



In the Safe



Zone

Diagnosed with **HYPERTENSION,** one woman commits to controlling her condition the natural ways

By Beth Tomkiw

my

wake-up call happened while four-wheeling near my home. My husband, John, and I had done this dozens of times before, but on this Sunday afternoon, he decided to kick it up a notch, making the winding paths and bumpy terrain even more thrilling than usual.

As we flew up and over a particularly steep hill, landing with a rocking thud, I felt a gripping sensation in my chest—and struggled to breathe.

This wasn't an entirely new feeling. The sense of pressure in my chest happened frequently at work, usually during crucial deadlines or other especially tense times. John repeatedly told me to get it checked out, but I never did. I figured it was just stress. No big deal.

But today it felt different. More intense. So we agreed to high-tail it to the emergency department (ED).

The shortness of breath continued as we drove to the hospital, checked in at the ED and even as we sat down with a nurse, who took my blood pressure. "159 over 95," she said. "That's high!"

She checked it again several minutes later. No change. So they ushered me to a curtained-off area, where they hooked me up to an electrocardiograph, or EKG. While the EKG monitored my heart's electrical activity, a doctor peppered me with questions about my family history and what led to the episode. They were afraid I was having a heart attack—and so was I.

Truth in the Numbers

I spent more than three hours in the ED that day. It turned out my heart was fine, but I wasn't in the clear. The ED doctor made an appointment for me the next day with a cardiologist. After a barrage of additional tests, she gave me the diagnosis: stage 1 hypertension. And then she gave me a choice: Take medication or make some lifestyle changes.

Because of my age, she advised the latter, but acknowledged that it wouldn't be easy. I was 43 years old, 26 pounds over my healthy weight, had a high-pressure job that required significant travel, and preferred to spend my downtime on the couch, multi-tasking between the latest issue of *O* magazine and my (many) favorite television shows.

But I also love my family and want to be around to see my daughter grow up. With a family history of heart disease, I knew I needed to do what the doctor ordered to get into the "safe" zone, as she called it.

But where to begin?

Downsize First

According to Julian Whitaker, M.D., author of *Reversing Hypertension: A Vital New Program to Prevent, Treat, and Reduce High Blood Pressure* (Warner Books, 2001), weight loss is the No. 1

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A DASH a Day

"Starting the DASH diet is like flipping a blood pressure-lowering switch in the body," says Herbert Benson, M.D., co-author of *The Harvard Medical School Guide to Lowering Your Blood Pressure* (McGraw Hill, 2005). Here's a look at the National Institutes of Health's eating plan, which has been proven in numerous studies to lower blood pressure in weeks.



Based on 2,000 calories per day
Source: National Institutes of Health's DASH Eating Plan

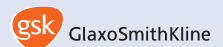
In clinical studies after just one year on BONIVA, 9 out of 10 women had improved bone density.*

Important Safety Information: BONIVA is for the management of postmenopausal osteoporosis. You should not take prescription BONIVA if you have low blood calcium, cannot sit or stand for at least 60 minutes, have severe kidney disease, or are allergic to BONIVA. Stop taking BONIVA and tell your healthcare provider if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow the once-monthly BONIVA 150 mg dosing instructions carefully to lower the chance of these events occurring. Side effects are generally mild or moderate and may include diarrhea, pain in the arms or legs, or upset stomach. If you develop severe bone, joint, and/or muscle pain, contact your healthcare provider. Your healthcare provider may also recommend a calcium and vitamin D supplement.

Here's an easy way to get started on BONIVA: Ask your doctor for your first-month free trial or call 1-800-418-9608. For more information about BONIVA, please visit www.BONIVA.com.

*As measured at lumbar spine, total hip, or trochanter; 3 out of 4 at the femoral neck.

once-monthly
Boniva[®]
ibandronate sodium
tablets
There's only one



Please read the Patient Information on the next page.

"Once-monthly
BONIVA builds
bone density to
help keep my bones
strong and healthy."

I treat my osteoporosis with BONIVA.
Just one pill a month builds strong,
healthy bones to help prevent fractures.



