Incidence Of Stroke Greater Among African Americans And Hispanics

(NAPSA)—Stroke is the third leading cause of death of all Americans, and its effects are especially devastating for minorities, including African Americans and Hispanics. Statistics show that there is a two- to three-fold greater stroke incidence for African Americans than for whites. Stroke is also two and one-half times more likely to occur in Hispanics than in whites.

Additionally, racial and ethnic minorities in the United States often receive a lower quality of care than whites and are therefore less likely to receive adequate diagnostic and screening tests or disease management after initial stroke.

"It is important that African Americans and Hispanics understand their risk of stroke and get the medical attention they need both in terms of reducing their risk and disease management," said Dr. Camilo Gomez, Director of the Alabama Neurological Institute in Birmingham, Alabama. "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 an estimated 700,000 Americans will have a stroke. Annually, stroke kills 163,000 people.

A stroke, which is sometimes referred to as a "brain attack," results 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.

What's more, those who survive an initial stroke are at significant risk for a recurrent stroke, peripheral arterial disease, or even a heart attack.

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 early diagnosis, lifestyle changes, and appropriate medication, the risk of the potentially life-threatening consequences of stroke can be reduced. If you suspect you might be at risk for a stroke, talk to your doctor. 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

Antiplatelet therapies have been clinically shown to help many patients. One such prescription antiplatelet medication, Plavix® (clopidogrel bisulfate), 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 stroke or heart attack.

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