WEIGHT LOSS, BLOOD PRESSURE, PULSE AND CIRCADIAN PATTERNS WITH NALTREXONE SUSTAINED-RELEASE/BUPROPION SUSTAINED-RELEASE COMBINATION THERAPY FOR OBESITY

ACC Poster Contributions
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Background: Adverse cardiovascular responses, such as increased blood pressure (BP) and pulse, have been a concern in developing obesity therapies. Abnormalities in BP circadian rhythm have been associated with increased cardiovascular events. Combined naltrexone/bupropion (NB) is a novel pharmacologic approach to obesity therapy. The effects of NB in obese subjects were examined in a 56-wk Phase 3 study. Wk 56 weight loss was -6.4% NB vs -1.2% Placebo (PBO) (P<0.001). NB-treated subjects had greater improvements in waist circumference, lipids, and hsCRP vs. PBO (P<0.05). In both groups, BP was essentially unchanged from baseline and greater reductions in BP were observed with greater weight loss. Results of an ambulatory BP monitoring (ABPM) substudy are reported here.

Methods: Parent study subjects (N=1496) were randomized 2:1 to NB or PBO for up to 56 wks. Substudy subjects (n=182) underwent 24-hr ABPM at baseline, Wk 24, Wk 52.

Results: Changes from baseline to Wk 52 in avg 24-hr BP and pulse were: NB: -0.2 mm Hg SBP, +0.8 mm Hg DBP, +0.1 bpm; PBO: -2.8 mm Hg SBP (P=0.08 vs NB), -2.1 mm Hg DBP (P<0.01 vs NB), -0.5 bpm (P=0.64 vs NB). Normal circadian BP and pulse patterns were maintained with NB. NB's adverse event (AE) profile was consistent with its individual components; the most common AEs were nausea, constipation, headache, dry mouth, vomiting.

Conclusions: NB was associated with small baseline to endpoint BP and pulse changes, with maintenance of normal 24-hr circadian patterns over 1 yr of treatment.