1: JAMA. 2004 Oct 20;292(15):1867-74.

Comment in:

- JAMA. 2004 Oct 20;292(15):1885-7.

JAMA

Oral antiplatelet therapy in cerebrovascular disease, coronary artery disease, and peripheral arterial disease.

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CONTEXT: Atherothrombosis is a pathophysiologic process that results in clinical ischemic events affecting the cerebral, coronary, and peripheral arter circulation. Antiplatelet agents, used alone or in combination, are effective ir preventing recurrent vascular events among individuals with established vascular disease. OBJECTIVE: To summarize the current state of evidence regarding oral antiplatelet treatment in patients with cerebrovascular disease, coronary artery disease (CAD), and peripheral arterial disease. EVIDENCE ACQUISITION: Using the key terms acute coronary syndrome, atherothrombosis, ischemic stroke, myocardial infarction, MI, peripheral arterial disease, TIA, transient ischemic attack, unstable angina,aspirin,ticlopidine,dipyridamole, and clopidogrel, we searched the MEDLINE database as well as the trial register of the Cochrane Groups to identify studies published from 1960 to August 2004. We manually searched journals and abstract booklets; scrutinized reference lists of trials and review articles; and reviewed meta-analyses, scientific statements, and guidelines fr official societies. EVIDENCE SYNTHESIS: Appropriate oral first-line antiplatelet therapy is aspirin for individuals with ST-segment elevation myocardial infarction; aspirin or clopidogrel for those with TIA or stroke, chronic stable angina, or peripheral arterial disease; and aspirin combined wi clopidogrel for those with non-ST-segment elevation acute coronary syndron Aspirin combined with dipyridamole is a possible alternative for patients wh experience a first episode of TIA or stroke in the absence of clinically appare CAD. Although ticlopidine has been shown to be of benefit in various vascul conditions, its adverse-effect profile has limited its use. CONCLUSIONS: Aspirin, ticlopidine, clopidogrel, aspirin combined with clopidogrel, and aspirin combined with dipyridamole are effective in preventing recurrent vascular events among various subgroups of patients with vascular disease.

Current clinical trial evidence favors the use of aspirin or clopidogrel as first-line agents for the majority of patients with va ılar disease. Clinical trials evaluating combination antiplatelet therapies wi direct future practice.

Publication Types:

- Review
- Review, Academic

PMID: 15494585 [PubMed - indexed for MEDLINE]