**Don't wait another week.
Ask your doctor if BONIVA is right for you.**

BONIVA is a registered trademark of Roche Therapeutics Inc.

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Patient Information

BONIVA[®] [bon-EE-va] (ibandronate sodium) TABLETS

Rx only

Read this patient information carefully before you start taking BONIVA. Read this patient information each time you get a refill for BONIVA. There may be new information. This information is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or your treatment. Talk about BONIVA with your health care provider before you start taking it, and at your regular check-ups.

What is the most important information I should know about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers (see “What are the possible side effects of BONIVA?”).

You must take BONIVA exactly as prescribed for BONIVA to work for you and to lower the chance of serious side effects (see “How should I take BONIVA?”).

What is BONIVA?

BONIVA is a prescription medicine used to treat or prevent osteoporosis in women after menopause (see “What is osteoporosis?”).

BONIVA may reverse bone loss by stopping more loss of bone and increasing bone mass in most women who take it, even though they won't be able to see or feel a difference. BONIVA may help lower the chances of breaking bones (fractures).

For BONIVA to treat or prevent osteoporosis, you have to take it as prescribed. BONIVA will not work if you stop taking it.

Who should not take BONIVA?

Do not take BONIVA if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for at least 1 hour (60 minutes)
- have kidneys that work very poorly
- are allergic to ibandronate sodium or any of the other ingredients of BONIVA (see the end of this Patient Information for a list of all the ingredients in BONIVA)

Tell your health care provider before using BONIVA:

- if you are pregnant or planning to become pregnant. It is not known if BONIVA can harm your unborn baby
- if you are breast-feeding. It is not known if BONIVA passes into your milk and if it can harm your baby
- if you have swallowing problems or other problems with your esophagus (the tube that connects your mouth and stomach)
- if you have kidney problems
- if you are planning a dental procedure such as tooth extraction

Tell your health care provider (including your dentist) about all the medicines you take including prescription and non-prescription medicines, vitamins, and supplements. Some medicines, especially certain vitamins, supplements, and antacids can stop BONIVA from getting to your bones. This can happen if you take other medicines too close to the time that you take BONIVA (see “How should I take BONIVA?”).

How should I take BONIVA?

- Take BONIVA exactly as instructed by your health care provider.
- Take BONIVA first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine.
- Take BONIVA with 6 to 8 ounces (about 1 full cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with other drinks, such as mineral water, sparkling water, coffee, tea, dairy drinks (such as milk), or juice.
- Swallow BONIVA whole. Do not chew or suck the tablet or keep it in your mouth to melt or dissolve.
- After taking BONIVA you must wait at least 1 hour (60 minutes) before:
 - Lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
 - Eating or drinking anything except for plain water.
 - Taking other oral medicines including vitamins, calcium, or antacids. Take your vitamins, calcium, and antacids at a different time of the day from the time when you take BONIVA.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.
- Keep taking BONIVA for as long as your health care provider tells you. BONIVA will not work if you stop taking it.
- Your health care provider may tell you to exercise and take calcium and vitamin supplements to help your osteoporosis.

• Your health care provider may do a test to measure the thickness (density) of your bones or do other tests to check your progress.

What is my BONIVA schedule?

Schedule for taking BONIVA 150 mg once monthly:

- Take one BONIVA 150-mg tablet once a month.
- Choose one date of the month (your BONIVA day) that you will remember and that best fits your schedule to take your BONIVA 150-mg tablet.
- Take one BONIVA 150-mg tablet in the morning of your chosen day (see “How should I take BONIVA?”).

What to do if I miss a monthly dose:

- If your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150-mg tablet in the morning following the day that you remember (see “How should I take BONIVA?”). Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- Do not take two 150-mg tablets within the same week. If your next scheduled BONIVA day is only 1 to 7 days away, wait until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.

Schedule for taking BONIVA 2.5 mg once daily:

- Take one BONIVA 2.5-mg tablet once a day first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine (see “How should I take BONIVA?”).

