



Anemia Drug May Raise Stroke Risk in Kidney Patients

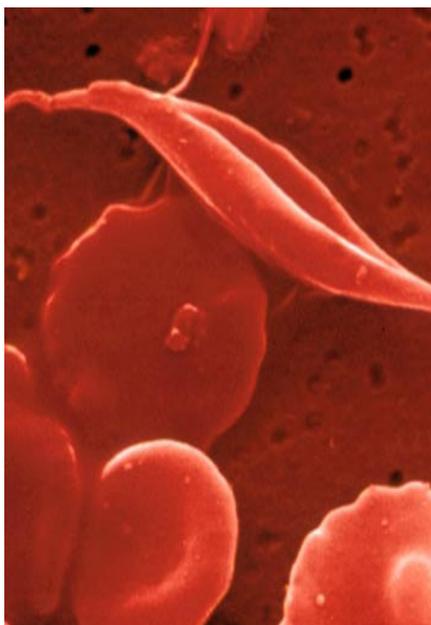
SATURDAY, Oct. 31 (HealthDay News) -- A drug designed to fight anemia appears to double the risk of stroke in patients with diabetes and kidney disease without substantially improving their quality of life, a new study finds.

Darbepoetin alfa, marketed as Aranesp and known as an erythropoiesis-stimulating agent (ESA), is often prescribed for diabetic patients with chronic kidney disease and mild anemia.

"The benefits we assumed we would have by treating anemia were less striking and the risks were more striking," said lead researcher Dr. Marc A. Pfeffer, a professor of medicine in the cardiovascular division of Brigham and Women's Hospital in Boston.

"This provides new data for doctors and patients to make their own risk-benefit assessment," he said. "There was a perception that treating anemia would make people feel so much better that we'll take risks, but the benefit in quality of life was not as great as we thought, and there was a clear doubling of your risk for a stroke.

The report was published in the Oct. 30 online edition of the *New England Journal of Medicine* to coincide with its scheduled presentation at the annual meeting of the American Society of Nephrology in San Diego. For the study, Pfeffer's team randomly assigned more than 4,000 patients with diabetes, chronic kidney disease and anemia



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to receive Aranesp or placebo. During the study, 632 patients receiving Aranesp died or suffered a cardiovascular event, compared to 602 of the patients receiving placebo. As well, 101 patients taking Aranesp had a fatal or non-fatal stroke compared with 53 of the placebo patients, the researchers found. In addition, patients taking Aranesp reported only a modest improvement in their fatigue, the researchers noted.

In earlier studies, Aranesp and a similar drug, epoetin alfa, marketed as Procrit or Epogen, were linked to increased risk of death in cancer and stroke patients.

Pfeffer believes that people with more severe kidney disease, such as those on dialysis, might still find Aranesp beneficial and the risk acceptable.

"People on dialysis generally feel even worse and generally have even more severe anemia, and this class of therapy has been very helpful to them," he said.

Because the drug was beneficial to these patients, doctors assumed it would help less severely anemic patients, Pfeffer said.

"But this use of ESAs exceeded the data," he said. "Now we have the data, and we will revisit how the drug is used now."

Dr. Phillip Marsden, a professor of medicine at the University of Toronto and author of an accompanying journal editorial, said these findings mean that doctors and patients will have to discuss whether or not to start the medication. "For most of these patients, the modest improvement in quality of life will not be enough to subject themselves to the increased risk of stroke and death," he said. ESAs have been used for two decades, Marsden noted. "It is a bit shocking that it took us 20 years to address whether or not these drugs were safe -- and now we know more."

Dr. Ajay Singh, clinical chief of the renal division and director of dialysis at Brigham and Women's Hospital, said this "landmark study" raises the fundamental question of whether epoetin or darbepoetin should routinely be used in treating anemia of chronic kidney disease. "Earlier studies raised the specter of increased risk with ESA treatment. This study definitively

confirms that there is meaningful risk with routine use of ESAs," said Singh, also an associate professor of medicine at Harvard Medical School. "In my own practice, I will be cautious in using ESAs for most patients with chronic kidney disease, balancing risk with benefits and reserving treatment largely for patients who need frequent blood transfusions or who are candidates for a kidney transplant," he said.

Compounded by : Samar Mahmoud

References:

Marc A. Pfeffer, M.D., Ph.D., professor of medicine, cardiovascular division, Brigham and Women's Hospital, Boston; Phillip Marsden, M.D., professor of medicine, University of Toronto, Canada; Ajay Singh, M.D., clinical chief, renal division, director, dialysis, Brigham and Women's Hospital, and associate professor, medicine, Harvard Medical School, Boston; Oct. 30, 2009, New England Journal of Medicine, online HealthDay.

Coffee may lower endometrial cancer risk.

