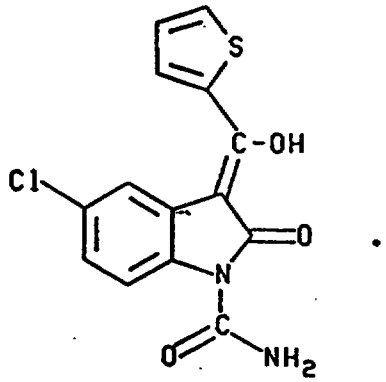
Description

This invention relates to the use of tenidap and the pharmaceutically-acceptable base salts thereof to reduce total serum cholesterol, LDL cholesterol and triglycerides in a mammal.

Tenidap, presently shown as the enolic form of 5-chloro-2,3-dihydro-2-oxo-3-(2-thienylcarbonyl)-indole-1-carboxamide, has the structural formula



Tenidap and the pharmaceutically-acceptable base salts thereof, among other 3-substituted-2-oxindole-1-carboxamides, are disclosed and claimed in US-A-4,556,672 which is assigned to the assignee hereof. That patent discloses that those compounds, in addition to being useful as antiinflammatory and analgesic agents, are inhibitors of both the cyclooxygenase (CO) and lipoxygenase (LO) enzymes.

The use of tenidap and its pharmaceutically-acceptable base salts, among certain other 3-substituted-2-oxindole-1-carboxamides, to inhibit interleukin-1 biosynthesis in a mammal and to treat interleukin-1 mediated disorders and dysfunctions is disclosed in US-A-4,861,794 which is assigned to the assignee hereof.

US-A-4,853,409, assigned to the assignee hereof, discloses the use of tenidap and its pharmaceutically-acceptable base salts, among certain other 3-substituted-2-oxindole-1-carboxamides, to suppress T-cell function in a mammal and to treat T-cell mediated autoimmune disorders of the systemic or organ specific type.

An anhydrous, crystalline form of the sodium salt of tenidap is disclosed in EP-A-277,738 which has been filed in the name of the assignee hereof.

US-A-5,008,283, assigned to the assignee hereof, discloses the use of tenidap and its pharmaceutically-acceptable base salts to inhibit activation of collagenase, treat collagenase mediated disorders and diseases and inhibit the activity of myeloperoxidase in a mammal.

US-A-5,006,547, assigned to the assignee hereof, discloses the use of tenidap and its pharmaceutically-acceptable base salts to inhibit the release of elastase by neutrophils in a mammal and to treat elastase-mediated diseases and dysfunctions in a mammal.

Atherosclerosis, a disease of the arteries, is recognized to be the leading cause of death in the United States and Western Europe. The pathological sequence leading to atherosclerosis and occlusive heart disease has been described in detail by Ross and Glomset in New England Journal of Medicine 295, 369-377 (1976). The earliest stage in this sequence is the formation of "fatty streaks" in the carotid, coronary and cerebral arteries and in the aorta. These lesions are yellow in color due to the presence of lipid deposits found principally within smooth-muscle cells and in macrophages of the intima layer of the arteries and aorta. Cholesterol and cholesteryl ester account for most of this lipid. Further, it is postulated that most of the cholesterol found within the fatty streaks results from uptake from the plasma. These fatty streaks, in turn, give rise to development of the "fibrous plaque", which consists of accumulated intimal smooth muscle cells laden with lipid and surrounded by extra cellular lipid, collagen, elastin and proteoglycans. The cells plus matrix form a fibrous cap that covers a deeper deposit of cell debris and more extracellular lipid. The lipid is primarily free and esterified cholesterol. The fibrous plaque forms slowly, and is likely in time to become calcified and necrotic, advancing to the "complicated lesion" which accounts for the arterial occlusion and tendency toward mural thrombosis and arterial muscular spasm that characterize advanced atherosclerosis.

Epidemiological evidence has firmly established hyperlipidemia as a primary risk factor in causing cardiovascular disease (CVD) due to atherosclerosis. In recent years, leaders of the medical profession have placed renewed emphasis on lowering plasma triglyceride levels, cholesterol levels, and low density lipoprotein cholesterol levels in particular, as essential steps in prevention of CVD. The upper limits of "normal" are now known to be significantly lower than heretofore appreciated. As a result, large segments of Western populations are now realized to be at high risk for development or progression of CVD because of this factor. Individuals who possess independent risk factors in addition to hyperlipidemia are at particularly high risk. Such independent risk factors include glucose intolerance, left ventricular hypertrophy, hypertension, and being of the male sex. Successful treatment of hyperlipidemia in the general population is therefore of exceptional medical importance.

The first step in recommended therapeutic regimens for hyperlipidemia is dietary intervention.

While diet alone produces adequate response in some individuals, many others remain at high risk and must be treated further by pharmacological means. New drugs for the treatment of hyperlipidemia are, therefore, of great potential benefit for large numbers of individuals at high risk of developing CVD.

