SPOTLIGHT ON HEALTH

The ABCs of PAD

(NAPSA)—When you think of cardiovascular health, most likely you think about heart attack or stroke. However, there is another overlooked cardiovascular disease—called peripheral arterial disease or PAD—that increases the risk for a heart attack or stroke.

WHAT IS PAD?

PAD is a progressive disease in which the arteries that carry blood to the legs become narrowed or clogged due to the formation of plaque, interfering with normal blood flow. These plaques can rupture, causing clots to form, which can further block the arteries. This process can lead to potentially life-threatening emergencies, such as heart attack or stroke.

WHAT ARE THE SYMPTOMS OF PAD?

PAD can cause symptoms, or, in many cases, be "silent," meaning people do not feel the effects of reduced blood flow to the legs. But in some people PAD produces an aching, cramping, tired or painful sensation in the legs brought on by walking. Even though this pain often stops with rest, it should not be ignored.

HOW PREVALENT IS PAD?

PAD is common, but is underdiagnosed. An estimated 8 to 12 million people in the United States have PAD. Patients with PAD are at increased risk for heart attack or stroke and are six times more likely to die from cardiovascular disease within 10 years than are those without PAD.

With early diagnosis, lifestyle changes, and appropriate medication, the risk of the potentially life-threatening consequences of PAD can be reduced. If you suspect you might have symptoms of PAD, talk to your doctor. Most people with PAD meet one or more of the following criteria.

- 50 years of age or over with a history of diabetes, and/or smoking
- 70 years of age or over
- High blood pressure
- High cholesterol levels
- History of stroke, heart attack and/or heart failure

MANAGING PAD

To help reduce the risk of a potentially life-threatening heart attack or stroke associated with PAD, it is important to make lifestyle changes.

- If you smoke, stop. Cigarette smoking is the most avoidable cause of PAD and heart disease-related death and disability.
- Control your blood sugar levels if you have diabetes
- Exercise in moderation to improve and maintain good leg circulation
- Lowering blood pressure and reducing cholesterol levels help protect against a range of life-threatening conditions, including PAD

WHEN DO I NEED TREATMENT FOR PAD?

Lifestyle changes may not be enough to manage PAD. If your doctor thinks you should take medicine to treat PAD and to help reduce your risk of a future heart attack or stroke, you may receive an effective treatment like Plavix® (clopidogrel bisulfate), a prescription antiplatelet medication that is proven to help keep blood platelets 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.

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