

An aerial photograph of a winding asphalt road in a snowy mountain landscape. The road curves through the snow-covered terrain, with a small red car visible on one of the curves. The surrounding area is covered in deep snow, with some small buildings and trees visible in the distance.

ABOROS

Rosuvastatin 20 mg Tablets

For the Unobstructed Flow

ABOROS

Rosuvastatin 20 mg Tablets

Background

- ✧ Stroke is the second leading cause of death, accounting for 11.13 % of total deaths, and the main cause of disability worldwide.¹
- ✧ The major type of stroke is ischemic, which occurs in about 87% of all stroke cases. About 13% of stroke is of a hemorrhagic type.¹
- ✧ Low-density lipoprotein (LDL) cholesterol is the “bad” cholesterol that increases a person's risk for stroke.²
- ✧ Statins are drugs that lower both LDL cholesterol and C-reactive protein levels.²
- ✧ Statin shows anti-inflammatory effects which is due to reduction in high sensitivity C reactive protein.²
- ✧ In Comparison to simvastatin, atorvastatin and pravastatin, rosuvastatin shows better results in reducing the risk of stroke.³

Rosuvastatin and Stroke

- ✧ Rosuvastatin reduces the risk of early recurrence of either symptomatic or asymptomatic ischemic lesions and expansion of ischemic lesions in acute stroke by its antithrombotic and anti-inflammatory effects.⁴
- ✧ Rosuvastatin also play a beneficial role in stabilizing atherosclerotic plaques.⁴
- ✧ Use of a rosuvastatin is effective or safe in acute ischemic stroke.⁴

References:

- 1.D. Mozaffarian et al. Circulation, vol. 131, no. 4, 2015
- 2.Everett et al. Stroke Prevention With Rosuvastatin, 2010
- 3.Jingru Zhao et. al. Current Neuropharmacology, Vol. 12, No. 6, 2014
- 4.Heo, et al. Rosuvastatin in Acute Stroke, 2016

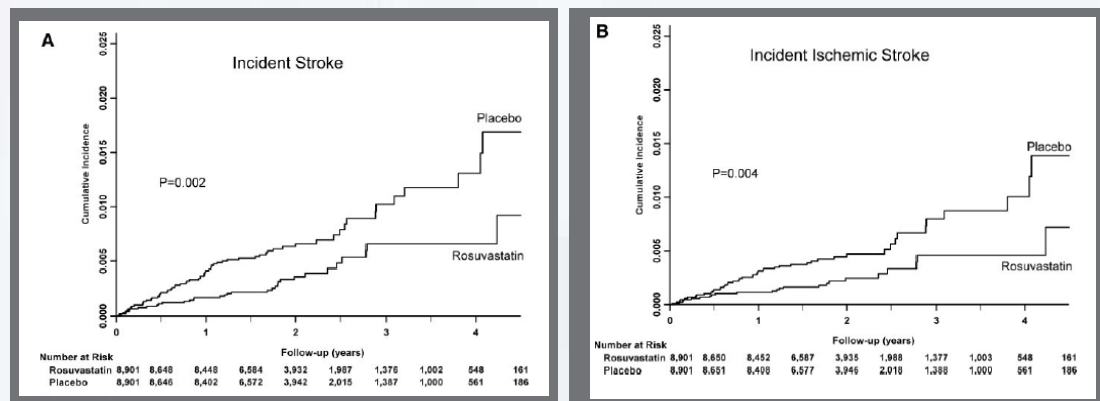


Clinical Effectiveness

A) Stroke

1) As per Everett et al Stroke Prevention With Rosuvastatin 2010:

✎ 5 years randomized, double-blind, placebo-controlled multicenter trial at 1315 sites in 26 countries on 17,802 participants.



A) Cumulative incidence of all stroke, including ischemic, hemorrhagic, and unknown type. The Hazardous ratio for rosuvastatin vs placebo is 0.52.

B) Cumulative incidence of ischemic stroke. The Hazardous ratio for rosuvastatin vs placebo is 0.49.

Result:

- ✎ The incidence rates of stroke were 0.18 and 0.34 per 100 person in the rosuvastatin and placebo groups, respectively.
- ✎ The rates of hemorrhagic stroke were 0.03 and 0.05 per 100 person in the rosuvastatin and placebo groups, respectively.
- ✎ After 12 months of therapy, rosuvastatin reduce the median LDL-C by 50% (55 versus 110 mg/dL) and the median hsCRP by 37% (2.2 versus 3.5 mg/L) compared with placebo.

Conclusion

- ✎ Rosuvastatin reduces by more than half the incidence of ischemic stroke among men and women with low levels of low-density lipoprotein cholesterol levels who are at risk because of elevated levels of high-sensitivity C-reactive protein.

References:

- 1.D. Mozaffarian et al. Circulation, vol. 131, no. 4, 2015
- 2.Everett et al. Stroke Prevention With Rosuvastatin, 2010
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Rosuvastatin 20 mg Tablets

Description

ABOROS is a 20 mg tablets containing rosuvastatin calcium lipid-lowering drug that belongs to the statin class of medications, which shows anti-inflammatory effects which is due to reduction in high sensitivity C reactive protein.

Indication

Stroke and Cognitive impairment

Features

- ✧ It inhibits the enzyme hydroxymethylglutaryl-coenzyme A (HMG-CoA) Reductase, which catalyzes the conversion of HMG-CoA to mevalonic acid and is the third step in a sequence of metabolic reactions involved in the production of several compounds involved in lipid metabolism and transport including cholesterol, low-density lipoprotein (LDL), and very low-density lipoprotein (VLDL).
- ✧ Rosuvastatin reduces production of very low density lipoprotein-cholesterol (VLDL-C) and triglycerides (TGs) by reducing synthesis of apolipoprotein B.²
- ✧ It has also shown anti-inflammatory effects which is due to reduction in high sensitivity C reactive protein.²
- ✧ The antithrombotic effects of rosuvastatin are because of its ability to reduce platelet aggregation.²

Dosage

Recommended dose is as directed by the physician.

Presentation

It comes as 20 mg tablets.

Storage

Store protected from light and moisture at a temperature not exceeding 30°C.

References:

- 1.D. Mozaffarian et al. Circulation, vol. 131, no. 4, 2015
- 2.Everett et al. Stroke Prevention With Rosuvastatin, 2010
- 3.Jingru Zhao et. al. Current Neuropharmacology, Vol. 12, No. 6, 2014
- 4.Heo, et al. Rosuvastatin in Acute Stroke, 2016

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