The REasons for Geographic And Racial Differences in Stroke (REGARDS) Study and the National Institute of Neurological Disorders and Stroke (NINDS)

W.T. Longstreth, Jr, MD, MPH

See related article, pages 1171–1178

Congratulations to the REGARDS investigators on this initial report of results from this large and growing population-based study of stroke in the United States. The findings are not novel, showing what has been demonstrated previously in the National Health and Nutrition Examination Survey (NHANES): that control of high blood pressure is not as frequent in blacks as in whites despite more frequent recognition and treatment of hypertension. Agreement with this previous study serves to validate REGARDS and to make more credible future results about stroke in the United States, especially in the stroke buckle and belt, which remain unexplained by the current analyses.

Congratulations also to NINDS. Usually such studies involving careful follow-up of large populations of people come from other National Institutes of Health (NIH) institutes: for example, the Framingham Heart Study, the Cardiovascular Health Study (CHS), and the Atherosclerosis Risk in Communities Study (ARIC). These epidemiologic studies and others are designed to ferret out the causes of vascular diseases including stroke. Such an understanding allows for the possibility of prevention by controlling etiologic risk factors, even without a complete understanding of pathophysiology. Although some might argue with the definitions used in REGARDS, none could deny the opportunity identified by this work to prevent stroke in all Americans, but especially blacks. Overall, blood pressure is controlled in only about half of those with hypertension.

The REGARDS investigators are fast realizing their ambitious plan to recruit and follow 30,000 people: 11,701 participants were included in this report, and 21,140 participants had been recruited as of January 1, 2006, according to the study website (http://www.soph.uab.edu/default.aspx?id=114). The study should become an invaluable resource for all those involved in prevention efforts. One might ask why NINDS is involved at all in this effort to prevent stroke. The reason is self-evident: Prevention is not possible if important answers are not known beforehand. NINDS has a longer history in neuroepidemiology, which the REGARDS investigators should consider as a resource. The REGARDS investigators should consider the larger field in which neuroepidemiology is just a part. Let us not forget the value of simple randomized clinical trials as an important tool in determining efficacy of etiologic interventions. Clinical trials are often conducted in large populations. The REGARDS investigators are encouraged to enter future clinical trials.

The REGARDS investigators are fast realizing that both randomized clinical trials and controlled epidemiologic studies are needed for the possibility of prevention by controlling etiologic risk factors, even without a complete understanding of pathophysiology. Although some might argue with the definitions used in REGARDS, none could deny the opportunity identified by this work to prevent stroke in all Americans, but especially blacks. Overall, blood pressure is controlled in only about half of those with hypertension.

The REGARDS investigators are fast realizing their ambitious plan to recruit and follow 30,000 people: 11,701 participants were included in this report, and 21,140 participants had been recruited as of January 1, 2006, according to the study website (http://www.soph.uab.edu/default.aspx?id=114). The study should become an invaluable resource for all those involved in prevention efforts. One might ask why NINDS is involved at all in this effort to prevent stroke. The reason is self-evident: Prevention is not possible if important answers are not known beforehand. NINDS has a longer history in neuroepidemiology, which the REGARDS investigators should consider as a resource. The REGARDS investigators should consider the larger field in which neuroepidemiology is just a part. Let us not forget the value of simple randomized clinical trials as an important tool in determining efficacy of etiologic interventions. Clinical trials are often conducted in large populations. The REGARDS investigators are encouraged to enter future clinical trials.

The REGARDS investigators are fast realizing their ambitious plan to recruit and follow 30,000 people: 11,701 participants were included in this report, and 21,140 participants had been recruited as of January 1, 2006, according to the study website (http://www.soph.uab.edu/default.aspx?id=114). The study should become an invaluable resource for all those involved in prevention efforts. One might ask why NINDS is involved at all in this effort to prevent stroke. The reason is self-evident: Prevention is not possible if important answers are not known beforehand. NINDS has a longer history in neuroepidemiology, which the REGARDS investigators should consider as a resource. The REGARDS investigators should consider the larger field in which neuroepidemiology is just a part. Let us not forget the value of simple randomized clinical trials as an important tool in determining efficacy of etiologic interventions. Clinical trials are often conducted in large populations. The REGARDS investigators are encouraged to enter future clinical trials.

The REGARDS investigators are fast realizing their ambitious plan to recruit and follow 30,000 people: 11,701 participants were included in this report, and 21,140 participants had been recruited as of January 1, 2006, according to the study website (http://www.soph.uab.edu/default.aspx?id=114). The study should become an invaluable resource for all those involved in prevention efforts. One might ask why NINDS is involved at all in this effort to prevent stroke. The reason is self-evident: Prevention is not possible if important answers are not known beforehand. NINDS has a longer history in neuroepidemiology, which the REGARDS investigators should consider as a resource. The REGARDS investigators should consider the larger field in which neuroepidemiology is just a part. Let us not forget the value of simple randomized clinical trials as an important tool in determining efficacy of etiologic interventions. Clinical trials are often conducted in large populations. The REGARDS investigators are encouraged to enter future clinical trials.

The REGARDS investigators are fast realizing their ambitious plan to recruit and follow 30,000 people: 11,701 participants were included in this report, and 21,140 participants had been recruited as of January 1, 2006, according to the study website (http://www.soph.uab.edu/default.aspx?id=114). The study should become an invaluable resource for all those involved in prevention efforts. One might ask why NINDS is involved at all in this effort to prevent stroke. The reason is self-evident: Prevention is not possible if important answers are not known beforehand. NINDS has a longer history in neuroepidemiology, which the REGARDS investigators should consider as a resource. The REGARDS investigators should consider the larger field in which neuroepidemiology is just a part. Let us not forget the value of simple randomized clinical trials as an important tool in determining efficacy of etiologic interventions. Clinical trials are often conducted in large populations. The REGARDS investigators are encouraged to enter future clinical trials.
The REasons for Geographic And Racial Differences in Stroke (REGARDS) Study and the National Institute of Neurological Disorders and Stroke (NINDS)

W.T. Longstreth, Jr

*Stroke*. 2006;37:1147; originally published online March 23, 2006; doi: 10.1161/01.STR.0000217259.92964.62

*Stroke* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2006 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/37/5/1147

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in *Stroke* can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to *Stroke* is online at:
http://stroke.ahajournals.org/subscriptions/