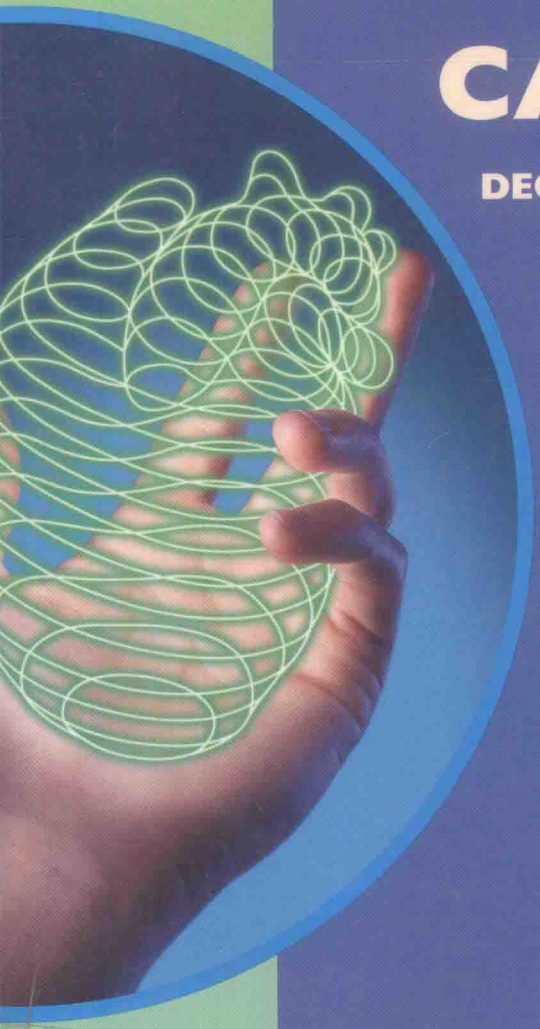
eMedguides™.com

online and in-print
internet directories
in medicine



# CARDIOLOGY

## DECEMBER 2000 — NOVEMBER 2001

## AN INTERNET RESOURCE GUIDE


**CONSULTING EDITOR**

Stephen C. Achuff, M.D.

*David J. Carver Professor of Medicine,*
*Division of Cardiovascular Medicine,*
*Johns Hopkins University*
*School of Medicine*


Reviews and ratings of over 1,600 top Web sites.

Categorized listings focus on associations, conferences, disorders, drugs, hospitals, journals, research, and more.

All resources are a click away at www.eMedguides.com.

eMedguides.com

online and in-print Internet directories in medicine

# CARDIOLOGY

## DECEMBER 2000 — NOVEMBER 2001

## AN INTERNET RESOURCE GUIDE


CONSULTING EDITOR

Stephen C. Achuff, M.D.

*David J. Carver Professor of Medicine,*
Division of Cardiovascular Medicine,
Johns Hopkins University School of Medicine





eMedguides.com, Inc., Princeton, New Jersey

eMedguides.com, Inc.
Princeton, NJ 08543



For electronic browsing of this book, see
http://www.eMedguides.com/cardiology

The publisher offers discounts on the eMedguides series of books. For more information, contact:

Sales Department
eMedguides.com, Inc.
P.O. Box 2331
Princeton, NJ 08543
*tel* 800-230-1481
*fax* 609-520-2023
*e-mail* sales@eMedguides.com
*web* http://www.eMedguides.com/books

This book is set in Avenir, Gill Sans, and Sabon typefaces and was printed and bound in the United States of America.

10 9 8 7 6 5 4 3 2 1

ISBN 0-9676811-8-9

eMedguides.com

# CARDIOLOGY
## AN INTERNET RESOURCE GUIDE


Daniel R. Goldenson
*Editor-in-Chief*

Stephen C. Achuff, M.D.
*Consulting Editor,*
*David J. Carver Professor of Medicine,*
*Division of Cardiovascular Medicine,*
*Johns Hopkins University School of Medicine*

Karen M. Albert, MLS
*Consulting Medical Librarian,*
*Director of Library Services, Fox Chase Cancer Center*

