

Stroke Survivors Report Concern About Returning To Daily Activities Yet Not Enough Take Steps To Reduce Risk Of Another Stroke

(NAPSA)—Housework. Grocery shopping. Brushing your teeth. For people who have just experienced a stroke, these simple tasks once performed with ease and little thought, may now invoke frustration and fear. A recent survey showed that more than 50 percent of people who have survived a mild to moderate stroke were concerned about returning to daily activities that most Americans take for granted such as bathing, getting dressed, and cooking.

In addition, two out of five respondents were concerned about having sex with a spouse or partner after their stroke and one out of three reported returning to work was the most difficult task (either physically or mentally) following their stroke.

Survivors Not Protecting Their Health

Despite the concerns voiced by stroke survivors, survey results show many respondents are not taking important long-term steps to help reduce the risk of a second stroke. Having a stroke puts you at increased risk for another stroke or a heart attack. In fact, nearly 200,000 people will have a recurrent stroke this year.

Nearly half (49 percent)

It is important for stroke survivors to modify their lifestyle to reduce risk factors including:

- High blood pressure (hypertension)—increases stroke risk by four to six times, but is treatable if detected
- Elevated Cholesterol
- Diabetes
- Smoking—doubles the risk of stroke
- Obesity



indicated they are not leading a healthy lifestyle—either exercising on a regular basis (41 percent) or adhering to a healthy diet (24 percent) in an effort to reduce their risk of a second event. Additionally, one out of two smokers (52 percent) have not quit smoking following their stroke. Finally, of those surveyed, nearly half (48 percent) reported not taking medications, either aspirin (34 percent) or prescription medications proven to reduce the risk of stroke (24 percent).

“For some patients, lifestyle changes alone are not enough, and prescription medication might be needed,” said Mark J. Alberts, MD, professor of neurology, Department of Neurology, Northwestern University Feinberg School of Medicine. “Antiplatelet therapies, such as aspirin or Plavix®

(clopidogrel bisulfate), have been clinically shown to help reduce a recent stroke patient’s risk of having a recurrent stroke or even a heart attack.”

Hope After Stroke

“It is important for stroke survivors to understand that there are steps they can take to ease their transition back to a normal life such as rehabilitation therapy, participating in support groups, and seeking encouragement from family and friends,” said Dr. Alberts.

Most survivors of mild to moderate strokes are able to return to the daily activities they once enjoyed, including work, driving, and sexual activity, as well as sports and exercise.

“For some people, life after a stroke can be quite daunting, but the reality is that many people go on to lead full and satisfying lives following a stroke, while taking the appropriate steps to help reduce the risk of a second event,” said Dr. Alberts.

Talk to your doctor about your stroke risk and a treatment plan that is right for you. For more information on treatment options following a stroke, such as 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.