Nightly Valsartan Is Better Than Daytime Dosing

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CHICAGO — Bedtime dosing of valsartan is more efficient than morning dosing in controlling blood pressure and improving renal function in hypertensive patients with or without diabetes, Ramon Hermida, Ph.D., said at the annual meeting of the American Society of Hypertension.

Dr. Hermida suggests this time-dependent effect is not unique to valsartan, but may be class related for angiotensin II receptor blockers.

Dr. Hermida randomized 204 untreated hypertensive patients to receive valsartan 160 mg/day upon awakening or at bedtime. Blood pressure was measured at 20-minute intervals from 7:00 a.m. to 11:00 p.m., and at 30-minute intervals at night for 48 hours before and after 12 weeks. Urine was collected in the first 24 hours of BP monitoring. Mean age was 52 years, and 97 had type 2 diabetes mellitus.

Bedtime dosing was significantly more efficient than morning dosing in reducing nocturnal BP in patients with or without diabetes, said Dr. Hermida, of the University of Vigo (Spain). The diurnal/nocturnal BP ratio was unchanged after taking valsartan on awakening, but significantly increased by 5.3% if taken before bedtime. Urinary albumin excretion was significantly reduced by 23% from baseline in patients without diabetes and by 31% in those with diabetes only after bedtime administration.

This reduction was independent of the significant decrease in 24-hour or diurnal mean BP post treatment. It was highly correlated with the decrease in nocturnal BP, and mainly correlated with the increase in diurnal/nocturnal BP ratio, said Dr. Hermida, who disclosed no conflicts of interest. When analyzed separately, the decrease in urinary albumin excretion associated with the increase in diurnal/nocturnal BP ratio was statistically significant for patients both with and without diabetes.

In the treatment of very high triglycerides (≥500 mg/dL)

- **LOVAZA** dramatically lowered triglycerides by 45%* — Treatment resulted in a median increase of 45% in LDL-C; treatment with **LOVAZA** resulted in an overall reduction of atherogenic cholesterol, as reflected by a 14% reduction in non-HDL-C (P=0.0013)^5

- **LOVAZA** demonstrates an excellent safety profile and proven tolerability^ — The most common adverse events reported were: eructation, infection, flu syndrome, dyspepsia, rash, taste perversion, and back pain

Indication:

**LOVAZA** (omega-3-acid ethyl esters) is indicated as an adjunct to diet to reduce very high (≥500 mg/dL) triglyceride (TG) levels in adult patients.

Usage Considerations:

In individuals with hypertriglyceridemia (HTG), address excess body weight and alcohol intake before initiating any drug therapy. Diet and exercise can be important ancillary measures. Look for and treat diseases contributory to hypertriglyceridemia, such as hyperlipidemia or diabetes mellitus. Certain treatments (e.g., estrogen therapy, thiazide diuretics and beta blockers) are sometimes associated with very significant rises in serum triglyceride (TG) levels. Discontinuation of the specific agent may obviate the need for specific drug therapy for HTG.

Consider lipid-regulating agent use only when reasonable attempts have been made to obtain satisfactory results with non-drug methods. Advise patients that lipid-regulating agent use does not reduce the importance of adhering to diet. (See PRECAUTIONS section of full prescribing information.)

In patients with very high TG levels the effect of **LOVAZA** on the risk of pancreatitis has not been evaluated, nor has its effect on cardiovascular mortality and morbidity been determined.

Please see brief summary of full prescribing information on the adjacent page.

VISIT OUR WEB SITE AT www.LOVAZA.com

The US Food and Drug Administration (FDA) has granted approval for the addition of new clinical data in the **LOVAZA** label. Please read our updated prescribing information for more details.