Low-Dose Aspirin for Stroke Prevention

To the Editor:

We have carefully read the interesting article by Sato et al1 aiming at addressing an important and still debated issue in the prevention of atrial fibrillation–related stroke. However, some points, in our view, deserve greater attention. Both ACC/AHA/ESC and ACCP guidelines recommend for low-risk patients 325 mg of aspirin daily and define as “low-risk” a patient <65 years old without any other cardiovascular risk factors.2,3 Thus, the large inclusion of older patients with cardiovascular risk factors in the study by Sato et al contrasts with the overall message of the article (and title as well), ie, that enrolled patients were at low risk. Moreover, both chronic and intermittent atrial fibrillation were considered, thus making the population heterogeneous. Some other limitations owing to the reliability of results are correctly stated by the authors.

The use of low-dose aspirin in such not so low-risk patients seems hampered by futility. Notwithstanding the fact that current evidence on the efficacy of aspirin is based on the results of a single study,4 all available guidelines agree on a precise risk stratification and unique dosage for aspirin. Thus, it remains unclear why the authors tested a lower dosage in patients at higher risk. The rationale of the study, ie, the higher rate of bleeding complications in the Japanese population, is very interesting because today there is no room to be sure that a pharmacological approach may be equally effective/safe for all racial or ethnic groups. In our view, the solution for the suboptimal use of vitamin K antagonists, attributable to their known logistic hurdles and physician frights for bleeding complications, cannot be found in a lower, nonevidence-based dosage of aspirin but more likely in a concrete alternative, such as direct thrombin inhibitors,5 or a stricter control of anticoagulation levels by means of specialized clinics and facilities. Moreover, a rigorous control of anticoagulation level warrants even greater attention because a “rate control” approach with prolonged anticoagulation therapy currently seems to be preferable.6

In an era of evidence-based medicine and limited resources, only a rigorous methodological approach can preserve the medical readership from contradictory conclusions7 because we still do not know whether low-dose aspirin may be effective or safe in a low-risk population with atrial fibrillation.

Luca Testa
Graziana Trotta
Institute of Cardiology
Catholic University
Rome, Italy

Antonio Abbate
Department of Medicine
Virginia Commonwealth University
Richmond, Va, USA

Pierfrancesco Agostoni
Middelheim Hospital
Antwerpen, Belgium

Giuseppe G.L. Biondi-Zoccai
Hemodynamics and Cardiovascular Radiology Service
Policlinico San Donato
San Donato
Milanese, Italy

Low-Dose Aspirin for Stroke Prevention
Luca Testa, Graziana Trotta, Antonio Abbate, Pierfrancesco Agostoni and Giuseppe G.L. Biondi-Zoccai

Stroke. 2006;37:1356; originally published online April 27, 2006;
doi: 10.1161/01.STR.0000222993.82870.50
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/37/6/1356

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/