Adam T. Bromwich
*Managing Editor*

Kristina Hasselbring
Alyssa M. Wilson
*Senior Research Editors*

Melissa Duersch
*Senior Researcher*

Sue Bannon
*Designer*



**eMEDGUIDES.COM**

Raymond C. Egan
*Chairman of the Board*

Daniel R. Goldenson
*President*

Adam T. Bromwich
*Chief Operating Officer*

Raymond Egan, Jr.
*Marketing Director*

P.O. Box 2331
Princeton, NJ 08543-2331
*Book orders* 800.230.1481
*Facsimile* 609.520.2023
*E-mail* cardiology@eMedguides.com
*Web* http://www.eMedguides.com/cardiology


**2000-2001 ANNUAL EDITION**

Anesthesiology & Pain Management

Arthritis & Rheumatology

**Cardiology**

Dental Medicine

Dermatology

Diet & Nutrition

Emergency Medicine

Endocrinology & Metabolism

Family Medicine

Gastroenterology

General Surgery

Infectious Diseases & Immunology

Internal Medicine

Neurology & Neuroscience

Obstetrics & Gynecology

Oncology & Hematology

Ophthalmology

Orthopedics & Sports Medicine

Otolaryngology

Pathology & Laboratory Medicine

Pediatrics

Physical Medicine & Rehabilitation

Plastic Surgery

Psychiatry

Radiology

Respiratory & Pulmonary Medicine

Urology & Nephrology

Veterinary Medicine

## Disclaimer

eMedguides.com, Inc., hereafter referred to as the "publisher," has developed this book for informational purposes only, and not as a source of medical advice. The publisher does not guarantee the accuracy, adequacy, timeliness, or completeness of any information in this book and is not responsible for any errors or omissions or any consequences arising from the use of the information contained in this book. The material provided is general in nature and is in summary form. The content of this book is not intended in any way to be a substitute for professional medical advice. One should always seek the advice of a physician or other qualified healthcare provider. Further, one should never disregard medical advice or delay in seeking it because of information found through an Internet Web site included in this book. The use of the eMedguides.com, Inc. book is at the reader's own risk.

All information contained in this book is subject to change. Mention of a specific product, company, organization, Web site URL address, treatment, therapy, or any other topic does not imply a recommendation or endorsement by the publisher.

### *Non-liability*

The publisher does not assume any liability for the contents of this book or the contents of any material provided at the Internet sites, companies, and organizations reviewed in this book. Moreover, the publisher assumes no liability or responsibility for damage or injury to persons or property arising from the publication and use of this book; the use of those products, services, information, ideas, or instructions contained in the material provided at the third-party Internet Web sites, companies, and organizations listed in this book; or any loss of profit or commercial damage including but not limited to special, incidental, consequential, or any other damages in connection with or arising out of the publication and use of this book. Use of third-party Web sites is subject to the Terms and Conditions of use for such sites.

