## Rimonabant improves multiple cardiometabolic risk factors in diabetic and non-diabetic overweight/obese patients: data from RIO-Diabetes, RIO-Europe, RIO-North America and RIO-Lipids

A. Scheen1, J.-P. Despres2, F.X. Pi-Sunyer3, L. Van Gaal4. 1CHU Sart Tilman, Department Of Medicine, Liege, Belgium; 2Laval Hospital Research Center, Quebec, Canada; 3St Luke's/Roosevelt Hospital Center, New York, United States of America; 4University Hospital Antwerp, Edegem-Antwerp, Belgium

**Purpose:** To confirm the efficacy and safety of rimonabant, the first selective CB1 receptor blocker, for improving cardiometabolic risk (CMR) factors in a pooled RIO trials population.

**Methods:** Pooled data from the RIO-Europe, RIO-North America and RIO-Lipids trials, which included non-diabetic overweight/obese patients with/without comorbidities,

and data from RIO-Diabetes, a trial including overweight/obese patients with type 2 diabetes, were analysed. Patients (on a mild hypocaloric diet) were randomised to placebo, or rimonabant 5 or 20 mg/day.

**Results:** Changes in CMR factors over 1 year for placebo and rimonabant 20 mg/day (RIM 20) are shown for both populations (table); for specific CMR factors approximately 50% of improvements were beyond the effect of weight loss alone. In all RIO studies, rimonabant had a favourable safety profile.

Conclusion: Rimonabant 20 mg/day significantly improved multiple CMR factors in diabetic as well as non-diabetic overweight/obese patients, and was generally well tolerated.

Parameter	Mean change from baseline at 1 year			
	Non-diabetic patients		Diabetic patients	
	Placebo	RIM 20	Placebo	RIM 20
	(ITT/)	(ITT/)	(ITT/)	(ITT/)
	(completers)	(completers)	(completers)	(completers)
N	1254/701	2164/1257	348/231	339/229
Body weight (kg)	-1.6/-2.8	-6.5 <sup>†</sup> /-8.6 <sup>†</sup>	-1.4/-1.9	-5.3 <sup>†</sup> /-6.1 <sup>†</sup>
Waist circumference (cm)	-2.5/-3.9	-6.4 <sup>†</sup> /-8.5 <sup>†</sup>	-1.9/-2.4	-5.2 <sup>†</sup> /-6.0 <sup>†</sup>
HDL-cholesterol (% change)	8.9/11.2	16.4 <sup>†</sup> /20.6 <sup>†</sup>	7.1/8.4	15.4 <sup>†</sup> /18.2 <sup>†</sup>
Triglycerides (% change)	5.8/2.6	-6.9 <sup>†</sup> /-12.0 <sup>†</sup>	7.3/5.1	-9.1 <sup>†</sup> /-11.7 <sup>†</sup>
Fasting plasma glucose (mmol/L) <sup>1</sup>	0.02/0.02	-0.02*/-0.04*	0.33/0.42	-0.64 <sup>†</sup> /-0.81 <sup>†</sup>
Fasting plasma insulin (μIU/mL)	1.9/0.9	-0.6 <sup>†</sup> /-1.3 <sup>†</sup>	0.4/0.1	-0.7/-1.3
Systolic BP (mmHg)	-0.1/-0.7	-0.8/-1.6	1.6/1.8	-0.8*/-0.7*
C-reactive protein (mg/L) <sup>2</sup>	-0.4/-0.7	-1.0*/-1.3 <sup>‡</sup>	-0.1/-0.1	-0.6 <sup>‡</sup> /-0.7*

P \*<0.05,  $^{\ddagger}$ <0.01,  $^{\dagger}$ <0.001 vs placebo. ITT, intention-to-treat. (1) In RIO-Diabetes, 1-year change in HbA1c was 0.1% vs -0.6% for placebo vs RIM 20 (P<0.001) (ITT) (for completers: 0.1% vs -0.7%, respectively; P<0.001) (2) RIO-Lipids only.