ARIC MANUSCRIPT PROPOSAL FORM

Manuscript #443

1. a. Full Title: IMT is predictive of incident clinical stroke  
b. Abbreviated Title: IMT & STROKE

2. Writing Group:

   Lead: Lloyd E. Chambless  
   Address: UNC-CH Department of Biostatistics: CSCC  
   137 E. Franklin St.  
   Chapel Hill, NC 27514  

   Phone: (919) 962-3264  
   Fax: (919) 962-3265  
   E-mail: ucclec@mail.cscc.unc.edu

   Rosamond  
   Toole  
   Evans  
   Nieto  
   Folsom  
   Sharrett

3. Timeline:

   After closure of stroke surveillance through 1994 we could begin.

4. Rationale: MS #062 reported on the relationship of TIA/stroke symptoms to IMT in a  
cross-sectional mode, and MS #306 is currently underway to do the same in a prospective  
mode. Soon we will have clinical stroke data for a similar study.

5. Main Hypothesis:

   Those with higher IMT at baseline are more likely to have had validated stroke in follow-  
up.

6. Data and analysis (variables, time window, source, inclusions/exclusions):

   Survival analysis would be used, excluding those who reported at Visit 1 that they had  
been told by a physician that they had had a TIA or stroke, or excluding those reporting
history of stroke on the Home Interview. To the extent possible the analysis would be race/sex specific, but if the numbers are too small we may simply adjust for these variables, along with age. All strokes between Visit 1 and the end of 1994 would be considered, from ARIC stroke surveillance. Baseline reader and trend-adjusted carotid IMT variables would be used, along with baseline risk factor variables to see if the relation to IMT remained after adjusting for these variables. Definite and probable first strokes would be combined for the analysis, once for all strokes, once for ischemic strokes.