ARIC MANUSCRIPT PROPOSAL FORM

Manuscript #444

1. a. Full Title: TIA/Stroke symptoms from the ARIC questionnaire are predictive of clinical stroke in follow-up

b. Abbreviated Title: TIA/STRK SYMPTOMS & 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
Paton
Shahar
Toole
Nieto

3. Timeline:

After closure of stroke surveillance through 1994 we could begin

4. Rationale:

The TIA/Stroke validation study of the ACAS project showed high agreement between the computer algorithm diagnosis of TIA/stroke from the symptom questionnaire and the diagnosis from a panel of neurologists, but on a sample of patients from neurology clinics. The agreement in a population like ARIC's, with lower prevalence of symptoms, was estimated to be far lower. ARIC MS #061 described the questionnaire and the computer algorithm and reported prevalence of positive symptoms. MS #062 reported on the relationship of symptoms to risk factors and IMT in a cross-sectional mode, and MS #306 is currently underway to do the same in a prospective mode. MS #317 is currently underway to explore the relation of TIA/stroke symptoms from the questionnaire to MRI findings.

5. Main Hypothesis:

Those who were evaluated as having had positive TIA/stroke symptoms from the questionnaire/algorithm at baseline are more likely to have had validated stroke in follow-up. A similar hypothesis will be considered for those who reported TIA/stroke symptoms between Visit 1 and 2 and had stroke afterwards.

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

Survival analysis would be done in two ways: including or excluding those who reported at Visit 1 that they had been told by a physician that they had had a TIA or stroke. 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 1993 (or 1994) would be considered, from ARIC stroke surveillance. Both baseline and Visit 2 TIA/stroke symptom variables would be used. Definite and probable strokes would be combined for the analysis, once for all strokes, once for ischemic strokes.