



News Release

CANADIANS WITH ASTHMA CONSIDER THEIR DISEASE 'WELL CONTROLLED' DESPITE SEVERE EPISODES ACCORDING TO A NEW SURVEY

Survey finds significant gap between how respondents perceive their asthma control and the impact the disease has on daily life

MONTREAL – October 5, 2010 – A new survey, Asthma Insight and Management in Europe and Canada (EUCAN AIM), reveals that a majority of Canadians with asthma considered their disease “well controlled” at the time of the survey.¹ However, in the year prior to the survey, more than half (52 per cent) required acute treatment for asthma, including seeing a doctor for worsening symptoms (45 per cent), unscheduled emergency room visits (28 per cent), and being hospitalized overnight (five per cent).¹

In fact, most (61 per cent) respondents said they or their children experienced episodes in the past 12 months when their asthma symptoms were more frequent or severe than normal,¹ and 10 per cent stated they thought their or their child’s life was in danger during an asthma episode.¹ Some episodes have resulted in serious outcomes, with more than half of patients stating that in their lifetime, they had to stop exercising (58 per cent), they left work or school (34 per cent) or have been admitted to the hospital ICU (12 per cent) because of their symptoms.¹

“The survey results demonstrate that too many asthma patients are experiencing severe, ongoing symptoms that impact important aspects of their daily lives,” says Dr. Malcolm Sears, professor of medicine for the Michael G. DeGroote School of Medicine at McMaster University and epidemiologist at the Firestone Institute for Respiratory Health. “We need to ensure that patients feel comfortable working with their physicians to achieve optimal management of this disease.”

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Gap Between Perception and Experience

Current Canadian asthma guidelines defining asthma control criteria stipulate, among other criteria, that patients should experience normal physical activity, infrequent exacerbations and no absenteeism from work or school due to the disease.⁸ Yet a majority of respondents felt that their or their child's asthma was well-controlled if they experienced exacerbations only three or four times a year (62 per cent), had one emergency room visit (60 per cent) or two urgent doctor visits for asthma per year (61 per cent).¹

Further results revealed just how much of an impact the disease has on patients' quality of life. While asthma can be triggered by a number of factors including changes in weather, pollen and dust, most respondents (64 per cent) said they experience asthma symptoms throughout the year, not just on a seasonal basis.¹ Often, these symptoms can be severe; in fact, many patients surveyed experienced severe asthma episodes that caused shortness of breath when they were sitting still (49 per cent), attempting to speak (30 per cent) or sleeping (31 per cent).¹

"The results of this survey highlight the burden that uncontrolled asthma can have both on the quality of life and on the productivity of Canadians with the disease as well as on our health care system," says Christine Hampson, President, Asthma Society of Canada. "Our mission is to empower every child and adult in Canada with asthma to live productive, active and symptom-free lives. By promoting ongoing awareness of optimal asthma management, we can help more people take an active role in controlling their disease to avoid serious attacks."

About Asthma

The prevalence of asthma in Canada has been increasing over the last 20 years, and it is estimated that currently more than three million Canadians have the disease.⁴ In 2006, approximately 240 Canadians died from asthma.⁵ Most of these deaths, however, could be prevented with proper education and management.⁶ Doctors define asthma as a "chronic inflammatory disease of the airway" that causes shortness of breath, tightness in the chest, coughing and wheezing. The cause of asthma is not known, and currently there is no cure.⁷

The rate of asthma increases as individuals move into cities, and it is estimated that there may be an additional 100 million people with asthma by 2025 as a result of projected increases in the global urban population.³ For more information about asthma control, visit www.asthma.ca.

About the survey

EUCAN AIM was conducted in consultation with the European Federation of Asthma and Allergy Association (EFA), by the international public opinion research organization Abt SRBI Inc. and sponsored by Merck.¹ The EFA is based in Brussels, Belgium and was created to combine the forces of national patient associations on asthma and allergy to improve the health and quality of life of people in Europe with those diseases.

The survey explores and documents recent trends in asthma management, as well as asthma-related patient perceptions, behavior and presentation patterns in 2,420 adults and parents of adolescents (age 12-17 years) with asthma spanning six countries-Canada, France, Germany, Italy, Spain and the United Kingdom. More than 400 Canadians living with asthma, selected at random, took part in the survey.¹

About Merck

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Merck is one of the top 25 R&D investors in Canada, with an investment of \$95.4 million in 2009. Based in Montréal, Quebec, Merck employs over 1600 people across Canada. For more information about our operations in Canada, visit www.merck.ca. *Merck Frosst Canada Ltd. and Schering-Plough Canada Inc. are integrating their operations to form a new organization called Merck.

Forward-Looking Statement

This information includes "forward-looking statements" within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. Such statements may include, but are not limited to, statements about the benefits of the proposed merger between Merck and Schering-Plough, including future financial and operating results, the combined company's plans, objectives, expectations and intentions and other statements that are not historical facts.

Such statements are based upon the current beliefs and expectations of Merck's and Schering-Plough's management and are subject to significant risks and uncertainties. Actual results may differ from those set forth in the forward-looking statements.

The following factors, among others, could cause actual results to differ from those set forth in the forward-looking statements: the possibility that the expected synergies from the merger of Merck and Schering-Plough will not be realized, or will not be realized within the expected time period, due to, among other things, the impact of pharmaceutical industry regulation and pending legislation that could affect the pharmaceutical industry; the risk that the businesses will not be integrated successfully; disruption from the merger making it more difficult to maintain business and operational relationships; Merck's ability to accurately predict future market conditions; dependence on the effectiveness of Merck's patents and other protections for innovative products; the risk of new and changing regulation and health policies in the U.S. and internationally and the exposure to litigation and/or regulatory actions.

Merck undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise. Additional factors that could cause results to differ materially from those described in the forward-looking statements can be found in Merck's 2008 Annual Report on Form 10-K, Schering-Plough's Quarterly Report on Form 10-Q for the quarterly period ended Sept. 30, 2009, the proxy statement filed by Merck on June 25, 2009 and each company's other filings with the Securities and Exchange Commission (SEC) available at the SEC's Internet site (www.sec.gov).

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