

**Ask your doctor for advice on how to achieve and maintain a healthy lifestyle.**

In addition to lifestyle changes your doctor may advise you that you need drug treatment for atherothrombosis. Some drug therapies used in the treatment of atherothrombosis are:

- Cholesterol lowering agents; these work by lowering fats in your blood
- Antiplatelets; these stop a type of blood cell called platelets from sticking together and forming blood clots
- Antihypertensives; these lower blood pressure

### **What is the REACH registry and what will it mean for you?**

The REACH registry is a large, worldwide health survey that has been formed to find out how people are affected by atherothrombosis and to establish the burden of the disease in society. It will follow people at risk of atherothrombosis over about 2 years, monitoring their progress.

**By taking part in the registry you will be contributing to a greater understanding of the risks of atherothrombosis.**

**Participation should also give you the possibility to better understand and follow your health.**

### **Why have you been included in the registry?**

You may have a previous history of a disease that is linked with atherothrombosis (e.g. angina, heart attack, or stroke) or it could be that you have several of the risk factors that can lead

to the development of atherothrombosis. For instance, you may have a high cholesterol level, be a smoker, and/or have diabetes.

### **What does inclusion in the registry involve for you?**

You will assist your doctor in collecting information about your current situation, your medical history, and your treatments. Your doctor will also perform a routine physical examination.

On two occasions after this first visit (baseline), you will meet your doctor again: between 9 and 15 months and between 18 and 24 months after inclusion in the registry. On these occasions, you will help your doctor to record:

- the treatments you are taking at that time
- any event (e.g. medical interventions, heart attack, or stroke) that may have occurred since your last visit

This registry will last between 18 and 24 months.

**Your participation in this program is strictly voluntary.** You can change your mind and refuse to participate at any time before or after the registry begins. If you decide to withdraw from the registry, your decision will not affect your relationship with your doctor in any way.

Where else can you obtain information about the disease?

The following websites have lots of information about vascular diseases like atherothrombosis:

[www.heartcenteronline.com](http://www.heartcenteronline.com)  
[www.atherothrombosis.org](http://www.atherothrombosis.org)  
[www.vdf.org](http://www.vdf.org)  
[www.americanheart.org](http://www.americanheart.org)

INT.CLO.03.07.05

# The REACH Registry

## Understanding Atherothrombosis

**Arteries and organs are your body's major roads and cities**

**Maintaining a constant flow is vitally important**

**reach**  
**REGISTRY**  
REduction of Atherothrombosis  
for Continued Health

Sponsored by Sanofi-Synthelabo and Bristol-Myers Squibb

## Introduction

**Atherothrombosis** is a disease that often leads to serious conditions such as heart attacks and stroke. Atherothrombosis affects many people worldwide every year, but the total number of people affected is not yet known. The **REACH registry** is a large health survey to follow people at risk of atherothrombosis in the general population.

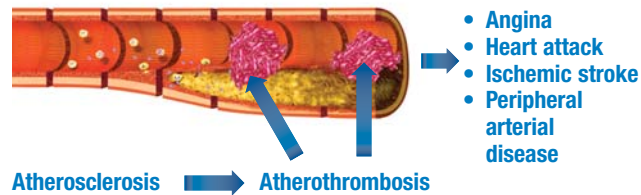
### What is atherothrombosis?

Atherothrombosis occurs when a blood clot (thrombus) forms on fatty deposits (atheroma) in the wall of a blood vessel. This can lead to the further narrowing or blockage of the blood vessel.

### Why does it happen?

You may have heard of hardening of the arteries (the medical term for which is atherosclerosis). It happens when a deposit called a plaque builds up in an artery, causing it to harden and narrow. Plaque is made up of fatty acids and cholesterol, calcium and other materials. This plaque may then become unstable and rupture, leading to the development of a blood clot. The ruptured plaque and blood clot may cause partial or complete blockage of the artery.

## Development of Atherothrombosis



**Consequences of Atherothrombosis include:**

**Ischemic stroke** or **mini-stroke** (known as transient ischemic attack or TIA): this is caused when the carotid arteries in the neck (leading to the brain) or cerebral arteries in the brain become blocked. Ischemic stroke can lead to a loss of sensation, paralysis and other disabilities.

**Peripheral arterial disease:** results when plaques or blood clots block the flow of blood in your legs (and, rarely, your arms). This condition is known to cause poor circulation, which can result in leg pain, sores and gangrene.

**Angina:** is a chest pain that can be felt as pressure or discomfort, caused by a lack of flow in arteries carrying blood and oxygen to the heart.

**Heart attack:** also known as myocardial infarction (death of part of the heart muscle caused by lack of oxygen). Heart attacks can lead to permanent heart damage.

### Who is at risk of atherothrombosis?

Gender, age and a family history of heart disease play a part in whether someone will be affected by the disease. People who have one

or more of the following risk factors are more susceptible to developing atherothrombosis:

- Smoking habit
- Diabetes
- Lack of exercise (particularly over a long period of time)
- Obesity or overweight
- High levels of lipids/fats in the blood (e.g. cholesterol or triglycerides)
- People who have already had any of the effects of atherothrombosis mentioned, e.g. stroke, angina
- Age of 65 years or older (if male) and over 70 (female)
- High blood pressure

### Can anything be done to prevent or treat atherothrombosis?

**Stop smoking:** smoking is a serious factor in the development of atherothrombosis.

**Dietary intake:** aim to eat a healthy diet.

**Physical activity:** at least 30 minutes of exercise most days will help to keep your circulation working properly, though a doctor should be consulted before commencing any exercise program.

**Diabetes management:** if you are diabetic you should aim to maintain as near a normal blood sugar level as possible. Your doctor can advise you on how best to manage your diabetes.

**Weight management:** ask your doctor what your healthy weight should be.