Sitaxsentan, a Selective Endothelin-A Receptor Antagonist, Improves Exercise Capacity in PAH Associated With CTD

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ABSTRACT

Objectives: Pulmonary arterial hypertension (PAH) is a leading cause of death and late disease morbidity in idiopathic PAH (IPAH) and is generally regarded as less responsive to therapy than other forms of PAH. The increase in PAH is known to be related to scleroderma (SSc), connective tissue disease (CTD) and is generally regarded as being more difficult to manage condition that causes high blood pressure in the pulmonary artery, and difficult to manage condition that causes high blood pressure in the pulmonary artery.

INTRODUCTION

PAH is a progressive and potentially fatal disease characterized by increased pulmonary arterial pressures and resistance.

METHODS

No patient receiving sitaxsentan experienced liver transaminase elevation above the ULN in the sitaxsentan cohort. The patient population included individuals with SSc (n = 63), IPAH (n = 83), overlap/mixed connective tissue disease (overlap/MCTD) (n = 22), and PAH-CTD (n = 28) and compared with 82 patients receiving sitaxsentan at 50, 100, and 300 mg once daily (QD).

RESULTS

Scleroderma patients with PAH may be treated with sitaxsentan (100 mg). Sitaxsentan was evaluated in untreated PAH patients enrolled in the Sitaxsentan To Relieve Exercise Impairment in PAH (STRIDE-1, STRIDE-2, and STRIDE-4) studies. In each study, patients were randomized to sitaxsentan (100 mg) or placebo. A total of 120 patients completed the 12-week trial. PAH patients were categorized into three groups: SSc-PAH, overlap/mixed connective tissue disease, and idiopathic PAH.

CONCLUSIONS

The results showed that sitaxsentan is an effective and well-tolerated therapy for PAH associated with CTD.

REFERENCES