Heart Failure Raises New-Onset Diabetes Risk

BY MITCHEL L. ZOLER

O RLANDO — Patients with heart failure had a greater than twofold increased risk of subsequently developing diabetes compared with people without heart failure in a review of more than 4,600 individuals in the Framingham Offspring Study.

The analysis also showed a strong association between severity of heart failure and symptoms for new-onset diabetes. Patients with higher New York Heart Association class heart failure faced a greater risk for developing diabetes than did patients with less severe heart failure symptoms. Dr. Ankit Rathod said at the annual scientific sessions of the American Heart Association.

The implication is that when heart failure should undergo more intensive surveillance for development of insulin resistance and diabetes, Dr. Rathod said in an interview.

The study used data collected from the more than 4,614 people enrolled into the Framingham Offspring Study in 1971. During an average follow-up of 24 years, 123 developed heart failure and 468 developed new-onset diabetes. Forty percent of the 123 patients (33%) who developed heart failure later developed diabetes, compared with 427 new cases of diabetes among the other 4,491 people (10%).

In a multivariate analysis that adjusted for baseline demographic and clinical differences, including drug treatments and baseline blood glucose levels, patients who first developed heart failure had a statistically significant 2.5-fold increased risk for later developing diabetes compared with those who did not have heart failure. Dr. Rathod disclosed having no financial disclosures.

Table 2. Treatment-Emergent Adverse Reaction Incidence in Placebo-Controlled Trials in Fibromyalgia Patients (Events Occurring in at Least 2% of All Savella-Treated Patients and Difoxizole-Metamizole in Equi-Treatment Groups; Group/Combined)

<table>
<thead>
<tr>
<th>Vascular Disorders</th>
<th>Placebo</th>
<th>Savella 200 mg/day</th>
<th>All Savella</th>
<th>Placebo 60 mg/kg/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot flush</td>
<td>11/1057</td>
<td>12/1057</td>
<td>42/1057</td>
<td>2/1057</td>
</tr>
<tr>
<td>Tinnitus</td>
<td>0/1057</td>
<td>1/1057</td>
<td>0/1057</td>
<td>0/1057</td>
</tr>
<tr>
<td>Headache</td>
<td>0/1057</td>
<td>1/1057</td>
<td>0/1057</td>
<td>0/1057</td>
</tr>
<tr>
<td>Weight Changes</td>
<td>4/1057</td>
<td>6/1057</td>
<td>8/1057</td>
<td>2/1057</td>
</tr>
</tbody>
</table>

Abnormal creatinine, serum: Laboratory and Electrocardiogram

There is limited clinical experience with Savella overdose in humans. In clinical trials, cases of overdose up to 1000 mg, alone or in combination with other drugs, were reported with none fatal. Postmarketing, fatal case has been reported for acute overdose primarily involving multiple drugs but also with Savella. The most common signs and symptoms include: tachycardia, hypertension, increased intracranial pressure, rhabdomyolysis; Nervous System Disorders – convulsions (including grand mal), loss of consciousness, ataxia, confusion, hallucinations.

There is no specific antidote to Savella, but if serotonin syndrome ensues, symptomatic and supportive treatment should be initiated. The management of serotonin syndrome should be initiated immediately. The management of serotonin syndrome is not well understood and may be complicated by the presence of other medications that could also exert a serotonin-mediated effect. The use of any medication to treat serotonin syndrome is not recommended. The management of serotonin syndrome should be initiated immediately. The management of serotonin syndrome is not well understood and may be complicated by the presence of other medications that could also exert a serotonin-mediated effect. The use of any medication to treat serotonin syndrome is not recommended.