

Miacalcin NS, a nasal spray approved by Health Canada for the treatment of osteoporosis, has been found to reduce the incidence of new fractures by 36% in women at least 5 years into menopause. The Prevent Recurrence of Osteoporotic Fractures study (PROOF) was conducted over 5 years and involved 1200 postmenopausal women.

The recommended dosage of the synthetic calcitonin-salmon-based spray in the study was 200 IU per day, along with supplemental calcium and vitamin D. The fact that it is easy to use and has no contraindications or serious side effects makes it ideal for the 50% of women with osteoporosis who refuse or cannot tolerate estrogen.

Bone mass undergoes continual change through the process called remodeling. Large cells within the bone, osteoclasts, break down small parts of bone. Bone-forming cells, osteoblasts, fill in the holes, restoring bone mass. Estrogen contributes to osteoporosis by reducing osteoblast activity.

Effexor XR provides increased symptomatic improvement or remission of depression over Prozac, according to researchers at Feiger Health Research Center in Colorado.

Results of an 8-week trial indicate that Effexor XR (venlafaxine hydrochloride) helped twice as many patients with major depressive disorder achieve full remission (37%) than Prozac (22%) or placebo (18%). Changes in symptoms were rated by several psychiatric measures. Further, more patients treated with Effexor XR had symptomatic relief of depression (58%) than with Prozac (51%) or placebo (39%), based on the total Montgomery-Asberg Depression Rating Scale score, and 71% versus 62% and 52%, respectively, based on the Clinical Global Impressions score.

The trial involved 301 patients who were treated with either a daily dose of 75 to 225 mg of Effexor XR, 20 to 60 mg of Prozac, or placebo. The 6% of patients

using Effexor XR discontinued treatment due to adverse side effects (nausea and dizziness), while 9% discontinued Prozac because of nausea and diarrhea.

Results of the trial can be found in the February issue of the *Journal of Affective Disorders*.

Patients who have had a transient ischemic attack are more likely to have a stroke, indicates an analysis of records by scientists from the University of California, San Francisco.

The records of patients who experienced an acute transient ischemic attack (TIA) were analyzed for occurrences of stroke, recurrent TIA, or cardiovascular events in the

3-month period following their attack.

Results indicate that within 3 months of experiencing a TIA, the risk of being hospitalized for stroke is 10.5%, the cardiovascular event rate for the same period is an additional 2.5%, the rate of recurrence of TIA is 13.5%, and the mortality rate is 2.5%.

Researchers also found that the risk for stroke within 3 months of a TIA increased by 25% in patients with diabetes mellitus, in patients aged 60 years and older, and those who experienced signs and symptoms of weakness or confusion for longer than 10 seconds.

These findings indicate the need for continued intervention in the 3-month period following a TIA. ♦