

Keep Your Heart Healthy This Winter

(NAPSA)—Snow shoveling and skiing are typical activities engaged in by millions of people each winter. However, cold weather coupled with strenuous activity can make the winter a dangerous time for anyone at risk for a heart attack—especially those recovering from a previous one.

According to the American Heart Association, people with previous heart attacks who are outdoors in cold weather should avoid sudden exertion, such as lifting a heavy shovel full of snow. Even walking through heavy, wet snow or snowdrifts can strain a person's heart.

In fact, every winter about 1,200 Americans die from a heart attack or a similar cardiac event during or after a big snowstorm, and shoveling is often the reason.

When people dig out from a storm first thing in the morning, stress hormone levels can rise and platelets in the blood become “stickier,” making heart attacks more likely to occur. In addition, the cold air constricts blood vessels, increasing blood pressure and heart rate.

Another cold-weather factor is the flu, which affects approximately 20 to 26 percent of the U.S. population during the winter months. In the elderly, vaccination against the flu has been shown to reduce the risk of hospitalization for cardiac disease by 19 percent.

Finally, the winter holiday season is a time when many generally indulge themselves in



excessive intake of food and alcohol at holiday parties. Add to that increased physical and emotional stress levels, and the risk for a heart attack is even greater.

Everyone at risk for a heart attack—especially heart attack survivors—should know about precautions that can be taken to lower their risk factors during winter. Some wintertime heart-healthy tips include:

- Ask your doctor if it is safe for you to shovel snow
- Do not shovel snow for extended periods of time; shovel early and often—newly fallen snow is lighter than heavily-packed or partially-melted snow
- Avoid smoking or drinking caffeine before shoveling snow
- Replenish fluids, drink non-alcoholic fluids to prevent dehydration
- In extremely cold temperatures, stay indoors
- Get a flu shot early in the flu season
- Eat a heart-healthy diet, and avoid overeating during the holiday season

• Stay active—but don't overdo it! Pay attention to your body's signals

In addition to these tips, medication can play an important role in helping to protect heart attack survivors' health during the winter. “Treatment with antiplatelet therapy such as aspirin and/or PLAVIX (clopidogrel) following a heart attack, and continuing treatment long-term, can help reduce the risk for a future heart attack or stroke,” said Dan Fintel, MD, Associate Professor of Medicine, Northwestern University School of Medicine, Director, Coronary Care Unit. “Take medication as prescribed—with travel and holiday activities, it can be easy to forget.”

Plavix® (clopidogrel bisulfate), a prescription antiplatelet medication is proven to help keep platelets in the blood from sticking together and forming clots. This helps keep blood flowing, thereby reducing the risk of potentially life-threatening events such as heart attack or stroke.

Dr. Fintel suggests working closely with your doctor to develop a wintertime heart health plan that is best suited to your needs. Treating yourself right and listening to your doctor are two important ways to stay heart-healthy during the winter months.

To learn more about PLAVIX, please visit www.plavix.com, or call 1-888-547-4079.

WHO SHOULD RECEIVE PLAVIX® (clopidogrel bisulfate)?

PLAVIX is indicated for the reduction of thrombotic events as follows:

Recent Myocardial Infarction (MI), Recent Stroke, or Established Peripheral Arterial Disease (PAD)

For patients with a history of recent MI, recent stroke, or established PAD, PLAVIX has been shown to reduce the rate of a combined end point of new ischemic stroke (fatal or not), new MI (fatal or not), and other vascular death.

Acute Coronary Syndrome (ACS)

For patients with ACS (unstable angina/non-Q-wave MI), including patients who are to be managed medically and those who are to be managed with percutaneous coronary intervention (with or without stent) or coronary artery bypass graft surgery (CABG), PLAVIX has been shown to decrease the rate of a combined end point of cardiovascular death, MI, or stroke as well as the rate of a combined end point of cardiovascular death, MI, stroke, or refractory ischemia (reduced blood flow to the heart).

IMPORTANT RISK INFORMATION

PLAVIX is contraindicated in patients with active pathologic bleeding such as peptic ulcer or intracranial hemorrhage. As with other antiplatelet agents, PLAVIX should be used with caution in patients who may be at risk of increased bleeding from trauma, surgery, or coadministration with NSAIDs or warfarin. (See **CONTRAINDICATIONS and PRECAUTIONS**.)

The rates of major and minor bleeding were higher in patients treated with PLAVIX plus aspirin compared with placebo plus aspirin in a clinical trial. (See **ADVERSE REACTIONS**.)

As part of the worldwide postmarketing experience with PLAVIX, suspected cases of thrombotic thrombocytopenic purpura (TTP) have been reported at a rate of about 4 cases per million patients exposed. TTP has been reported rarely following use of PLAVIX, sometimes after a short exposure (<2 weeks). TTP is a serious condition requiring prompt treatment. (See **WARNINGS**.)

In clinical trials, the most common clinically important side effects were pruritus, purpura, diarrhea, and rash; infrequent events included intracranial hemorrhage (0.4%) and severe neutropenia (0.05%). (See **ADVERSE REACTIONS**.)

* PLEASE SEE FULL PRESCRIBING INFORMATION ON PLAVIX BY VISITING WWW.PLAVIX.COM