

Health

Anti-cholesterol drug Praluent cuts death risk

MIAMI: The anti-cholesterol drug Praluent (alirocumab), made by France's Sanofi Pharmaceuticals, is linked to a 15 percent lower risk of major cardiovascular events like heart attack and stroke, a study said yesterday. Alirocumab was also associated with a 15 percent reduction in death from any cause, marking the first evidence that this relatively new class of drugs, called PCSK9 inhibitors, can extend lives. The benefit was even greater among those with stubbornly high "bad," or LDL cholesterol, above 100 mg/dL. That group saw a 29 percent reduction in death from any cause after taking the drug for two years.

PCSK9 inhibitors are monoclonal antibodies which target and inactivate a specific protein in the liver, dramatically reducing the amount of harmful LDL cholesterol circulating in the bloodstream. Research has shown these drugs, delivered by injection every two to four weeks, may work even better than statins, which are the traditional first line of treatment for high cholesterol. High cholesterol is a key factor in coronary artery disease, the most common kind of heart disease and the number one killer of men and women worldwide, according to the World Health Organization.

But neither Praluent or its main competitor, Repatha (evolocumab) made by Amgen Pharmaceuticals, has achieved major commercial success due to their hefty annual price tag of

more than \$14,000 (11,300 euros) per patient. Last year, researchers reported similar results for Repatha, which also cut the risk of heart attack, stroke, and hospitalization for blocked arteries by 15 percent. "Now that we have two trials that consistently show benefits from PCSK9 inhibitors, and given the mortality benefit that we are reporting here for the first time, I think these results may change the equation for these drugs," said Philippe Gabriel Steg, chief of cardiology at Hôpital Bichat in Paris and co-chair of the study. "We're not just talking about preventing nonfatal events such as heart attacks but actually preserving life."

Cost concerns

The findings described yesterday at the American College of Cardiology conference in Orlando, Florida, were based on an international trial of nearly 19,000 people in 57 countries, randomly assigned to either alicumab or a placebo. Those enrolled were over 40 and many had been treated with the maximum amount of statin therapy possible but were still unable to get their cholesterol down. The trial included those whose LDL cholesterol remained 70 mg/dL or above, non-HDL cholesterol 100 mg/dL or above. Participants were followed for up to five

years, with 44 percent participating for three years or more. The injections were well tolerated by patients, with mild itching, redness or swelling at the injection site occurring in about three percent of patients receiving the drug and two percent getting the placebo.

"I believe this study is going to change practice," said Mount Sinai Medical Hospital's physician-in-chief, Valentin Fuster, who was not involved in the research. However, he cautioned that drugs' high price remains an obstacle. "Up until now, the feasibility and affordability of using these types of drugs has been extremely difficult," he told a press briefing. "I hope this particular study really is a trigger, is a catalyzer, for making these drugs much more available today in people who need it."

Praluent is approved in more than 60 countries outside the US, according to Sanofi, while Repatha was put on the US market in 2015. In a statement Saturday, Sanofi and Regeneron said they would work to lower the price for patients at high risk. "We commit to working with all health plans that agree to remove access barriers for high-risk patients to offer a more cost-effective net price for Praluent," said Leonard Schleifer, president and chief executive officer of Regeneron. —AFP



GENTILLY, VAL-DE-MARNE, France : In this file photo the logo of French multinational pharmaceutical company Sanofi is pictured on a screen at the company's Val de Bièvre Campus, at its headquarters in Gentilly, near Paris. —AFP

Far from home, Venezuelan babies in Brazil face tough start

BOA VISTA, Brazil: Their parents escaped poverty and chaos, but for babies of Venezuelans fleeing into neighboring Brazil the first days of life are still plenty tough. In Boa Vista, capital of Roraima state, births of Venezuelan migrants at the city's sole public maternity hospital rose from 288 in 2016 to 572 last year, providing the latest measure of the growing humanitarian challenge on Brazil's border. In January alone there were 74 Venezuelan babies born at the hospital, double the number seen in January last year, and officials expect there'll be about 700 by the end of 2018.

With mothers enduring terrible poverty and often unsanitary living conditions, many of the births are complicated. "These are never the kind of patients who spend just a day or two here. Many have premature babies or mothers with diabetes," said Luiz Gustavo Araujo, technical director of the Nossa Senhora de Nazare hospital. But anything is better than the economic collapse and political instability under

President Nicolas Maduro, Venezuelan mothers say. "I came because there was no way I could have my baby in Venezuela. It's getting worse and worse there," said Dayana Rodriguez, who arrived in Brazil already pregnant last November. "There were complications with the pregnancy, so we'd both have died if I'd stayed behind." The 17-year-old suffered convulsions when she went into labor and had to spend two weeks in Nossa Senhora de Nazare after giving birth to her daughter Sofia by caesarean section. Today they live with a relative already in Boa Vista, and Rodriguez sees no way back. Sofia "would have virtually no future there," she said.

Too late for some

The maternity ward has clean, spacious rooms with five beds at most each, and often with relatives of the women in attendance. Yulianny Vazquez, also just 17, was close to full term but said she'd had no medical check ups on her pregnancy until she left her home in El Tigre, western Venezuela, four months ago. "I came because of the situation in Venezuela. I was afraid of staying there since there's no way to raise a baby. We don't have food or medicines there," she said, writhing with pain in her bed. Araujo said the breakdown of oil-rich Venezuela's health care system was behind the many problematic births, with conditions like high blood

pressure and diabetes often going undiagnosed or untreated. Forty percent of the births among Venezuelans in Boa Vista last year were considered high risk. "Of the six deaths we registered during childbirth last year, two were of Venezuelans who'd come here in a serious condition," the hospital director said. "They come because of a lack of medicine in their own country, but that leads to increased costs for us, because we're not set up for dealing with this type of population," he added.

Long journeys

About 40,000 Venezuelans are estimated to have poured into Boa Vista, with the influx accelerating over the last year. Many are living in unsanitary shelters. Where migrants used to come from just over the border, now officials are registering people arriving from as far away as Caracas, 1,500 kilometers (930 miles) away. Eurimar Perez, 36, had her first three children in Santa Elena de Uairen, a town on the Venezuelan side of the border. For her fourth, though, she decided to go to Boa Vista. "Things have changed.

Everything has got worse. There's nothing left in the hospital where I had my other children. There are no doctors, no medicines. I couldn't risk having my baby there," she said one day after undergoing a C-section. In a neighboring room, Rodriguez looked after her newborn Sofia. What



BOA VISTA, RORAIMA, Brazil: In this file photo Venezuelan refugee Dayana Rodriguez, 17, takes care of her newborn daughter Sofia, 12 days, at the Maternity Hospital Nossa Senhora de Nazare in the city of Boa Vista. —AFP

future did she think the baby girl would have? Rodriguez sobbed and said: "Whether it's in Brazil or Venezuela I just want to see her grow up and to make sure she has what I never had: a mother." —AFP

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