

NAASO, THE OBESITY SOCIETY'S ANNUAL SCIENTIFIC MEETING

The meeting was held from October 15 to 19 in Vancouver, Canada.

Subcutaneous Thigh Fat May be Protective Against Glucose Intolerance

For a given level of total adiposity, glucose tolerance is better in people with greater mid-thigh subcutaneous adipose tissue.

Etienne Pigeon and colleagues from Quebec City, Canada and Baton Rouge, La, presented data on 76 men and 121 women in the Quebec Family Study. The investigators retrospectively studied the relationship between mid-thigh adipose tissue distribution and markers of glucose metabolism.

Pearson correlations, with and without age adjustments, found that there were significant positive relationships between mid-thigh adipose tissue surfaces and oral glucose tolerance test markers of glucose intolerance. The relationship was true for both men and women, the investigators reported. When the association was adjusted for age and fat mass or age and percent fat, the relationships between the surface area of subcutaneous thigh adipose tissue and these markers were reversed.

This means that a greater surface area of mid-thigh subcutaneous fat correlated with lower markers of glucose intolerance in both men and women.

9TH ANNUAL SCIENTIFIC MEETING OF THE HEART FAILURE SOCIETY OF AMERICA

The meeting was held from September 18 to 21 in Boca Raton, Fla.

High Prevalence of Diabetes Among Patients Hospitalized with Heart Failure

There is a high prevalence of diabetes among patients hospitalized with heart failure (HF), according to data from the Organized Program To Initiate Life-saving Treatment in Hospitalized Patients With Heart Failure (OPTIMIZE-HF) trial. HF patients with diabetes experienced similar short-term mortality, but had a higher risk of rehospitalization.

Barry Greenberg, MD, professor of medicine, University of California, San Diego, said that diabetes is a frequent comorbid condition of HF that is associated with worse long-term outcomes in those with systolic HF. He and colleagues said that the combination of HF and diabetes had not been fully studied, however they hypothesized that the presence of diabetes would negatively affect outcomes in HF patients.

OPTIMIZE-HF is a registry and performance improvement program for patients hospitalized with HF. It includes a subgroup with 60 to 90 day follow-up data. The investigators analyzed this data by diabetic status and used Pearson chi-square test and analysis of variance for comparison.

Of 48,681 patients at 259 hospitals, 20,162 (42%) had diabetes. Among this group, 40.1% were treated with insulin. Patients with diabetes tended to be younger, had a greater likelihood of ischemic etiology, higher ejection fraction and serum creatinine. While diabetes patients had similar length of hospital stay, in-hospital and follow-up mortality versus those without diabetes, their readmission rate was higher.

"The follow-up mortality rates were surprisingly similar despite the presence of diabetes and differences in baseline characteristics," Dr. Greenberg said. "Overall, patients with diabetes appeared to be [more] sick than people with HF who were not diabetic," he said. "These results raise the possibility that optimal treatment in OPTIMIZE-HF may have mitigated the effect that diabetes has on HF patients' clinical outcomes," he said.

41ST ANNUAL MEETING OF THE EUROPEAN ASSOCIATION FOR THE STUDY OF DIABETES

The meeting was held from September 12 to 15 in Athens.

Rimonabant Shows Promise for Prevention of Type 2 Diabetes

Early intervention with rimonabant in patients with prediabetes improved multiple metabolic risk factors associated with the condition, according to pooled 1-year results from the RIO-Lipids, RIO-Europe and RIO-North America studies.

Julio Rosenstock, MD, from the Dallas Diabetes and Endocrine Center said that further long-term, controlled, properly powered studies are warranted to explore the role of rimonabant in the prevention of type 2 diabetes and cardiovascular disease prediabetes.

The RIO-Lipids, RIO-Europe and RIO-North America studies were multicenter, randomized, double-blind, placebo-controlled trials with similar designs that assessed the efficacy and safety of rimonabant in overweight/obese patients. The primary endpoint in these trials was weight loss and secondary endpoints included waist circumference, glycemic control and lipid parameters.

This pooled analysis from the three trials was conducted on 1-year data from a subgroup of 1,290 patients identified with prediabetes (impaired fasting glucose >100 mg/dL to <125 mg/dL). Rimonabant is a CB1 endocannabinoid receptor antagonist being developed by Sanofi-Aventis.

Rimonabant 5-mg and 20-mg demonstrated significant weight loss, compared with placebo in the intention-to-treat prediabetes population; a similar pattern was seen for waist circumference. Significant improvements were observed in the 20-mg treatment group for HDL cholesterol and triglycerides versus placebo. The 20-mg dose of rimonabant also reduced fasting insulin levels with a trend to reverse or retard the progression of IFG as suggested by a numerically greater percentage of patients converting to normal and a lesser proportion of patients progressing to type 2 diabetes, Dr. Rosenstock reported. ■