Until the invention herein, there was no report of use or intent to use tenidap or the salts thereof to reduce total serum cholesterol levels, to reduce serum LDL cholesterol levels or to reduce serum triglycerides in a mammal.

It has been found that tenidap and the pharmaceutically-acceptable base salts thereof reduce the level of total serum cholesterol in a mammal having an inflammatory arthritic condition such as rheumatoid arthritis or osteoarthritis. Further, it has been found that tenidap and the pharmaceutically-acceptable base salts thereof reduce the level of serum LDL cholesterol in a mammal having an inflammatory arthritic condition such as rheumatoid arthritis or osteoarthritis. Further still, it has been found that tenidap and the pharmaceutically-acceptable base salts thereof reduce the level of serum triglycerides in a mammal having an inflammatory arthritic condition such as rheumatoid arthritis or osteoarthritis.

The method of using tenidap and its pharmaceutically-acceptable base salts comprises administering to a mammal an effective amount thereof. Administration can comprise any known method for therapeutically providing a compound to a mammal such as by oral or parenteral administration as defined hereinbelow.

Tenidap, its pharmaceutically-acceptable base salts and the preparation thereof are described in US-A-4,556,672. The term inflammatory arthritic condition is well known to those skilled in the art and includes, but is not limited to, osteoarthritis and rheumatoid arthritis.

As disclosed in US-A-4,556,672, tenidap is acidic and forms base salts. All such base salts are within the scope of this invention and can be formed as taught by that patent. Such suitable salts, within the scope of this invention, include both the organic and inorganic types and include, but are not limited to, the salts formed with ammonia, organic amines, alkali metal hydroxides, alkali metal carbonates, alkali metal bicarbonates, alkali metal hydrides, alkali metal alkoxides, alkaline earth metal hydroxides, alkaline earth metal carbonates, alkaline earth metal hydrides and alkaline earth metal alkoxides. Representative examples of bases which form such base salts include ammonia, primary amines, such as n-propylamine, n-butylamine, aniline, cyclohexylamine, benzylamine, p-toluidine, ethanolamine and glucamine; secondary amines, such as diethylamine, diethanolamine, N-methyl-glucamine, N-methylaniline, morpholine, pyrrolidine and piperidine; tertiary amines, such as triethylamine, triethanolamine, N,N-dimethylaniline, N-ethylpiperidine and N-methylmorpholine; hydroxides, such as sodium hydroxide; alkoxides such as sodium ethoxide and potassium methoxide; hydrides such as calcium hydride and sodium hydride; and carbonates such as potassium carbonate and sodium carbonate. Preferred salts are those of sodium, potassium, ammonium, ethanolamine, diethanolamine and triethanolamine. Particularly preferred are the sodium salts. An anhydrous crystalline form of such a sodium salt is disclosed in EP-A-277,738, filed in the name of the assignee hereof.

Also within the scope of this invention is the use of solvates such as the hemihydrates and monohydrates of the compounds hereinabove described.

The treatment this invention comprises administering tenidap and the pharmaceutically-acceptable base salts thereof to a mammal. Such compounds and their salts can be administered to said mammal either alone or; preferably, in combination with pharmaceutically-acceptable carriers or diluents in a pharmaceutical composition, according to standard pharmaceutical practice. Such administration can be oral or parenteral. Parenteral administration as used herein includes intravenous, intramuscular, intraperitoneal, subcutaneous, transdermal and topical (including, but not limited to oral lavage and inhalation) administration. It is generally preferred to administer such compounds and their salts orally.

In general for uses described and claimed herein, tenidap and its salts are most desirably administered in doses for oral administration ranging from 40 mg up to 120 mg per day for subjects having an inflammatory arthritic condition such as rheumatoid arthritis or osteoarthritis, although variations will still necessarily occur depending upon the weight of the subject being treated and/or the duration of the treatment. Further, for parenteral administration, tenidap and its salts are most desirably administered in doses from 1 mg up to 200 mg per day, although variations will still necessarily occur here, too, depending upon the weight of the subject being treated and/or the duration of the treatment. The appropriate dose for reducing the level of total serum cholesterol and/or reducing the level of serum LDL cholesterol and/or reducing the level of serum triglycerides in a mammal with tenidap and its salts will be readily determined by those skilled in the art of prescribing and/or administering such compounds. A preferred oral dose for reducing the level of total serum cholesterol and/or reducing the level of serum LDL cholesterol in subjects suffering from rheumatoid arthritis or os-

teoarthritis is about 80 mg per day for oral administration. Further, data obtained for oral doses of 80 mg per day to subjects suffering from rheumatoid arthritis or osteoarthritis showed no reduction in the level of serum triglycerides. This is believed to be due to other factors such as the proximity of the subjects' meals to the time of sampling, particularly since oral doses of 40 mg per day and 120 mg per day result in reduction of the level of serum triglycerides. A preferred oral dose for reducing the level of serum triglycerides in subjects suffering from rheumatoid arthritis or osteoarthritis is about 120 mg per day. Nevertheless, it is still to be appreciated that other variations may also occur in this respect, depending upon the species of mammal being treated and its individual response to said medicament, as well as on the particular type of pharmaceutical formulation chosen and the time period and interval at which such administration is carried out. In some instances, dosage levels below the lower limit of the aforesaid range may be more than adequate, while in other cases still larger doses may be employed without causing any harmful or deleterious side effects to occur, provided that such higher dose levels are first divided into several smaller doses that are to be administered throughout the day.

