PODCAST NEWS

Prevention of Decline in Cognition After Stroke Trial

Newsletter for the Prevention of Decline in Cognition After Stroke Trial ISRCTN85562386. Dec 2012, Issue 4

web: www.podcast-trial.org **email:** podcast@nottingham.ac.uk

Centres / Patients recruited	
Aberdeen	4
Aintree	4
Airedale	0
Bassetlaw & Doncaster	1
Bath	0
Bournemouth	5
Bradford	1
Chesterfield	1
Derby	0
Durham & Darlington	0
East Kent QEQM	1
Leighton	0
Newcastle	4
North Tees & Hartepool	2
Nottingham	17
Poole	0
Solihull	0
South Tyneside	1
South Tees Middlesbrough	0
Truro	7
Whitehaven	0
Yeovil	2
York	8

Total number of patients recruited to date on 30 November 2012

Total: **58**

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STOP PRESS
September Teleconference

Thank you to all the investigators who dialled in, new dates for the next teleconference will be announced in due course. One of the topics discussed was blood pressure and cholesterol management of the intensive and guideline arms.

Professor Philip Bath emphasised the importance of escalating cholesterol lowering medication and antihypertensive medication accordingly in the intensive arms. This will help us achieve the differences between the intensive and guideline patients.

We are urging centres involved in the CT sub study to request CT scans for the participants that have been in the trial for at least 12 months. We need the volume data for the scans. Please remember to anonymise and encrypt the discs, and post them securely to the coordinating centre, address provided in the contacts column of the newsletter.

Congratulations To:

- Aberdeen for randomising 2 participants in September
- Bournemouth for randomising 2 participants in November
- Doncaster and Bassetlaw for recruiting their first participant
- Nottingham for randomising 2 participants in October
- York for randomising 2 participants in October

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Important information from the MHRA

We have received several enquiries about the co-administration of simvastatin with certain antihypertensive agents, especially amlodipine or diltiazem, due to their interaction. The interaction was highlighted by MHRA late last month:

http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON199561

Briefly, both amlodipine and diltiazem are substrate inhibitors of CYP3A4, which metabolises simvastatin. Simvastatin and simvastatic acid levels increase as a result. A number of cases have shown increased rhabdomyolysis, myopathy and/or CK levels. The MHRA now do not recommend that simvastatin is used at 40 mg when amlodipine (either 5mg or 10mg) or diltiazem are co-prescribed; instead simvastatin should be used at 20 mg (which will lead to a small reduction in its LDL-lowering effect).

Implications for PODCAST

Simvastatin at 40 mg is a mainstay treatment for the lipid guideline (non-intensive) group, so the MHRA advice applies to patients in this group. Conversely, atorvastatin or rosuvastatin are the mainstay treatments in the intensive lipid lowering group, so the information on simvastatin should not be relevant to them. Calcium channel blockers, especially amlodipine, are commonly used in both intensive and guideline BP lowering groups.

Following discussion by the PODCAST Trial Management Committee (with support by members of the Trial Steering Committee), and bearing in mind that PODCAST is a management rather than treatment trial (i.e. we do not tell Investigators what to use), we suggest the following practice:

Guideline lipid group

If simvastatin is not being used (e.g. pravastatin or fluvastatin are being used), then no change is required.
If simvastatin, but neither amlodipine or diltiazem, are being used, then no change is required.
If both simvastatin 40 mg and either amlodipine or diltiazem are being used, then either:
Reduce simvastatin dose to 20 mg on, or
Switch simvastatin 40 mg to atorvastatin 20 mg (since simvastatin 40 mg and atorvastatin 20 mg are equivalent). Doses of atorvastatin higher than 20 mg are not appropriate for patients randomised to the PODCAST guideline group since this amounts to giving them intensive lipid lowering therapy.
If simvastatin 80 mg is being used consider reducing this anyway, as per previous MHRA advice regarding its use at this does in older people.

Intensive lipid lowering group

In general, simvastatin (and pravastatin or fluvastatin) are not appropriate treatments for patients in this group.
Simvastatin, pravastatin or fluvastatin are being used in Intensive lipid lowering group
These 'weaker' statins are not recommended for this group since they will not lower LDL-cholesterol levels sufficiently, i.e. we will not achieve the target LDL-c<1.4 mmol/l, and 1 mmol/l difference between Intensive and Guideline groups.

Atorvastatin or Rosuvastatin are being used in Guideline lipid lowering group
Atorvastatin at doses >20 mg od are not recommended for this group since it will lower LDL-cholesterol levels excessively, i.e. we are more likely to reach the Intensive target LDL-c<1.4 mmol/l inappropriately, and we will not achieve the 1 mmol/l difference between Intensive and Guideline groups.

GP communication

You may wish to pass on this advice, and any changes in medications, to GPs in respect of individual patients, where it applies.
Clinical management
Naturally, the above suggestions may need to be over-ridden due to individual patient clinical factors, as decided by the responsible physician and/or site Principal Investigator.

I hope the above information is helpful, and please let us know if you have any further questions on this.
All the best, and many thanks for continuing to participate in PODCAST.

Philip Bath (CI)

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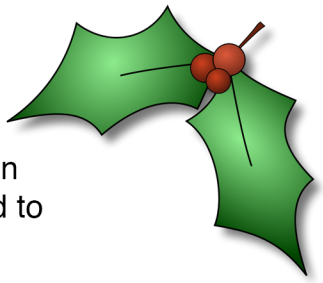
Upcoming Events



- UKSF – This year the UK Stroke Forum will be in Harrogate 4-6 December 2012. We look forward to seeing you there at stand H74.
- We shall be hosting an Investigator Meeting at the UKSF, in the King's suite on the 4th Dec 2012 5:15-6pm, so please come and join us!
- We will be hosting a two Day Investigators Meeting on the 17-18th April 2013 at the University of Nottingham, It would be nice to see many of you at this. More information will be disseminated in due course.

Tips of the Month

- If a participant has been screened and while they are waiting for their baseline, they have another stroke, the clock will have to start again and the participant will need to be reconsented and screened 8-26 weeks post the latest index event.
- Limited cover has been arranged in the Trials Office during the Christmas period. We will be available on the following dates during office hours - 24, 27, 28th and 31st December 2012.
- Only the trial medics are permitted to consent the participants and informants for the main study and sub studies. Nurses/investigators are only permitted to consent participants for screening.
- Please ensure that all documents required by the coordinating centre are faxed/scanned as soon as possible so payments to centres and GP's are done in a timely manner.

Thank you for your continued support and let's keep recruiting!