From one “ineffective” antiplatelet regimen to another without actually being optimized.

One last concern is the inclusion of patients with transient ischemic attack. The correct diagnosis of transient ischemic attack can be difficult even in a clinical setting for a number of reasons such as the advanced age of the patients or being treated by a non-specialist for stroke medicine.2 The diagnosis of transient ischemic attack in this study has to be considered carefully because the data were only provided by the electronic medical record system and/or paper charts, which are prone to misdiagnoses.

Thus, we would handle the authors’ results and conclusion with caution. Evaluation of the effectiveness and safety of modification of antiplatelets on the basis of platelet function testing requires a detailed approach including such aspects as the method, time point of measurements, control measurement results as well as detailed patient demographic characteristics. We welcome the authors’ recommendation to determine the clinical value of platelet function-guided optimization of antiplatelet therapy in a randomized trial.

Disclosures

None.

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Letter by Meves and Neubauer Regarding Article "Clinical Outcomes Using a Platelet Function-Guided Approach for Secondary Prevention in Patients With Ischemic Stroke or Transient Ischemic Attack"

Saskia H. Meves and Horst Neubauer

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