### *Copyright Protection*

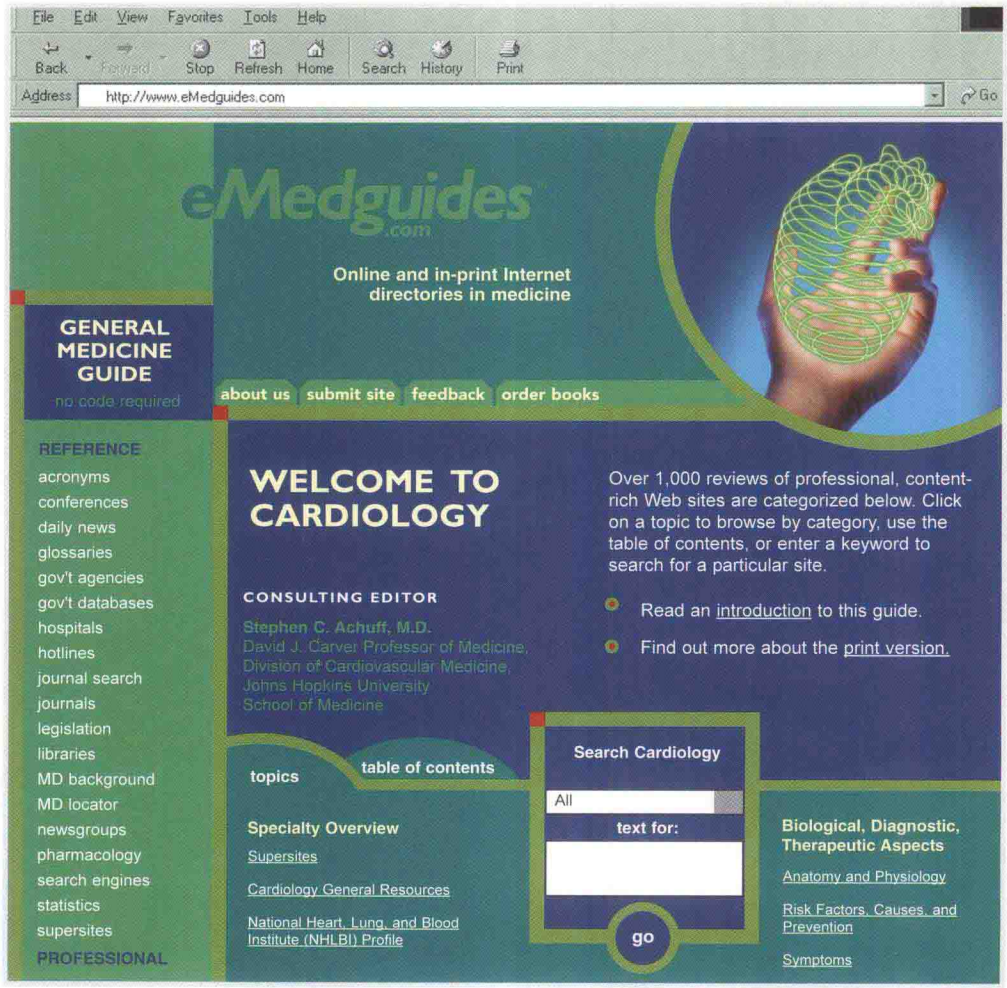
Information available over the Internet and other online locations may be subject to copyright and other rights owned by third parties. Online availability of text and images does not imply that they may be reused without the permission of rights holders. Care should be taken to ensure that all necessary rights are cleared prior to reusing material distributed over the Internet and other online locations.

### *Trademark Protection*

The words in this book for which we have reason to believe trademark, service mark, or other proprietary rights may exist have been designated as such by use of initial capitalization. However, no attempt has been made to designate as trademarks or service marks all personal computer words or terms in which proprietary rights might exist. The inclusion, exclusion, or definition of a word or term is not intended to affect, or to express any judgment on, the validity or legal status of any proprietary right that may be claimed in that word or term.

# VISIT US ON THE INTERNET

***Instant access to all of our selected Web sites at http://www.eMedguides.com***




Each print edition is online, *in its entirety*, so you can browse with your mouse, never typing in a single Web address. Simply visit http://www.eMedguides.com, click the appropriate specialty, enter your access code (printed in a circle on the title page), and you are presented with every site, listed by topic. Browse through the book online, or enter a keyword term to search the entire specialty.

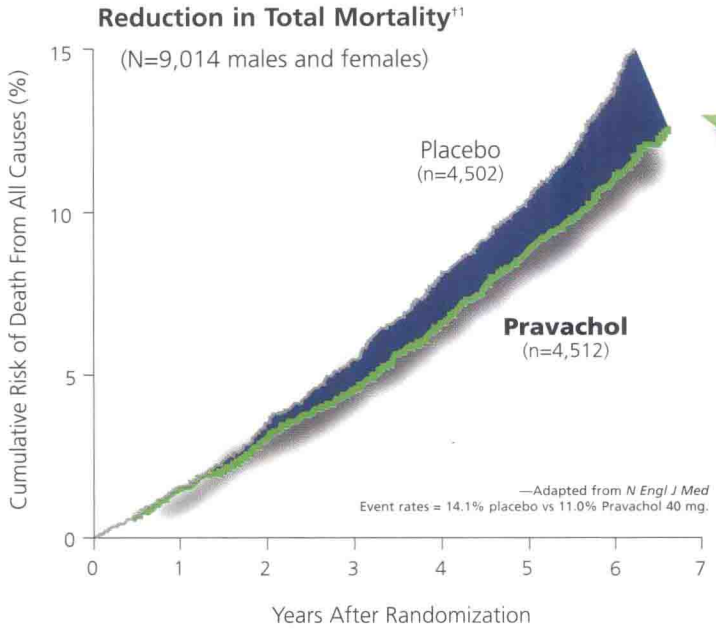
**Visit us often—we are continually adding new sites to each specialty database!**

- Surf straight to selected Web sites in the medical topic of your choice.
- Read the latest medical headlines in *your* specialty.
- Check out the latest issue of up to 100 journals in your field.
- Use over 50 medical search engines to research information in any field.

