

# Leg Pain May Be Your First Warning Of A Future Heart Attack

(NAPSA)—Few people give leg pain or cramps a second thought, especially if they occur during a long walk or while exercising. However, most people do not know that significant leg pain and cramping are common symptoms of peripheral artery disease (PAD), a chronic condition in which leg arteries become narrowed or clogged due to the formation of plaque.

PAD is not just a disease affecting the legs. Poor circulation in the legs may be a warning sign of a similar problem in the arteries leading to a person's heart or brain. If the arteries supplying blood to the heart or brain get significantly blocked, it can lead to a heart attack or stroke. In fact, patients with PAD are six times more likely to have a heart attack or stroke than are those without PAD. However, early diagnosis and treatment can help reduce the risks associated with PAD.

Most people with PAD meet one or more of the following criteria:

- Aged 50 years or older and:
  - Have high blood pressure
  - Have high cholesterol
  - Have diabetes
  - Smoke or used to smoke
  - Have a family history of heart attack or stroke or
- Aged 70 years or older or
- Have already had a heart attack or stroke

Up to 12 million Americans are affected by PAD, but many of them do not have any noticeable symptoms such as leg pain or

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cramping and do not know they have the disease. A recent survey showed that nearly 80% of American adults could not even identify what PAD is.

"Many of the patients I diagnose with PAD initially either ignore the warning signs and symptoms or attribute them to other conditions, such as arthritis, overexertion or even old age," explained Dr. Peter Sheehan, Director, Diabetes Foot and Ankle Center, Hospital for Joint Diseases. "Early diagnosis and treatment is important to help reduce the associated risk of heart attack or stroke."

When a diagnosis is confirmed, lifestyle changes are an important step in helping to reduce the risk of heart attack or stroke associated with PAD. The sooner a person knows that they have PAD, the sooner they can seek help to reduce this associated risk. Smoking cessation, lowering blood pressure, losing weight and exercising are essential elements in risk reduction. However, in some patients, lifestyle changes alone may not be enough to manage the

risks associated with PAD.

"Medications are available that help keep blood platelets from sticking together and forming clots—a leading cause of heart attack and stroke. Your doctor can prescribe such medications including clopidogrel, also known as PLAVIX, a therapy that can further reduce risk of clot formation," said Dr. Sheehan.

If you have a stomach ulcer or other condition that causes bleeding, you shouldn't use Plavix (clopidogrel bisulfate). When taking Plavix alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, talk to your doctor before taking aspirin or other medicines with Plavix. Additional rare but serious side effects could occur.

Talk to your doctor if you think you or someone you know might be at risk for PAD. To learn more about the risks associated with PAD and treatment options, visit [www.plavix.com](http://www.plavix.com) or call 1-888-547-4079 for more information.

Please see full prescribing information by visiting [www.plavix.com](http://www.plavix.com).

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## 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), some with fatal outcome, 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 and requires urgent referral to a hematologist for 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.**\*\*)

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