What's a common denominator of most heart attack victims?

Mixed hyperlipidemias—elevated cholesterol and triglycerides—are common among heart attack victims, and nearly two-thirds of people who developed myocardial infarction in the PROCAM Trial had a low (<35 mg/dL) baseline level of HDL cholesterol.

HEART ATTACK PATIENTS (PROCAM TRIAL)

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<th>HDL over 35 mg/dL</th>
<th>36%</th>
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<td>HDL under 35 mg/dL</td>
<td>64%</td>
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A powerful case for
LOPID® (gemfibrozil) 600-mg Tablets

Raised low HDL 25%
—in patients whose baseline HDL was below
35 mg/dL in the landmark Helsinki Heart Study (HHS).

Reduced heart attack incidence* up to 62%
—in these HHS patients and 45% in HHS patients whose
baseline HDL was below the median (46.4 mg/dL). Incidence
of serious coronary events was similar for LOPID and placebo
subgroups with baseline HDL above the median (46.4 mg/dL).

Raised HDL levels 1½ to 3 times
more effectively than lovastatin
—in a 12-week, double-blind, randomized trial among
patients with moderate to severe hyperlipidemia.
Lovastatin achieved greater reductions in total serum
cholesterol than gemfibrozil in this study population.

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LOPID is indicated for reducing the risk of coronary heart disease
(CHD) in Type IIb patients with low HDL, in addition to elevated LDL
and triglycerides, and who have had an inadequate response to weight
loss, diet, exercise, and other pharmacologic agents such as bile acid
sequestrants and nicotinic acid.

*Defined as a combination of definite coronary death and/or definite
myocardial infarction.

References: 1. Goldstein JL, Hazzard WR, Schrott HC, Bierman EL, Mulinsky AG. Hyperlipidemia in

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ADVERSE REACTIONS. During the double-blind controlled Clinical Evaluation Heart Study, 2046 patients received Lopid for up to 5 years. In that study, the following adverse reactions were statistically more frequent in Lopid-treated patients (placebo incidence in parentheses) were diarrhea, 7.2% (6.5%), flatulence, 9.8% (7.7%), nausea, 2.5% (2.3%), rash, 1.7% (1.3%), vertigo, 1.5% (1.4%), constipation, 1.2% (1.3%), headache, 1.2% (1.6%).

Gallbladder surgery was performed in 0.9% of Lopid and 0.5% of placebo subjects, a 64% excess, which is not statistically different from the excess of gallbladder surgery in other controlled clinical trials of 305 patients. Mortality from gallbladder surgery was statistically more frequent in subjects in the Lopid group (placebo incidence in parentheses) were death, 7.2% (6.5%), fatigue, 9.8% (7.7%), nausea, 2.5% (2.3%), rash, 1.7% (1.3%), vertigo, 1.5% (1.4%), constipation, 1.2% (1.3%), headache, 1.2% (1.6%).

Other adverse reactions were statistically more frequent in Lopid-treated patients (placebo incidence in parentheses) were arthralgia, 5.5% (4.8%), anxiety, 4.8% (3.9%), asthenia, 1.3% (1.0%), back pain, 1.0% (0.7%), myalgia, 1.0% (0.7%), myopathy, 1.0% (0.7%), back pain, 1.0% (0.7%).

Additional adverse reactions that have been reported for gemfibrozil are listed below:

1. Gastrointestinal:
   - Anorexia
   - Nausea
   - Vomiting
   - Abdominal pain
   - Cholecystitis
   - Cholelithiasis

2. Myopathy:
   - Myalgia
   - Myositis

3. Hematologic:
   - Anemia
   - Thrombocytopenia
   - Leukopenia
   - Platelet dysfunction

4. Dermatologic:
   - Rash
   - Pruritus
   - Alopecia

5. Cardiac:
   - Angina
   - Tachycardia
   - Hypertension

6. Pulmonary:
   - Pulmonary edema

7. Other:
   - Increased liver transaminases (AST [SGOT], ALT [SGPT]), increased alkaline phosphatase, increased creatine phosphokinase, increased bilirubin, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaundice, cholestasis, jaun...
Announcement

Alan M. Fogelman, M.D., has been named Editor of the AHA journal *Arteriosclerosis and Thrombosis* for the next five years. Jack Hawiger, M.D., Ph.D., has been named Co-editor of the journal. Effective November 1, 1990, all manuscripts to be considered for publication should be sent in care of Dr. Fogelman to the following address:

Alan M. Fogelman, M.D.
*Arteriosclerosis and Thrombosis* Editorial Office
Division of Cardiology
Room 47-123 CHS
UCLA School of Medicine
Los Angeles, CA 90024-1679

The current editor, Edwin L. Bierman, M.D., will continue to handle manuscripts currently under review for *Arteriosclerosis and Thrombosis* until December 10, 1990. Göran Bondjers, M.D., the European editor, will continue to receive those manuscripts submitted to the European office.
A Note of Thanks

The editors of *Arteriosclerosis* would like to take this opportunity to thank those who have helped to make the journal a success. This is due to the vision, commitment, and hard work of many people. Thanks are due to the American Heart Association’s Scientific Publishing Committee and staff, especially Stephanie Kasza, and the staff of William Byrd Press.

The excellence of any scientific journal depends upon critical peer review by knowledgeable workers in the field. We are grateful to our Editorial Board members for their guidance and support. In addition, we especially thank the following reviewers, not members of the Board, who have been generous with their time and effort during the past several years.

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<th>International Rate *</th>
<th>US Rate</th>
</tr>
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<td>Circulation Research</td>
<td>12</td>
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<td>12</td>
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<td>6</td>
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