

A summary of general medicine news that affects your patients, your practice, and you.

AMA Kicks Off Awareness Campaign for Uninsured Americans

The American Medical Association (AMA) initiated the second phase of its Voice For The Uninsured campaign with a multimillion-dollar broadcast, print, and online advertising buy, according to the AMA Web site. During 2008, the AMA will invest millions in advertising and events surrounding the upcoming presidential election to spur action to cover the uninsured.

"By November, millions of Americans will have heard the AMA's concern that one in seven of us is uninsured, and they will have heard our call to voters to cast their ballots with the issue of the uninsured in mind," said AMA board member and Boston pediatrician Samantha Rosman, MD.

"Physicians see the consequences the uninsured face firsthand: These patients live sicker and die younger. The uninsured often miss needed preventive care and put off seeing the doctor until their health problems reach crisis proportions."

Television ads will air on cable news, and entertainment broadcasts and print ads will run in *US News & World Report*, the AMA said. Over the next few months, national print ads will run in daily and weekly news and health publications such as *Newsweek*, *Time*, and *Men's Health*, and online ads will be featured on news Web sites.

"Covering the uninsured is a top priority for the AMA, and we are sharing our proposal with voters and candidates," said Dr. Rosman. "The AMA plan expands health insurance coverage to all patients, regardless of income or health status. Under the AMA proposal, those who need it most receive financial assistance to purchase health insurance. The AMA plan gives individuals choices so they can select the appropriate coverage for themselves and their families, and it promotes fair rules that include protection for high-risk patients and greater individual responsibility."

Health of Uninsured Improves After Receiving Coverage

Previously uninsured adults who received Medicare coverage had improvements in health, according to a report in the *Journal of the American Medical Association*.

"Uninsured near-elderly adults, particularly those with cardiovascular disease [CVD] or diabetes, experience worse health outcomes and use more health services as Medicare beneficiaries after the age of 65 years than insured near-elderly adults," wrote J. Michael McWilliams, MD, of Brigham and Women's Hospital and Harvard Medical School, Boston. "Because chronic diseases are prevalent and insurance coverage is often unaffordable for older uninsured adults, the impact of near-universal Medicare coverage at age 65 years on the health of previously uninsured adults may be substantial."

The authors concluded that the results of these data, gathered from the nationally representative Health and Retirement study, have important public policy implications. The study included 5,006 adults who were continuously insured and 2,227 who were persistently or intermittently uninsured from ages 55 to 64 years.

"Proposals to extend insurance coverage for uninsured adults, particularly those with [CVD] or diabetes, may have

considerable social and economic value for the United States by improving health outcomes."

AMA to FDA: Regulate Tobacco

In a reaction to the American Lung Association's recent Tobacco Report, Ronald M. Davis, MD, AMA President said, "The AMA is concerned that the federal government received failing grades for its tobacco control legislation and policies. It's a cruel irony that tobacco, the number one cause of preventable death, is one of the least regulated products. This report serves as a reminder that we need meaningful legislative reforms to give the Food and Drug Administration [FDA] strong regulatory authority over tobacco products."

"While some states have made progress, it is troubling that 32 states received failing grades for tobacco prevention and control funding. By spending more on tobacco-prevention and cessation programs, states have the ability to save lives and stop new smokers before they start."

ADA Issues New Guidelines

The American Diabetes Association (ADA) has issued its annual Clinical Practice Recommendations to assist health care providers in treating patients with diabetes, taking into account the most current evidence.

According to an ADA news release, one notable change occurs in the Medical Nutrition Therapy section dealing with weight loss. Previously, the ADA did not recommend low-carbohydrate diets because of lack of sufficient scientific evidence supporting their safety and effectiveness. The 2008 recommendations, however, include a statement recognizing the increasing evidence that weight-loss plans that restrict carbohydrate- or fat-calorie intake are equally effective for reducing weight in the short term (up to 1 year).

The ADA continues to emphasize the importance of sustained, moderate weight loss and increased physical activity for people who are overweight or obese and at risk for diabetes or living with diabetes.

This year's revisions also include:

- Recommendations that adults who are overweight or obese and have one or more diabetes risk factors be tested for prediabetes and diabetes
- New treatment guidelines for older adults
- Recommendations for preparing and maintaining disaster kits for diabetes self-management.
- Structural changes to make the documents more user-friendly, incorporating an executive summary, screening recommendations and diagnostic cut-point tables, along with general treatment information.

For more information about the ADA's 2008 Clinical Practice Recommendations, which are published as a supplement to the January issue of *Diabetes Care*, visit diabetes.org.

Ezetimibe May Not Reduce MI, Stroke Risk

The long-awaited results from the ENHANCE Trial (Effect of Combination Ezetimibe and High-Dose Simvastatin vs Simvastatin Alone on the Atherosclerotic Process in Patients with Heterozygous Familial Hypercholesterolemia) show that ezetimibe (Zetia; Merck/Schering Plough, Whitehouse Station, NJ/Kenilworth, NJ) may not reduce the risk of myocardial infarction (MI) and stroke. Ezetimibe, a cholesterol-lowering agent, has a different mechanism of action from statins. Typically, patients take ezetimibe in the form of Vytorin, a drug that combines ezetimibe and simvastatin (Zocor, Merck).

Ezetimibe reduces cholesterol 15% to 20% in most patients; however, no trial has been completed to date that has shown that it can reduce MI and stroke—or even that it reduces the growth of carotid artery plaques. ENHANCE was designed to show that ezetimibe could reduce plaques; however, the plaques grew by 0.005 mm more in patients taking ezetimibe along with simvastatin than in those taking simvastatin alone, according to Norman Lepor, MD, of the

Westside Medical Associates of Los Angeles. An expert on the treatment of hyperlipidemia, Dr. Lepor said the complete clinical trial results will be presented in March at a meeting of the American College of Cardiology.

ENHANCE was led by John J.P. Kastelein, MD, of the University of Amsterdam Medical Center. All 720 participants suffered from heterozygous familial hypercholesterolemia. Although ezetimibe reduced LDL cholesterol levels by 58% versus 41% with simvastatin alone, the researchers found that the average thickness of carotid artery plaque increased by 0.0111 mm in ezetimibe-assigned patients compared with an increase of 0.0058 in those taking simvastatin.

Panel Votes No on OTC Statin

An FDA advisory panel continues to recommend that the agency deny over-the-counter (OTC) sales of statins. The committee voted 10-2 against nonprescription sales of lovastatin (Mevacor; Merck), which was approved in 1987 as the first of the statin class. According to a report in *AMA News*, this is the third time a panel has rejected Merck's request for OTC availability of a statin.

The AMA opposes OTC statin availability because hypercholesterolemia is an asymptomatic disease not easily recognized, and it requires a fasting lipid profile to confirm the diagnosis.

FDA, EFSA Say Cloned Food Safe

The FDA issued documents on the safety of food from animal clones. The agency concludes that meat and milk from clones of cattle, swine, and goats, and the offspring of all clones, are as safe to eat as food from conventionally bred animals.

Findings from a European Food Safety Authority (EFSA) draft report that also state that meat and milk from cloned animals seem to pose no special health risks. The EFSA report notes that cloned animals are more prone to diseases, but this would not affect humans. The EFSA findings are the beginning of a process that will be decided by the European Union's (EU) 27 governments, according to media reports. It is unclear whether the EU will ultimately approve the sale of cloned products. ■

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