Treadmill exercise three times a week improved walking endurance, lower extremity blood flow, and quality of life in patients with peripheral arterial disease, according to findings from a randomized trial.

The intervention increased brachial arterial flow-mediated dilation, which in PAD patients is associated with lower rates of cardiovascular events. This suggests that treadmill exercise may confer systemic vascular benefits in PAD, said Dr. Mary M. McDermott of Northwestern University, Chicago, and her associates.

“Based on findings reported in this trial, physicians should recommend supervised treadmill exercise programs for PAD patients, regardless of whether they have classic symptoms of intermittent claudication,” they said.

The investigators compared two 6-month exercise interventions with no intervention in 156 PAD patients with an average age of 73 years.

Fifty-one patients were randomly assigned to supervised treadmill exercise three times per week, beginning with 15-minute sessions and working up to 40-minute sessions. Fifty-two patients were assigned to lower-extremity resistance training three times per week, performing three sets of eight repetitions of knee extensions, leg presses, and leg curls using standard equipment, as well as squat and toe-rise exercises. The remaining 53 patients served as controls.

After 6 months, patients in the treadmill group increased their distance in a 6-minute walk test by a mean of 21 meters, while those in the control group de-
The exercise interventions were associated with three serious adverse events. One patient had a cardiac arrest during treadmill exercise, and another developed chest pain on the treadmill, which required coronary catheterization. A third patient fell and fractured her arm during follow-up walk testing.

Dr. McDermott reports having received consulting fees and honoraria from Sanofi-Aventis and Bristol-Myers Squibb. She is also a contributing editor for the JAMA.

For the treatment of adults with major depressive disorder

is just the beginning

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• SSRIs and SNRIs, including PRISTIQ, may increase the risk of bleeding events. Concomitant use of aspirin, NSAIDs, warfarin, and other anticoagulants may add to this risk.
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• On discontinuation, adverse events, some of which may be serious, have been reported with PRISTIQ and other SSRIs and SNRIs. Abrupt discontinuation of PRISTIQ has been associated with the appearance of new symptoms. Patients should be monitored for symptoms when discontinuing treatment. A gradual reduction in dose (by giving 50 mg of PRISTIQ less frequently) rather than abrupt cessation is recommended whenever possible.

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- Products containing desvenlafaxine and products containing venlafaxine should not be used concomitantly with PRISTIQ.
- Hyponatremia may occur as a result of treatment with SSRI s and SNRIs, including PRISTIQ. Discontinuation of PRISTIQ should be considered in patients with symptomatic hyponatremia.
- Interstitial lung disease and eosinophilic pneumonia associated with venlafaxine (the parent drug of PRISTIQ) therapy have been rarely reported.

Adverse Reactions
• The most commonly observed adverse reactions in patients taking PRISTIQ vs placebo for MDD in short-term fixed-dose premarketing studies (incidence ≥5% and twice the rate of placebo in the 50-mg dose group) were nausea (22% vs 10%), dizziness (13% vs 5%), hyperhidrosis (10% vs 4%), constipation (9% vs 4%), and decreased appetite (5% vs 2%).


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