1. Title:
Risk Factors for TIA/Stroke Symptom Incidence

2. Writing Group:
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3. Timeline:
Preliminary analysis can begin as soon as the proposal is accepted though to minimize bias and include incident events found at Visit 3, final analysis should wait till the end of Visit 3.

4. Rationale:
The ARIC study provides data on a large cohort of middle-aged Americans, with observations taken at three year intervals, including year of occurrence of first TIA or Stroke symptoms, non-invasive ultra-sound imaging of the carotid arteries, and a thorough evaluation of potential cardiovascular (CVD) risk factors. Cross-sectional analysis of ARIC Visit 1 data has shown relationships of history of TIA/stroke symptoms to carotid wall thickness, in whites, and to several CVD risk factors. The purpose of this study is to investigate those relationships in a prospective mode among the almost 12000 ARIC participants with no history of TIA/stroke symptoms at baseline. Note that among these persons there are 214 persons reporting TIA/stroke symptoms at Visit 2 and there will likely be as many new cases found in Visit 3.

5. Main hypothesis:
Carotid wall thickness and risk factors listed below are associated with TIA/stroke symptoms incidence (new post-Visit 1 occurrence).

6. Data:
Baseline risk factors to be considered are total cholesterol, HDL-cholesterol, fibrinogen, education, income, cigarette smoking, carotid artery far-wall thickness, hypertension, BMI, Lp[a], factor VIII and the van Willenbrandt factor (VWF). Stratification variables are racegroup (blacks, whites) and sex, and important covariates are age and field center. Study participants with positive history of TIA/stroke symptoms at baseline will be excluded. The Visit 2 and Visit 3 TIA/stroke questionnaires will be used to define incident TIA/stroke symptoms.