NEW YORK (Reuters Health) - Women dread a diagnosis of endometrial cancer, but those who drink at least two cups of caffeinated coffee a day may have a lower risk for this cancer of cells lining the uterus.

Coffee drinking seemed to particularly protect overweight and obese women, study co-author Dr. Emilie Friberg, at the Karolinska Institutet in Stockholm, Sweden, told Reuters Health by email.

Friberg's team twice surveyed 60,634 Swedish women about their coffee intake - when they enrolled in the Swedish Mammography Cohort study between 1987 and 1990, and again in 1997.

During the 17 years, on average, that the researchers followed patients, 677 women - about 1 percent - developed endometrial cancer. The average age at diagnosis was 67. In the overall study group, those who daily drank 2 or more cups were significantly less likely to develop endometrial cancer, compared with those who drank fewer cups of coffee. Each additional daily cup seemed tied to a 10 percent lower risk for endometrial cancer, after allowing for age and other factors potentially tied to endometrial cancer risk among all the women.



However, they observed the strongest effect among overweight and obese women, who, Friberg's team notes, have "the highest risk for endometrial cancer."

Each additional cup of coffee seemed to decrease endometrial cancer risk by 12 percent among overweight women and by 20 percent among obese women, Friberg and colleagues report in the *International Journal of Cancer*.

The investigators suggest that coffee may affect blood sugar, fat cells, and estrogen, all of which play a role in endometrial cancer. However, they write that the current findings should be confirmed in other populations.

In particular, "a study also including decaffeinated coffee would make it possible to separate the effect of coffee and caffeine," Friberg said.

Compounded by : Samar Mahmoud

Reference:

International Journal of Cancer, November 15, 2009

Flu Deaths Higher Among Seniors With Dementia.

FRIDAY, Oct. 30 (HealthDay News) -- Seniors with dementia are diagnosed with flu less often, have shorter hospital stays and are 50 percent more likely to die than those without dementia, says a U.S. study that looked at flu and pneumonia in adults 65 and older.

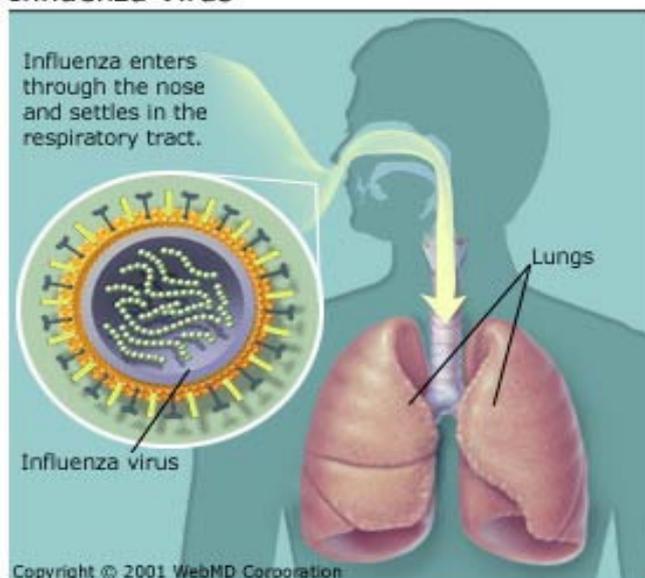
"The increased mortality of older patients with dementia hospitalized for flu may be indicative of inadequacies in health-care quality and accessibility," the study's senior author, Elena Naumova, a professor of public health and community medicine at Tufts University School of Medicine, said in a university news release. "It could be beneficial to refine guidelines for the immunization, testing and treatment of flu in older patients with dementia when planning for the possibility of a flu pandemic."

She and her colleagues analyzed five years of data, from 1998 to 2002, from the U.S. Centers for Medicaid & Medicare Services, including 36 million hospitalization records for people 65 and older. More than 6 million people had a pneumonia and influenza diagnosis, including more than 800,000 (13 percent) with dementia. Early diagnosis and treatment of flu in people with dementia can be difficult because they often have trouble communicating as a result of poor oral hygiene or impaired swallowing, the researchers said. This can make it difficult to talk to doctors about symptoms or complications. The researchers also believe that limited access to health-care services and inadequate testing practices could contribute to lower rates of flu diagnosis



and higher rates of death among older people with dementia. Their analysis of the data showed that pneumonia and flu rates were highest among older adults in poor and rural areas, where there are fewer health-care centers.

Influenza Virus



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"Limited access to specialized health-care services can delay diagnosis and treatment of the flu, causing it to progress to pneumonia, the fifth leading cause of death among the elderly," Naumova said. "This study has helped us identify this vulnerable population, and now further study is needed to confirm the findings and assess the testing and vaccination policies for older patients with dementia.

Compounded by : Samar Mahmoud

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The study was published online Oct. 26 in the *Journal of the American Geriatric Society*. Tufts University, news release, Oct. 27, 2009

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