For purposes of oral administration, tablets containing excipients such as sodium citrate, calcium carbonate and dicalcium phosphate may be employed along with various disintegrants such as starch and preferably potato or tapioca starch, alginic acid and certain complex silicates, together with binding agents such as polyvinylpyrrolidone, sucrose, gelatin and acacia. Additionally, lubricating agents such as magnesium stearate, sodium lauryl sulfate and talc are often very useful for tableting purposes. Solid compositions of a similar type may also be employed as fillers in soft elastic and hard-filled gelatin capsules; preferred materials in this connection also include, by way of example, lactose or milk sugar as well as high molecular weight polyethylene glycols. When aqueous suspensions and/or elixirs are desired for oral administration, the essential active ingredient may be combined with various sweetening or flavoring agents, coloring matter or dyes and, if so desired, emulsifying and/or suspending agents, together with diluents such as water, ethanol, propylene glycol, glycerin and various combinations thereof.

Although the generally preferred mode of administration of tenidap or its pharmaceutically-acceptable base salts is oral, they may be administered parenterally as well.

For purposes of parenteral administration, solutions of tenidap or a salt thereof in sesame or peanut oil or in aqueous propylene glycol may be employed, as well as sterile aqueous solutions of the corresponding water soluble base salts previously enumerated. Such aqueous solutions should be suitably buffered if necessary, and the liquid diluent rendered isotonic with sufficient saline or glucose. These particular aqueous solutions are especially suitable for intravenous, intramuscular and subcutaneous injection purposes. In this connection, the sterile aqueous media employed are readily obtained by standard techniques well known to those skilled in the art. For instance, distilled water is ordinarily used as the liquid diluent and the final preparation is passed through a suitable bacterial filter such as a sintered glass filter or a diatomaceous-earth or unglazed porcelain filter. Preferred filters of this type include the Berkefeld, the Chamberland and the Asbestos Disk-Metal Seitz filter, wherein the fluid is sucked into a sterile container with the aid of a suction pump. The necessary steps should be taken throughout the preparation of these injectable solutions to insure that the final products are obtained in a sterile condition. For purposes of transdermal administration, the dosage form of the particular compound may include, by way of example, solutions, lotions, ointments, creams, gels, suppositories, rate-limiting sustained release formulations and devices therefor. Such dosage forms comprise the particular compound and may include ethanol, water, penetration enhancer and inert carriers such as gel-producing materials, mineral oil, emulsifying agents or benzyl alcohol.

Specific transdermal flux enhancing compositions are disclosed in EP-A-271,983 and EP-A-331,382, which have been filed in the name of the assignee of this invention. For purposes of topical administration, the dosage form of the particular compound may include, by way of example solutions, lotions, ointments, creams and gels.

Claims

1. The use of tenidap or of a pharmaceutically-acceptable base salt thereof for the manufacture of a medicament for lowering total serum cholesterol, serum LDL cholesterol or serum triglycerides in a mammal having an inflammatory arthritic condition.

2. The use according to claim 1 wherein the inflammatory arthritic condition is rheumatoid arthritis or osteoarthritis.

3. The use according to claim 1 or 2 wherein the sodium salt of tenidap is used.

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2. The use according to claim 1 wherein the inflammatory arthritic condition is rheumatoid arthritis or osteoarthritis.

3. The use according to claim 1 or 2 wherein the sodium salt of tenidap is used.

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Patentansprüche

1. Die Verwendung von Tenidap oder eines pharmazeutisch verträglichen basischen Salzes desselben zur Herstellung eines Medikaments zur Erniedrigung des Gesamtserumcholesterins, des Serum-LDL-Cholesterins oder der Serumtriglyceride in einem Säugetier mit einem entzündlichen arthritischen Zustand.

2. Die Verwendung nach Anspruch 1, worin der entzündliche arthritische Zustand rheumatoide Arthritis oder Osteoarthritis ist.

3. Die Verwendung nach einem der Ansprüche 1 oder 2, worin das Natriumsalz von Tenidap verwendet wird.

Revendications

1. Utilisation de tenidap ou d'un de ses sels de bases pharmaceutiquement acceptables pour la production d'un médicament destine à abaisser les taux de cholestérol total sérique, de cholestérol LDL sérique ou de triglycérides sériques chez un mammifère souffrant d'une affection arthritique inflammatoire.

2. Utilisation suivant la revendication 1, dans laquelle l'affection arthritique inflammatoire est l'arthrite rhumatoïde ou l'ostéoarthrite.

3. Utilisation suivant la revendication 1 ou 2, dans laquelle le sel de sodium de tenidap est utilisé.