

Stroke Impact Greater Among African-Americans

(NAPSA)—Stroke, the third leading cause of death among Americans, can be especially devastating for African-Americans. In fact, statistics show that there is a two- to three-fold greater stroke incidence for African-Americans than for Caucasians.

Most people who are at risk for a stroke meet one or more of the following criteria:

- 55 years of age or over who have had a stroke or have a family history of stroke

- Diabetes
- High blood pressure
- Heart disease
- Cigarette smoking

Compared to Caucasians, African-Americans have a higher incidence of stroke risk factors including diabetes and high blood pressure. African-Americans develop high blood pressure earlier in life and their average blood pressures are much higher overall compared with Caucasians. In fact, the rate of high blood pressure for African-Americans in the U.S. is among the highest in the world. As a result, compared with Caucasians, African-Americans have a 1.3 times greater rate of nonfatal stroke and a 1.8 times greater rate of fatal stroke.

Compounding these risk factors, racial and ethnic minorities in the United States often receive a lower quality of care than Caucasians and are therefore less likely to

"It is particularly important for racial and ethnic minorities in the U.S. to arm themselves with as much information as possible so they can talk to their doctors and develop appropriate plans to combat this disease," said Dr. Jose

Suarez, Director, Neurointensive Care Unit, University Hospitals of Cleveland



receive adequate diagnostic and screening tests or disease management.

"It is important that African-Americans understand their risk of stroke and get the medical attention they need," said Dr. Jose Suarez, Director, Neurointensive Care Unit, University Hospitals of Cleveland. "It is particularly important for racial and ethnic minorities in the U.S. to arm themselves with as much information as possible so they can talk to their doctors and develop appropriate plans to combat this disease."

Stroke affects approximately one person every 45 seconds. This means that each year over 100,000 African-Americans will have a stroke. Annually, strokes kill approximately 163,000 people in the United States alone.

A stroke, which is sometimes

referred to as a "brain attack," can result from a sudden interruption of blood flow—often caused by clots—to any part of the brain, which in turn injures or kills brain tissue. This damage can impair normal function in the parts of the body controlled by the affected brain area. Stroke can lead to severe impairments that may result in the need for assisted long-term care, including paralysis, short-term memory loss, and even speech and vision problems.

Stroke survivors can help protect against another stroke or a future heart attack by working with their doctor to develop a plan that may include lifestyle changes and appropriate medications.

"With some stroke survivors, lifestyle changes alone are not enough, and prescription medications might be needed. Antiplatelet therapies, such as aspirin or Plavix® (clopidogrel bisulfate), have been clinically shown to help reduce a recent stroke patient's risk of having another stroke or even a heart attack," said Dr. Suarez.

With early intervention, lifestyle changes, and appropriate medication, the risk of another stroke can be reduced. If you suspect you might be at risk for another stroke, talk to your doctor. To learn more about PLAVIX, please visit www.Plavix.com, or call 1-888-547-4079.

If you have a stomach ulcer or other condition that causes bleeding, you shouldn't use Plavix® (clopidogrel bisulfate). When taking Plavix alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, talk to your doctor before taking aspirin or other medicines with Plavix. Additional rare but serious side effects could occur.

Please see full prescribing information by visiting www.Plavix.com.

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.

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), some with fatal outcome, 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 and requires urgent referral to a hematologist for 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 by visiting www.Plavix.com.