



WOMEN'S HEALTH

For Women, Strokes Are A Much Greater Concern



(NAPSA)—Each year approximately one in five American women is diagnosed with cardiovascular disease, including stroke and heart attack. It is estimated that more than 370,000 of these women will suffer a stroke, the number three cause of death among Americans.

In fact, women account for more than 60 percent of the 163,000 people who die from a stroke every year. Stroke kills nearly twice as many women annually as breast cancer and AIDS combined.

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. This event injures or kills brain tissue and 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 speech and vision problems that may result in the need for long-term care.

Alarming, studies show that women suffering a stroke wait longer to go to the emergency room and, once there, wait longer to be seen by an ER physician. Additionally, following a stroke, women often receive less aggressive treatment than men. For these reasons the impact of a stroke can be more devastating for women. Women who have already had a stroke are at increased risk for another stroke or a heart attack especially within the first six to 10 years.

Today, if you've had a recent stroke you can help protect against another stroke or heart attack by working with your doctor

to develop an individualized plan that may include lifestyle changes and medications.

“Everyday changes can be made to reduce the risk of another stroke including identifying and treating risk factors like diabetes and high blood pressure; changing lifestyle habits such as quitting smoking, exercising and eating healthy,” said Dr. Bhuvanewari Dandapani, a stroke neurologist at Melbourne Internal Medicine Associates, Melbourne, FL. “Also, medications that help keep blood platelets from sticking together and forming clots, including clopidogrel, also known as PLAVIX, aspirin and warfarin, a therapy that can further reduce risk of clot formation, can be prescribed by your doctor.”

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.

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