

Addendum to the Supplement to the Guidelines for the Management of Transient Ischemic Attacks

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Addendum to AHA Scientific Statement

Addendum to the Supplement to the Guidelines for the Management of Transient Ischemic Attacks

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In the November 1999 issue of *Stroke*, an ad hoc committee of the Stroke Council of the American Heart Association published a supplement to the guidelines for the management of transient ischemic attacks. In this update, we failed to comment on a potentially important subgroup analysis of the Ticlopidine Aspirin Stroke Study (TASS) and neglected to mention a National Institutes of Health–sponsored stroke prevention study evaluating ticlopidine in African Americans.

The beneficial effects of ticlopidine relative to aspirin were more pronounced in nonwhite, predominantly African American patients.² Furthermore, the incidence of adverse effects among the nonwhite population was 10% lower, and there were no reports of severe neutropenia. The African American Antiplatelet Stroke Prevention Study (AAASPS) is currently enrolling 1800 African Americans into a multicenter, randomized, double-blind

clinical trial.³ This trial is testing ticlopidine (500 mg/d) versus aspirin (650 mg/d) for the prevention of recurrent stroke, vascular death, and myocardial infarction among middle-aged and elderly African American patients with noncardioembolic ischemic stroke.

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