SPOTLIGHT ON HEALTH

For Stroke Survivors, Lifestyle Changes and Medicines Can Help Reduce Risk of a Future Stroke or Heart Attack

(NAPSA)—While the word *stroke* originates from a Latin term meaning "to touch lightly," stroke survivors and their loved ones know the substantial impact a stroke can have on the lives it touches. Despite the potentially devastating life-long consequences of stroke, it is often overlooked as a serious health threat and a leading cause of disability.

Each year, an estimated 700,000 Americans will have a stroke. Annually, strokes kill 168,000 people, making it the third leading cause of death. While stroke can strike at any age, two-thirds of strokes occur in people over age 65, and stroke risk doubles with each decade over age 55.

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 impairs normal function in the parts of the body controlled by the affected brain area. Stroke can lead to severe impairments, including debilitation from paralysis, short-term memory loss and even speech and vision problems that may result in the need for long-term care.

What's more, those who survive an initial stroke are at significant risk for suffering a recurrent stroke or heart attack. In fact, research has shown that men have a 42 percent chance of suffering another stroke within five years of the first event, while women have a 24 percent chance during that same period of time. Almost one-third of all strokes that occur each year are recurrent.

The good news is that today stroke survivors can protect against another stroke or a future heart attack by working with their doctor to develop an individualized plan that may include lifestyle changes and medications.

"Those who have had a stroke can lower their risk for a second stroke or a heart attack," said Mark Alberts, MD, Professor of Neurology, Northwestern University Medical School, Chicago, Illinois. "The three main things that can be done are identify and treat risk factors like diabetes and high blood pressure; change lifestyle habits such as stop smoking, start exercising and eat healthier; and take appropriate medications as prescribed by your doctor."

In some patients, lifestyle changes alone may not be enough to reduce the risk of a recurrent stroke or a heart attack. There are effective treatments like Plavix® (clopidogrel bisulfate), a prescription antiplatelet medication that 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?

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.*