For patients with CHD,

# **Pravachol 40 mg**—Now for a **longer, healthier life**

Based on findings in the landmark LIPID study, Pravachol is proven to reduce total mortality by 22%*[1]




*** By reducing death due to CHD.**[2]

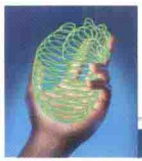
† Prior MI or unstable angina; total cholesterol = 155-271 mg/dL; median baseline LDL-C = 150 mg/dL.[1]

**Pravachol** is the only statin proven to help prevent both first and recurrent heart attack.[2]


**References: 1.** The Long-term Intervention with Pravastatin in Ischaemic Disease (LIPID) study group. Prevention of cardiovascular events and death with pravastatin in patients with coronary heart disease and a broad range of initial cholesterol levels. *N Engl J Med.* 1998;339:1349-1357. **2.** Pravachol product labeling, Bristol-Myers Squibb Company.


Please see INDICATIONS AND USAGE, CONTRAINDICATIONS, WARNINGS (including Skeletal Muscle), PRECAUTIONS, and ADVERSE REACTIONS in the full prescribing information in Appendix A at the end of this book.

See important additional information, including safety information, located at the end of the Table of Contents.



PRAVACHOL®
pravastatin sodium 40 mg tablets
*The Science Behind Survival*

# Proven to **effectively improve** the **lipid profile** of your patients at risk of MI[1]

**LDL-C**

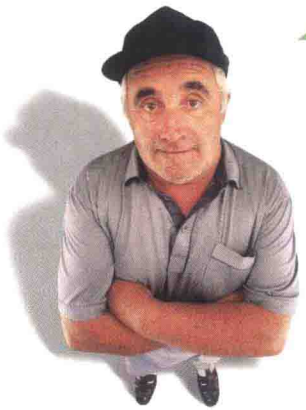
**-34%***

**Triglycerides**

**-24%***

**HDL-C**

**+12%*†**



*** Mean lipid changes with Pravachol 40 mg.**

**† The independent effect of raising HDL-C on the risk of coronary and cardiovascular morbidity and mortality has not been determined.**

**Reference: 1.** Pravachol product labeling, Bristol-Myers Squibb Company.

Please see INDICATIONS AND USAGE, CONTRAINDICATIONS, WARNINGS (including Skeletal Muscle), PRECAUTIONS, and ADVERSE REACTIONS in the full prescribing information in Appendix A at the end of this book.

See important additional information, including safety information, located at the end of the Table of Contents.

PRAVACHOL®
pravastatin sodium 40 mg tablets

*The Science Behind Survival*

# **Pravachol**—Offers **reduced potential** for CYP450 3A4 **drug interactions**[1]

Data demonstrate that nearly 1 in 6 patients on statin therapy may also take drugs that are metabolized by CYP450 3A4, including*[2]:

- Antibiotics
- Antifungals
- Cardiovascular agents
- CNS agents

Unlike most other statins, **Pravachol** is not metabolized by CYP450 3A4 to a clinically significant extent[1]

| Statins | Clinically significant CYP450 isoenzyme metabolism |
|---|---|
| **PRAVACHOL** | **NONE** |
| atorvastatin | 3A4 |
| simvastatin | 3A4 |
| cerivastatin | 3A4/2C8 |
| lovastatin | 3A4 |
| fluvastatin | 2C9 |

* This analysis is based on a review of 2,271 patients who received pravastatin, simvastatin, or lovastatin in concomitant use with selected CYP450 3A4 agents.[2]

The risk of myopathy during treatment with another HMG-CoA reductase inhibitor is increased with concurrent therapy with erythromycin, cyclosporine, niacin, or fibrates.

The combined use of pravastatin and fibrates should be avoided unless the benefit of further alterations in lipid levels is likely to outweigh the increased risk of this drug combination.

