
AVANDIA ALERT

There is an ongoing controversy surrounding the drug Avandia, an oral hypoglycemic used in the treatment of diabetes. Because of our focus and experience in this area, the NovaHealth Diabetes and Cardiac Task Forces are taking a leadership role in providing this information to our colleagues and beyond.

The Avandia Controversy: The June 14 (2007) issue of the New England Journal of Medicine contained both an article and an editorial that reported an association with the use of Avandia (Rosiglitazone) and an increased risk of both myocardial infarction (MI) and death — by up to 40%.

The Avandia Study: The study is a meta-analysis in which other studies were reviewed and included but were not actually designed to look at this specific end-point. Cumulative numbers from these other studies allow statistically significant interpretation. While the authors admit to “fragility” in some of their findings, their conclusion was that the risk of MI and death are statistically significant with the use of Avandia versus other drug therapies or placebo. The follow-up NEJM editorial critiqued the study and could not refute the conclusion.

Alternative Medications: Within the class of Thiazolidinediones there is an alternative medication (Actos-Pioglitazone) that has, to-date, not been shown to have this relationship to cardiovascular disease (CVD). There are clear biological differences between Avandia and Actos with regards to their effect on lipids. Avandia increases LDL whereas Actos decreases LDL, although particle size has been a debate issue regarding the significance of these differences.

Safety Concerns: There are significant media concerns about the safety of Avandia and possible legal implications. This patient population, because of the nature of diabetes, is already at high risk for CVD regardless of the form of therapy.

Recommendations: The Diabetes and Cardiac Task Forces have the following recommendations:

- 1) **Encourage all patients to STOP Avandia and consult their physicians regarding alternative medications.** (Future data may alter this statement.)
- 2) If therapy can be changed to medications out of the class without the loss of efficacy (metformin/insulin/sulfonylureas/meglitinides) this is preferred as it may be shown that this is a class effect and not unique to Avandia.
- 3) If therapy cannot be changed out of the class, switch to Actos-Pioglitazone.

The NEJM articles have produced both scientific and emotional responses to the treatment of diabetes. It very well could be that this drug is indeed dangerous, or it could be an outlier of meta-analysis. Until clarified, we should shy away from the drug.

THIS POPULATION WILL CONTINUE TO HAVE CARDIOVASCULAR EVENTS and if patients remain on Avandia, the cause/effect of the event will be questioned.

For more information: Contact Bill Ervin, Diabetes Task Force Chair.