



Grab type 2 diabetes by the roots with Victoza®.

- More patients reach targets with Victoza®.1
- Significant and sustained reductions in HbA_{1c}
 - Meaningful weight loss
 - Lowered SBP
 - Improved beta-cell function

Victoza® is a multifunctional, non-insulin treatment for type 2 diabetes that works like natural GLP-1.1



Reference: 1. Victoza® (summary of product characteristics).
 Abbreviated prescribing information
 The Summary of Product Characteristics (SPC) is available at novonordisk.com.
 Presentation: Pre-filled, disposable pen containing 18 mg of liraglutide in 3 mL of solution. Indications: Victoza® is indicated for treatment of adults with type 2 diabetes in combination with metformin or a sulphonylurea, metformin and a sulphonylurea, or metformin and a thiazolidinedione when previous therapy does not achieve adequate glycaemic control. Dosage and administration: The starting dose is 0.6 mg once daily. After at least one week, the dose should be increased to 1.2 mg. Based on clinical response and after at least one week, the dose can be increased to 1.8 mg to further improve glycaemic control. Victoza® can currently not be recommended for use in patients with moderate/severe renal impairment or hepatic impairment. Victoza® is administered once daily at any time, independent of meals, and can be injected subcutaneously in the abdomen, thigh, or upper arm. Victoza® should not be administered intravenously or intramuscularly. In combination with metformin with or without a thiazolidinedione, no dose adjustment is required. When Victoza® is added to sulphonylurea therapy, a reduction in the dose of sulphonylurea should be considered to reduce the risk of hypoglycaemia. Contraindications: Hypersensitivity to the active substance or any of the excipients. Special warnings and precautions: Victoza® should not be used in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis. Victoza® is not a substitute for insulin. The addition of Victoza® in patients already treated with insulin has not been evaluated and is therefore not recommended. Due to limited experience, Victoza® is not recommended in patients with inflammatory bowel disease or diabetic gastroparesis. There is limited experience in patients with congestive heart failure New York Heart Association (NYHA) class I-III and no experience in patients with NYHA class IV-IV. Use of GLP-1 analogues has been associated with the risk of pancreatitis. Patients should be informed of the characteristic symptom of acute pancreatitis: persistent, severe abdominal pain. If pancreatitis is suspected, discontinuation of medicinal products should be considered. Thyroid adverse events, including increased blood calcium, goitre, and thyroid neoplasm, were reported in clinical trials, particularly in patients with preexisting thyroid disease. Patients treated with Victoza® should be advised of the potential risk of dehydration in relation to gastrointestinal side effects and take precautions to avoid fluid depletion. Pregnancy and lactation: Victoza® should not be used in women who are pregnant, who wish to become pregnant, or who are breastfeeding. Undesirable effects: The most frequently reported adverse reactions in patients treated with Victoza® are nausea and diarrhea. Less common adverse reactions include headache, vomiting, dyspepsia, upper abdominal pain, constipation, gas, flatulence, abdominal distension, gastroesophageal reflux, bronchitis, nasopharyngitis, dizziness, fatigue, asthenia, decreased appetite, and hypoglycaemia. Patients receiving Victoza® in combination with a sulphonylurea may have an increased risk of hypoglycaemia. The risk can be lowered by a reduction in the dose of sulphonylurea. Few cases (less than 0.2%) of acute pancreatitis have been reported during long-term clinical trials with Victoza®.

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RENCONTRES SANTÉ DE L'ESA: « LA LUTTE CONTRE LA CONTRE- FAÇON DES MÉDICAMENTS »

Dans le cadre de ses activités dans le management de la santé, l'Ecole Supérieure des Affaires organise des « rencontres santé » sur les thèmes d'actualité du secteur en lien avec ses partenaires. Ces rencontres sont destinées, en particulier, à son réseau de diplômés et d'étudiants, notamment de son Master en Management de l'Hôpital et de la Santé, mais aussi ouvertes au grand public.

La première rencontre a eu lieu le jeudi 10 mai sur le thème de « La transfusion sanguine : expérience française et enjeux libanais ». La rencontre était animée par Dr Alain Beauplet, Directeur des Affaires Internationales de l'Etablissement Français du Sang (EFS) et Dr Rita Feghali, Coordinatrice du projet d'amélioration de la transfusion sanguine pour le Ministère de la Santé Publique au Liban. Dr Beauplet a décrit le rôle de l'EFS en France et ses nombreuses activités dans le domaine de la gestion et de la sécurité transfusionnelle, tandis que Dr Feghali a présenté le projet de partenariat franco-libanais sur le sujet, auquel l'ESA est associé.



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La deuxième rencontre a eu lieu le jeudi 21 juin sur le thème de «La lutte contre la contrefaçon des médicaments au Liban» animée par Dr Ziad Nassour, Président de l'Ordre des Pharmaciens du Liban. Dr Nassour a expliqué toute la démarche entreprise au Liban par l'Ordre depuis des années pour lutter contre ce fléau et sensibiliser les patients aux risques liés à la prise de médicaments contrefaits.

L'ESA reprendra l'organisation de ces rencontres à partir de septembre à un rythme régulier.