

Summertime Lifeguards For Your Heart



(NAPSA)—It's official, summertime is here again. The weather is hot and baseball, golf and tennis seasons are in full swing. You may be more active in the next few months than you've been all winter, so it's important to remember that overexertion during summertime activities can be dangerous for people who have had a heart attack, putting them at increased risk for another heart attack.

Sudden, strenuous activity may tax the heart muscle. If you have suffered a heart attack, summer months mean that you have to protect yourself. As you join the millions of Americans outdoors mowing the lawn, splashing in the water or bicycling, you must remember to listen to your body. Moderate physical activity and awareness of your physical limitations are key to good heart health during this season.

While being active is important and has many benefits, overdoing it

may increase the risk of another heart attack. These activities combined with extreme temperatures and air pollution may trigger a heart attack in people who have already had one.

Each year over one million people in the United States will experience a heart attack. What's more, within six years of having a first heart attack, a second one occurs in approximately one in five men and one in three women. Having a heart attack also increases the risk of having a stroke.

Risk factors for heart attack include: high blood pressure, high cholesterol levels, smoking, lack of physical activity, obesity, diabetes, and a family history of heart disease.

So what can you do if you are at risk? Things to remember include: stay hydrated, exercise in moderation, avoid overexertion, refrain from smoking and eat a

heart healthy diet. Also, take medications you have been prescribed exactly as your doctor has directed.

"For people who have had a recent heart attack or a stroke, PLAVIX® (clopidogrel bisulfate), a prescription antiplatelet medication, is proven to help reduce the risk of another heart attack or even a stroke. Medicines such as PLAVIX should be taken regularly," said Jeffrey Moses, MD, Chief, Interventional Cardiology, Lenox Hill Hospital, New York City. "If you are planning to travel, remember to take your medicine with you."

Dr. Moses suggests working closely with your doctor to develop a summertime heart-health plan that is best suited to your needs. Treating yourself right and listening to your doctor are two important "summertime lifeguards" for your heart.

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



WHO SHOULD RECEIVE PLAVIX?

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).

PLAVIX is not indicated for treatment of hemorrhagic stroke

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.