Health Bulletin

Atherosclerosis Is Prevalent, But Treatable

Many Americans Are At Risk, But Not Enough Know About The Condition

(NAPSA)—It's a condition that often has no symptoms, and many people have not heard of it.

Atherosclerosis is the progressive buildup of plaque—fatty deposits and other cells—in the inner walls of the arteries. Many people develop atherosclerosis to some degree as they age, yet nearly half (48 percent) of people responding to a recent Harris Interactive survey had not heard of atherosclerosis. Even more (52 percent) could not correctly identify the common risk factors, such as obesity, smoking, high LDL (or "bad") cholesterol, high blood pressure, unhealthy diet and lack of physical activity.

"Not enough people know about atherosclerosis, and many are confused about what the risk factors are," said Dr. Brian Swirsky of Yale School of Medicine.

The U.S. Food and Drug Administration (FDA) recently approved CRESTOR (rosuvastatin calcium) as an addition to diet to slow the progression of atherosclerosis in adults with elevated cholesterol as part of a treatment plan. This new indication gives CRESTOR an important differentiator from other cholesterol-lowering drugs. In addition, the new CRESTOR label conforms to the FDA's revised, easy-to-read format designed to draw physicians' attention to the most important pieces of drug information in an effort to manage the risks of medication use and reduce medical errors.

Risk Factors for Atherosclerosis

- Obesity
- Smoking
- High LDL (or "bad") cholesterol
- High blood pressure
- Unhealthy diet
- Lack of physical activity

"Research has shown that even in people with low risk for cardiovascular disease and early plaque buildup, atherosclerosis will progress if untreated," said Swirsky. "This CRESTOR indication provides a new option to slow that progression in patients with elevated cholesterol."

People should talk to their doctors about atherosclerosis and what they can do to help reduce their risk—including lifestyle changes such as diet and exercise and, if needed, medication.

"It's important for everyone to understand atherosclerosis," said Swirsky. "If people understand their risk for atherosclerosis, they can work with their health care providers to take the appropriate steps to manage that risk."

For more information about CRESTOR, including full Prescribing Information, visit www.crestor.com.

About CRESTOR

CRESTOR is indicated as adjunctive therapy to diet to reduce elevated Total-C, LDL-C, ApoB, nonHDL-C and triglycerides and to increase HDL-C in adult patients with primary hyperlipidemia or mixed dyslipidemia. CRESTOR is also indicated as an adjunct to diet to slow the progression of atherosclerosis in adult patients as part of a treatment strategy to lower Total-C and LDL-C to target levels. CRESTOR has not been determined to prevent heart disease, heart attacks or strokes. For patients with hypercholesterolemia and mixed dyslipidemia, the usual starting dose of CRESTOR is 10 mg. The 40-mg dose of CRESTOR is reserved only for those patients who have not achieved their LDL-C goal utilizing the 20-mg dose of CRESTOR once daily. When initiating statin therapy or switching from another statin therapy, the appropriate CRESTOR starting dose should first be utilized, and only then titrated according to the patient's individualized goal of therapy. AstraZeneca licensed worldwide rights to CRESTOR from the Japanese pharmaceutical company Shionogi & Co., Ltd.

Important Safety Information

CRESTOR is contraindicated in patients with a known hypersensitivity to any component of the product and in patients with active liver disease or unexplained persistent elevations of hepatic transaminase, in women who are pregnant or may become pregnant and in nursing mothers. Cases of myopathy and rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with drugs in this class, including CRESTOR. These risks can occur at any dose level but are increased at the highest dose (40 mg). The risk of myopathy during treatment with CRESTOR may be increased with concurrent administration of some other lipid-lowering therapies (fibrates or niacin), gemfibrozil, cyclosporine or lopinavir/ritonavir. Combination therapy with rosuvastatin and gemfibrozil should be avoided. CRESTOR should be prescribed with caution in patients with predisposing factors for myopathy, such as renal impairment, advanced age and inadequately treated hypothyroidism. Patients should be advised to promptly report unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter. CRESTOR is generally well-tolerated. The most frequent adverse reactions thought to be related to CRESTOR were headache (3.7%), myalgia (3.1%), abdominal pain (2.6%), asthenia (2.5%) and nausea (2.2%).