mg/dL and median baseline LDL was 186 mg/dL in the landmark Helsinki Heart Study (HHS).³

Reduced heart attack incidence up to 62%*  
—in these HHS patients.³ 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 = 0.01; 95% CI 13.3 to 111.3.

References  
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.

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Because of the COAGULANT action of Lopid and the risk of rhabdomyolysis, frequent prothrombin determinations may be necessary during Lopid therapy. Early detection of marked elevation of prothrombin is important, and in the event of such an elevation, Lopid therapy should be discontinued.

Frequent prothrombin determinations are indicated in obese patients, and in neoplasms. Subsequent studies demonstrated that this effect was reversed after a drug-free period of about 3 weeks but it was not transmitted to the offspring.

5. Pregnancy Category B—Reproduction studies have been performed in the rat at doses 1, 3, and 9 times the human dose, and in the rabbit at 2 and 6.7 times the human dose. These studies have revealed no evidence of impaired fertility in females or harm to the fetus due to Lopid. Morbidity was manifested by reduced birth rates observed in the rabbit at 2 and 6.7 times the human dose.

Lipid Function—Abnormal lipid function tests have been observed occasionally during Lopid therapy. There is no assurance that periodic monitoring of lipid levels is advisable until it is clearly demonstrated that the adverse findings with Lopid are more common in patients treated with Lopid than in placebo-treated patients.

6. Use in Children—Safety and efficacy in children have not been established.

ADVERSE REACTIONS—The following side effects have been reported for gemfibrozil alone:

Nervous System and special senses adverse reactions were more common in the Lopid group. These included hypohidrosis, paresthesia, and skull pain.

Vascular disorders: reduced blood pressure.

Nausea may develop, especially during the initial days of Lopid therapy and may be accompanied by anorexia.

6.4 Cardiac: Myocardial infarction and arrhythmia were reported but were not statistically significant. The effect was reversed after a drug-free period of about 3 weeks but it was not transmitted to the offspring.

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