What to do if I miss a daily dose:

- If you forget to take your BONIVA 2.5-mg tablet in the morning, do not take it later in the day. Just return to your normal schedule and take 1 tablet the next morning. Do not take two tablets on the same day.
- If you are not sure what to do if you miss a dose, contact your health care provider who will be able to advise you.

What should I avoid while taking BONIVA?

- Do not take other medicines, or eat or drink anything but plain water before you take BONIVA and for at least 1 hour (60 minutes) after you take it.
- Do not lie down for at least 1 hour (60 minutes) after you take BONIVA.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have:

- pain or trouble with swallowing
- chest pain
- very bad heartburn or heartburn that does not get better

BONIVA MAY CAUSE:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach or esophagus (the tube that connects your mouth and stomach)

Common side effects with BONIVA are:

- diarrhea
- pain in extremities (arms or legs)
- dyspepsia (upset stomach)

Less common side effects with BONIVA are short-lasting, mild flu-like symptoms (usually improve after the first dose). These are not all the possible side effects of BONIVA. For more information ask your health care provider or pharmacist.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take, by mouth, bisphosphonate drugs to treat osteoporosis (thin bones). This group of drugs includes BONIVA. Most patients experienced relief after stopping the drug. Contact your health care provider if you develop these symptoms after starting BONIVA.

Rarely, patients taking bisphosphonates have reported serious jaw problems associated with delayed healing and infection, often following dental procedures such as tooth extraction. If you experience jaw problems, please contact your health care provider and dentist.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body, such as your heart, brain, or skin. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis

is a bone disease that is quite common in women after menopause. At first, osteoporosis has no symptoms, but people with osteoporosis may develop loss of height and are more likely to break (fracture) their bones, especially the back (spine), wrist, and hip bones.

Osteoporosis can be prevented, and with proper therapy it can be treated.

Who is at risk for osteoporosis?

Talk to your health care provider about your chances for getting osteoporosis.

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause (“the change”)
- are white (Caucasian) or Asian

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone) for a long time

General information about BONIVA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information. Do not use BONIVA for a condition for which it was not prescribed. Do not give BONIVA to other people, even if they have the same symptoms you have. It may harm them.

Store BONIVA at 77°F (25°C) or at room temperature between 59°F and 86°F (15°C and 30°C).

Keep BONIVA and all medicines out of the reach of children.

This summarizes the most important information about BONIVA. If you would like more information, talk with your health care provider. You can ask your health care provider or pharmacist for information about BONIVA that is written for health professionals.

For more information about BONIVA, call 1-888-MY-BONIVA or visit www.myboniva.com.

What are the ingredients of BONIVA?

BONIVA (active ingredient): ibandronate sodium
BONIVA (inactive ingredients): lactose monohydrate, povidone, microcrystalline cellulose, croscopolvidone, purified stearic acid, colloidal silicon dioxide, and purified water. The tablet film coating contains hypromellose, titanium dioxide, talc, polyethylene glycol 6000 and purified water.

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natural remedy for high blood pressure. When patients are diagnosed with this condition, the first thing doctors help them do is calculate their body mass index (BMI) and healthy weight. You can do this yourself with the BMI calculator at the National Heart, Lung, and Blood Institute's (NHLBI) website (nhlbisupport.com/bmi/bmicalc.htm).

At 5'2" and 157 pounds at the time of my diagnosis, I had a BMI of 29, which classified me as overweight. To help reverse my high blood pressure, I needed to have a BMI of 24 or less and weigh no more than 131 pounds. That meant swapping my favorite New York strip steaks and Ben & Jerry's Chubby Hubby ice cream for lean chicken and turkey, fish, fruit, vegetables, legumes and whole grains.

I decided to follow the DASH (Dietary Approaches to Stop Hypertension) Eating Plan, proven in NHLBI studies to lower blood pressure on par with certain medications. And for long-term success, I've adopted Whitaker's advice by:

- ◆ Preparing meats in healthy ways—broiling, baking or grilling, or sautéing in water, wine or broth.
- ◆ Choosing nonfat yogurt and buttermilk and skim milk.
- ◆ Sticking with low-fat or fat-free cheeses.
- ◆ Watching portions—a single serving of meat or another animal protein, for example, is about the size of a deck of cards.
- ◆ Limiting saturated fat and trans fat.

