Aspirin and Stroke Severity

To the Editor:

Ricci et al are to be congratulated on an important study that provides further insight into the association (or lack thereof) between previous aspirin therapy and baseline stroke severity.1 Their very large multicenter prospective study certainly has several strengths. However, we are not convinced that based on this study, one can “conclude reliably that previous aspirin use has no material effect on stroke severity” given the study’s important limitations. First, stroke severity was measured using the validated albeit syndromic approach of the Oxfordshire Community Stroke Project classification,2 rather than with a specific scale of neurological dysfunction. A higher-resolution tool like the National Institutes of Health Stroke Scale (NIHSS) may have been more able to confirm or deny any modest effect of aspirin treatment on stroke severity.3 Secondly, as the authors themselves acknowledge, there is no information on prior vascular events including a history of previous stroke, which may influence baseline stroke severity. Not surprisingly in other studies, those on previous antiplatelet therapy had significantly higher rates of a history of vascular events.4,5 Furthermore, it would appear that subjects with baseline dementia were not excluded from the Ricci study. Finally, no information appears to be available on other potential confounders such as premorbid statin use,6 admission temperature,7 and admission glucose.8

We must also correct the interpretation of the findings of our study,3 which are discussed in the addendum section of the Ricci article. We actually found that the effect of antiplatelet therapy on stroke severity was seen only in those without a history of stroke or transient ischemic attack. Our study found no overall effect of antiplatelet treatment on presenting stroke severity although there was a benefit of aspirin use on a good outcome at discharge by modified Rankin Scale.

Disclosures

None.

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