IN CERTAIN DYSLIPIDEMIAS

A Desirable Balance of Efficacy

LOPID® 300 mg (gemfibrozil capsules, USP)

Lopid is indicated for treatment of adult patients with very high serum triglyceride levels in hyperlipoproteinemia other than type I who present a risk of pancreatitis and who do not respond adequately to diet.

© 1987 Warner-Lambert Company
with Patient Acceptance

**Efficacy** Lopid reduces synthesis$^{1-3}$ and increases clearance of triglyceride-rich VLDL.$^{2,3}$

**Patient acceptance** Lopid has a very low order of side effects and has demonstrated limited effects on clinical and laboratory evaluations.$^4$

**Convenient BID dosage** Two 300-mg capsules taken 30 minutes before morning and evening meals help ensure patient compliance.

Diet, exercise, and weight loss are the first choice in therapy of lipid disorders.

**PARKE-DAVIS**

Please see next page for references and a brief summary of prescribing information.
that both low HDL-cholesterol and high LDL-cholesterol are independent risk factors for coronary heart disease. LOPID is a lipid regulating agent which lowers elevated triglycerides and increases desirable HDL-cholesterol, thus reducing hepatic triglyceride production. LOPID inhibits synthesis and increases the clearance of triglycerides and cholesterol from the circulation.

A small but important group of patients have abnormal levels of serum lipids. Periodic determinations of serum lipids should be obtained for these patients before and during the initial three months of LOPID administration. The drug should be withdrawn after three months if the lipid response is inadequate.

In a large, controlled multicenter trial of 427 patients, lipid and lipoprotein changes from average baseline (%) by hyperlipoproteinemia (HLP) type are summarized below for those patients receiving gemfibrozil, 1200 mg/day, at the end of 12 weeks.

<table>
<thead>
<tr>
<th>HLP Type</th>
<th>Total Triglyceride</th>
<th>VLDL Triglyceride</th>
<th>LDL Cholesterol</th>
<th>HDL Cholesterol</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ia</td>
<td>-41%</td>
<td>-44%</td>
<td>-6%</td>
<td>-24%</td>
<td>2.8</td>
</tr>
<tr>
<td>Ib</td>
<td>-42%</td>
<td>-49%</td>
<td>-6%</td>
<td>-20%</td>
<td>2.3%</td>
</tr>
<tr>
<td>IIa</td>
<td>-45%</td>
<td>-50%</td>
<td>-6%</td>
<td>-15%</td>
<td>3.4%</td>
</tr>
<tr>
<td>IIb</td>
<td>-40%</td>
<td>-47%</td>
<td>-9%</td>
<td>-19%</td>
<td>2.2%</td>
</tr>
<tr>
<td>III</td>
<td>-17%</td>
<td>-18%</td>
<td>-1%</td>
<td>-17%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

INDICATIONS AND USAGE. The initial treatment for hypertriglyceridemia is diet therapy specific for the type of hypertriglyceridemia. Drug therapy should not be used for the routine treatment of elevated blood lipids for the prevention of coronary heart disease. Excess body weight and lack of exercise may be major factors in hypertriglyceridemia and should be addressed prior to any lipid drug therapy. Physical exercise can be an important ancillary measure. Concomitant dietary restrictions, which may be beneficial in hypertriglyceridemia, should be started early and should only be addressed to a certain degree attention to control diet. Patients with triglyceride levels in excess of 750 mg per deciliter are likely to present such risk. LOPID has little effect on elevated cholesterol levels in most subjects. A minority of subjects will have a low level of cholesterol lowering response. The use of LOPID should only be considered for patients who have not responded adequately to diet changes or a low-calorie diet. LOPID is not useful for the hypertriglyceridemia of Type I hyperlipidemia. The biochemical response to gemfibrozil in the subjects who did not respond to the drug in the multicenter trial was not significantly different from the placebo-treated patients. In general, however, the patients with hypertriglyceridemia did not respond as well to drug treatment as patients with hypercholesterolemia. LOPID is not useful for the hypertriglyceridemia of Type II hyperlipidemia. The biochemical response to gemfibrozil in the subjects who did not respond to the drug in the multicenter trial was not significantly different from the placebo-treated patients. In general, however, the patients with hypertriglyceridemia did not respond as well to drug treatment as patients with hypercholesterolemia.

CONTAINMENT. 1. Hepatic or severe renal dysfunction, including primary biliary cirrhosis or cirrhosis.

DRUG INTERACTIONS. CAUTION SHOULD BE EXERCISED WHEN ANTICOAGULANTS ARE GIVEN IN CONJUNCTION WITH LOPID. THE DOSAGE OF THE ANTICOAGULANT SHOULD BE REDUCED TO A PROPORTIONAL LEVEL TO PREVENT BLEEDING COMPLICATIONS. FURTHER PROTHROMBIN DETERMINATIONS ARE AD Visable UNTIL IT HAS BEEN DEFINITELY DETERMINED THAT THE PROTHROMBIN LEVEL HAS REACHED A SATISFACTORY LEVEL. MANAGEMENT OF OVERDOSE. While there has been no reported case of overdose, symptomatic supportive measures should be taken as sheuld those of the severe hypothyroidism.


PARK-DAVIS
Division of Warner-Lambert Company
Morris Plains, New Jersey 07950

PD-56-JA-4000-P-13-P7
American Heart Association

National Research Program

Established Investigator 1988-1989

stipend support in the cardiovascular field including stroke and related basic science problems

To assist promising physicians and scientists to develop independent research careers in academic medicine and biology.

Application Deadline
Receipt July 1, 1987 for award activation July, 1988

Information: Division of Research Administration American Heart Association 7320 Greenville Avenue Dallas, Texas 75231
(214) 706-1453

Participation by qualified minority candidates is encouraged

American Heart Association

National Research Program

Clinician Scientist Award 1988-1989

To encourage promising clinically trained physicians to undertake careers in investigative science.

Application Deadline
Receipt July 1, 1987 for award activation July, 1988

Information: Division of Research Administration American Heart Association 7320 Greenville Avenue Dallas, Texas 75231
(214) 706-1453

Participation by qualified minority candidates is encouraged

Grants by E.R. Squibb & Sons, Inc. assist funding this program.
American Heart Association

Scientific Sessions

1987  **Anaheim**, California  
      November 16-19

1988  **Washington**, D.C.  
      November 14-17

1989  **New Orleans**, Louisiana  
      November 13-16

1990  **Dallas**, Texas  
      November 12-15

1991  **Anaheim**, California  
      November 18-21
Medical Student Research Fellowship 1988-1989

Institutional award to encourage medical students to engage in full-time research training for one or more years prior to graduation.

Application Deadline
Receipt July 1, 1987
for award activation July, 1988

Information: Division of Research Administration
American Heart Association
7320 Greenville Avenue
Dallas, Texas 75231

(214) 706-1453

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Scientific Publications

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Editor: Shahbudin H. Rahimtola, MD
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ISSN: 0008-6355

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Order from local American Heart Association

Available Through Local American Heart Association