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THE ROGOSIN INSTITUTE

SUMMER 2005

Maurice R. Greenberg Comprehensive Lipid Control Center

Heartbeat



MYOPATHY

A RARE SIDE EFFECT FROM STATIN THERAPY

The class of drugs known as "statins" are remarkably effective for lowering LDL cholesterol and preventing heart attacks and strokes. Currently, there are six statin drugs available (see chart below). The statins have been generally safe and well tolerated. Myopathy (muscle pain or weakness) is an uncommon side effect of statin therapy but in its severest form can cause muscle destruction (rhabdomyolysis), kidney damage and even death. Rhabdomyolysis is fortunately extremely rare in patients taking statins (<1 in 100,000 subjects). Cerivasatin (Baycol) is a statin drug that was removed from the market due to an unacceptable incidence of rhabdomyolysis. The reason that statins may cause muscle related side effects is unknown as is why cerivastatin was associated with such severe toxicity. An increased incidence of myopathy has been associated with older age, the concurrent use of the triglyceride lowering drug gemfibrozil, higher doses of statins, ingestion of grapefruit or grapefruit juice and liver or kidney disease.

Currently available "statin" drugs:

Name	Trade Name	Company	Dose Range (mg)	Comparative LDL Lowering (per mg)
Atorvastatin	Lipitor	Pfizer	10-80	++++
Fluvastatin	Lescol	Sandoz	10-80	++
Lovastatin	Mevacor	Merck	10-80	++
Pravastatin	Pravachol	Bristol-Myers	10-80	++
Rosuvastatin	Crestor	AstraZenica	5-40	+++++
Simvastatin	Zocor	Merck	5-80	+++

There has been publicity questioning the safety of the newest statin, rosuvastatin (Crestor). A recent review by the FDA did not show rosuvastatin to have a greater risk of myopathy compared to the other approved statins. Also, compared to the other statins, a smaller dose of rosuvastatin is necessary to achieve the desired LDL cholesterol goal. Most patients who experience muscle pain while taking statins are not experiencing myopathy or having rhabdomyolysis. However, make sure your health care provider is aware that you have complaints related to your muscles. Decreasing the dose of the statin or switching to another statin may solve the problem.

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Research News from the CLCC

The following studies are active: 1) a study to detect atherosclerosis using intravascular ultrasound (IVUS) in subjects with familial hypercholesterolemia; 2) a chart review of the safety and efficacy of LDL-apheresis in children; 3) a study of the triglyceride-raising effects of fructose in dialysis patients and healthy controls and; 4) a lipid screen for those individuals interested in participating in clinical research studies but who do not know their cholesterol levels.

Future studies include an evalua-

tion of commercially available medications in adolescents with familial hypercholesterolemia and a study of an investigational plasma filter in subjects who receive LDL-apheresis.

More News from the CLCC

*Sandy Pressman, RD and Hedda Batwin, RD spoke on "Fundamentals of a Balanced Diet" in December as part of "Wise and Well, Seminars for Your Good Health." The next seminar should occur in the summer.
 *Group Dietary Sessions: If you are interested, please call Hedda Batwin or Sandy Pressman.
 *Denise Grooms-Henderson has returned to the CLCC as the assistant administrator.

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High Dose Atorvastatin: Less Heart Disease, but No Survival Advantage

The results of the TNT trial (Treat to New Targets) were published in the New England Journal of Medicine in April. More than 10,000 patients with heart disease were randomized to receive either 80 mg or 10 mg of atorvastatin (Lipitor) for five years. Subjects receiving 80 mg of atorvastatin had an average LDL level of 77 mg/dL and those receiving 10 mg had an average LDL level of 101 mg/dL. Although cardiovascular deaths were 29 less with 80 mg than with 10 mg, disappointingly, the overall survival rate was no different in the two groups.

There were 31 more non-cardiovascular related deaths in the higher dose atorvastatin group. This increase was due to several different causes. No cause was

found to occur statistically more often in either the high or low dose atorvastatin groups.

We therefore target an LDL level of 100 mg/dL or less in the majority of patients with coronary artery disease. We recommend a very low LDL cholesterol level (70 mg/dL or less) only in patients in whom there has been progression of their heart disease despite standard lipid lowering drug treatment.

