

**RIMONABANT IMPROVES CARDIOMETABOLIC  
RISK FACTORS IN OVERWEIGHT/OBESE PATIENTS  
IRRESPECTIVE OF TREATMENT WITH STATINS:  
POOLED DATA FROM THE RIO PROGRAM**

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**Objective:** In Phase III trials, rimonabant 5 or 20 mg/day improved multiple cardiometabolic risk factors in overweight/obese patients with/without comorbidities (RIO-North America, N=3040; RIO-Europe, N=1507), untreated dyslipidaemia (RIO-Lipids, N=1033), or type 2 diabetes (RIO-Diabetes, N=1047), and was generally well tolerated. This pooled analysis assessed if concomitant statin use affected response to rimonabant.

**Methods:** Patients received rimonabant 5 or 20 rag/day or placebo for 1 yr; those receiving statins at baseline continued them throughout. Mean changes from baseline at 1 yr in caxdiometabolic risk factors were evaluated in the intent-to-treat population.

**Results:** At 1 yr, in patients not treated with statins (N=5944), HDLcholesterol increased by 8.6% with placebo and 16.5% with rimonabant 20 mg/day (p<0.001). For those treated with statins (N=681), the respective changes were 7.4% vs 14.3% (p<0.001). Mean changes in triglycerides were +5.4% vs -7.3% (p<0.001) respectively in those not receiving statins, and +11.5% vs -6.1% (p<0.001) in those who received statins. For rimonabant 20 rag/day, mean changes in body weight and waist circumference were identical (-6.3 kg and -6.2 cm, p<0.001 vs placebo) in patients treated and not treated with statins. Responses to rimonabant 5 rag/day were less marked. Rimonabant was generally well tolerated in both subgroups.

**Conductions:** These data support the use of rimonabant 20 mg/day for improving cardiometabolic risk factors in patients with/without type 2 diabetes, and show that the benefits axe consistent irrespective of concomitant statin therapy.

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