Get Moving

No more excuses. I had to put down my magazines and remote control and exercise at least 30 minutes a day, five days a week. Not only would exercise aid in my weight-loss effort, it also has proved to both prevent high blood pressure and treat it. Even better news, moderate-intensity

activities such as walking have proved to be as effective as high-intensity ones like running.

"Like any muscle, your heart grows stronger with exercise," says Herbert Benson, M.D., co-author of *The Harvard Medical School Guide to Lowering Your Blood Pressure* (McGraw-Hill, 2005). "A stronger heart pumps more blood more efficiently and with less force through the body."

MODERATE-INTENSITY ACTIVITIES have proved to be as effective as high-intensity workouts.



When ‘Natural’ Doesn’t Work

The American Heart Association identifies three types of drugs that help control high blood pressure. Talk to your doctor about which ones might be right for you.

Diuretics: People with high blood pressure have a tendency to retain water. These medications help by ridding the body of excess sodium (salt) and fluids.

Beta blockers: The heart of someone with high blood pressure works harder and faster. These drugs slow the heart rate and its output of blood, which lowers blood pressure. They also relax and open blood vessels.

Vasodilators, ACE inhibitors and calcium channel blockers: These three medications lower blood pressure by relaxing and opening narrowed blood vessels.

In addition to building a stronger heart muscle, exercise also reduces fatty deposits, called plaques, by increasing HDL (good) cholesterol and decreasing LDL (bad) cholesterol. And staying in shape keeps your blood vessels in shape through regular expansion and contraction that occurs while working out.

Avoid Salty Foods

The American Heart Association recommends that healthy adults limit their sodium, or salt, intake to no more than 2,300 mg a day. Let’s put this in perspective: Admittedly, I’m particularly fond of McDonald’s Quarter Pounders with Cheese, which contain 1,190 mg of sodium. The salty french fries, which I dipped in ketchup with extra salt, put me nearly over the top—in a single meal.

The average American consumes about 5,000 mg of sodium per day, according to Whitaker. My Quarter Pounder is an obvious example, but what surprised me was some of the more unexpected places salt lurks, like in restaurant salads (sodium is used as a preservative), cereal, some of my favorite low-fat soups, frozen entrees and even in prescription medications.

You have to scrutinize food labels, Whitaker says, recommending that patients who are managing blood pressure keep a daily tally of their salt intake until they develop a better sense of healthy eating.

Manage Stress

Last but not least, Whitaker and Benson agree: All work and no play helped put Beth at risk for heart disease. Before my diagnosis, it had been two years since I took a vacation. I took a day or two off here and there, but really had no downtime.

Downtime is essential, according to medical experts. “Even though you never see stress listed as a leading cause of death, it’s a proven contributor to heart disease and stroke—two of the top 10 killers,” Benson says.

Fortunately, exercising regularly is among the best ways to manage stress. I’ve also learned to stop and take a deep breath (or two) when life gets particularly hairy.

By making these simple adjustments, it took me about three months to get my blood pressure into the safe zone. Staying there will require an ongoing commitment to my new healthful habits—like visiting my local pharmacy monthly to check my blood pressure—free of charge. Most recently it was a healthy 118/75, and I’m holding steady at 129 pounds. I credit this to eating all good things in moderation and working out at least four days a week.

Most groundbreaking to those who know me, I’ve taken three vacations since my diagnosis, two long weekends and a full week—fully disconnected. No laptop. No cell phone. Just me and the family. Together in the safe zone. ■

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Take Action Today

Worried you might have high blood pressure? Find your own safe zone. To learn more about what you can do, visit the National Heart, Lung, and Blood Institute at nhlbi.nih.gov/hbp, and click “Resources,” then “Patient and Public Resources.”

“It had been two years
since I took a vacation.”

DOWNTIME is
essential.