Cinnamon To Lower Blood Sugar

Just a half of a teaspoon of cinnamon a day has been shown to significantly reduce blood sugar levels in diabetics. Recent experiments have shown that cinnamon extracts enhance the function of insulin.

An important study in humans to test the effect of cinnamon on blood glucose and triglycerides



was published in Diabetes Care (December, 2003). The study compared 1, 2 or 3 grams of cinnamon extract to a placebo in patients with type 2 diabetes. After 40 days, all three amounts of cinnamon reduced the blood glucose levels by an average of 18-29%. Improvement in LDL cholesterol (7-27%) and triglycerides (23-30%) were also observed.

Our recommendation for individuals with diabetes or high triglycerides is to add cinnamon to what you eat normally. Powdered cinnamon spice can be added to toast, cereal, tea or coffee. Cinnamon sticks can be used to make tea or flavor coffee but the amount of cinnamon that dissolves is likely to vary. However, eating fat and sugar-laden cinnamon buns will certainly not lower your blood glucose or triglyceride level.

Hedda Batwin, Bruce Gordon

RECIPE CORNER

SPICED MOCHA-COCOA

Try this drink at breakfast and get some cinnamon in your diet!

INGREDIENTS

Fat Free Milk	3/4 cup
Cocoa Powder	1 teaspoon
Instant Coffee	1 teaspoon
Sugar or Splenda	1 teaspoon
Cinnamon	1/2 teaspoon

Mix ingredients together and heat in cup in microwave or in a pot on the stove.

Hedda Batwin

Confused About Carbs??

Carbohydrates, along with proteins and fats, are a source of calories and energy. There are three types of carbohydrates: sugar, starch and fiber. Fruits and vegetables mainly consist of sugar, starch and fiber. White rice, pasta, white bread and potatoes are mostly starch with little fiber. Sweet beverages (except diet drinks) are mostly sugar and water. Honey, syrup and fruit jams are also mostly sugar.

The digestion of most sugar and starch (but not fiber) releases glucose into the bloodstream. The rise in glucose causes the pancreas to secrete insulin to maintain normal blood glucose levels. However, in many adults with diabetes and or elevated

triglyceride levels, there is resistance to the normal glucose regulating action of insulin. In these individuals, dietary intake of sugar and white starches can inappropriately further elevate insulin, glucose and triglyceride levels. These elevated levels are important features of what is commonly known as the "metabolic syndrome." An increased risk for atherosclerosis has been associated with this syndrome.

Glycemic Index: Foods and beverages with carbohydrates that raise the blood glucose more than other foods have a higher "glycemic index." This index ranks carbohydrates on a scale of 1 to 100 relative to the same amount of pure glucose (ranked at 100). Fiber and certain starches (e.g. amylose) are not digested in the small intestine and lower the glycemic index.

The following shows examples of ways to substitute healthier carbohydrates in your diet. (GL =glycemic load):

	Typical Foods	GL	Healthier Choices	GL
Breakfast	White flour bagel	25	Bran cereal 3/4 cup	9
	orange juice, 6oz	15	Fresh orange, small	4
Lunch	White bread, 2 slices	15	Whole wheat bread, 2 slices	7
	Soda, 8oz.	16	Skim Milk, 8oz	4
Snack	Corn chips, 10 chips	18	Almonds (22 nuts)	0
	Apple juice, 8oz	13	Apple, small	6
Dinner	French fries, 1/2 cup	22	Kidney beans, 1/2 cup	6
Dessert	Ice cream, 1/2 cup	8	Low-fat plain yogurt, 8oz	3

Glycemic Load: The effect of a typical serving of food on the blood glucose level requires taking into account the total amount of carbohydrate in the serving. The "glycemic load" of a serving is the total amount of carbohydrate multiplied by the glycemic index. Some population studies suggest that a diet with a high glycemic load increases the risk of obesity, diabetes and heart disease. Selecting foods that have low glycemic loads can increase healthy carbohydrates in the diet. Foods higher in fiber will tend to decrease the glycemic load and the amount of insulin required for digestion.

Please note that the actual rise in glucose and insulin after a meal containing a mixture of foods cannot be accurately predicted from tables of glycemic index and glycemic load. In addition, many foods and beverages with low glycemic loads may have other unhealthy effects. For example, fructose is a common sugar that does not raise the blood glucose level but does increase blood triglycerides.

Sandra Pressman, Theresa Battaglia and Lisa Hudgins