**References: 1.** Pravachol product labeling, Bristol-Myers Squibb Company. **2.** Bottorff MB, Yenkowsky JP, Cave DG. Use of diagnostic cluster methodology for therapeutic costing and drug surveillance of HMG-CoA reductase inhibitor therapy. *Clin Ther.* 1999;21:218-235.

Please see INDICATIONS AND USAGE, CONTRAINDICATIONS, WARNINGS (including Skeletal Muscle), PRECAUTIONS, and ADVERSE REACTIONS in the full prescribing information in Appendix A at the end of this book.

See important additional information, including safety information, located at the end of the Table of Contents.

PRAVACHOL®
pravastatin sodium 40 mg tablets
*The Science Behind Survival*

# IMPORTANT INFORMATION ABOUT PRAVACHOL® (pravastatin sodium)

In addition to diet, when diet and other nonpharmacologic measures have been inadequate:

In patients with primary hypercholesterolemia and mixed dyslipidemia (Fredrickson Type IIa and IIb), Pravachol is indicated to reduce elevated total cholesterol, LDL-C, Apo B, and triglycerides.

Pravachol is indicated for the treatment of patients with elevated serum triglyceride levels (Fredrickson Type IV) and patients with primary dysbetalipoproteinemia (Fredrickson Type III).

In hypercholesterolemic patients without clinically evident coronary heart disease, Pravachol is indicated to reduce the risk of myocardial infarction; reduce the risk of undergoing myocardial revascularization procedures; reduce the risk of cardiovascular mortality with no increase in death from noncardiovascular causes.

In patients with clinically evident coronary heart disease, Pravachol is indicated to reduce the risk of total mortality by reducing coronary death, myocardial infarction, undergoing myocardial revascularization procedures, stroke and stroke/transient ischemic attack (TIA), and slow progression of coronary atherosclerosis.

Pravachol is contraindicated for patients who are pregnant or nursing and in the presence of active liver disease or unexplained persistent transaminase elevations.

Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. Discontinue pravastatin if myopathy is diagnosed or suspected.

It is recommended that liver function tests be performed prior to and at 12 weeks following initiation of therapy or an elevation in dose. If a patient develops increased transaminase levels, or signs and symptoms of liver disease, more frequent monitoring may be required.

Pravachol is well tolerated. The most common adverse events are rash, fatigue, headache, and dizziness.

Please see INDICATIONS AND USAGE, CONTRAINDICATIONS, WARNINGS (including Skeletal Muscle), PRECAUTIONS, and ADVERSE REACTIONS in the full prescribing information in Appendix A at the end of this book.

PRAVACHOL®
pravastatin sodium 40 mg tablets
*The Science Behind Survival*

Bristol-Myers Squibb Company

Printed on recycled paper
D3-A402 September 2000 Printed in USA

# Proven Protection Against Both MI and Stroke

## in patients with atherosclerosis

documented by recent MI,
recent stroke, or established peripheral arterial disease (PAD)

PLAVIX is contraindicated in patients with active pathologic bleeding such as peptic ulcer or intracranial hemorrhage. As with other antiplatelet agents, PLAVIX should be used with caution in patients who may be at risk of increased bleeding from trauma, surgery, or other drug therapy.

As part of the worldwide postmarketing experience with PLAVIX, suspected cases of thrombotic thrombocytopenic purpura (TTP) have been reported at a rate of about 4 cases per million patients exposed. See WARNINGS.

In CAPRIE, the most common clinically important side effects were pruritus, purpura, diarrhea, and rash; infrequent events included intracranial hemorrhage (0.4%) and severe neutropenia (0.04%).

The CAPRIE (**C**lopidogrel vs **A**spirin in **P**atients at **R**isk of **I**schemic **E**vents) study compared PLAVIX 75 mg once daily with aspirin 325 mg once daily in 19,185 patients with atherosclerosis documented by recent MI, recent ischemic stroke, or established PAD.

**ONCE-A-DAY**

# Plavix®

(clopidogrel bisulfate) 75mg tablets

**PROVEN PROTECTION AGAINST BOTH MI AND STROKE**

**www.PlavixRx.com**

**sanofi~synthelabo**

Bristol-Myers Squibb Company



**PLEASE SEE BRIEF SUMMARY OF PRESCRIBING INFORMATION IN APPENDIX B.**

# Summary Table of Contents

# Table of Contents