
Comment: The benefits of antiplatelets on stroke—More arguments to keep patients adherent

The role of antiplatelet agents in stroke prevention is well documented, especially for secondary prevention, but many patients with no previous stroke but with other risk factors (high cardiovascular risk, women with diabetes mellitus, chronic kidney disease, peripheral artery disease, or asymptomatic carotid stenosis) can also benefit. The findings of Jung et al.1 are therefore clinically relevant and can be used to reassure patients that even if antiplatelet agents fail to prevent stroke, they can mitigate its severity. Although it is an observational study, a randomized trial to test the effect of antiplatelet agents on ischemic stroke severity might not be ethically acceptable.

To date, only the effect of statin pretreatment on ischemic stroke severity has been tested with propensity scoring. Thus this study contributes substantially by helping to clarify previously inconsistent findings on the possible benefit of prior antiplatelet use on stroke-associated neurologic deficit. It addresses the discrepancies and heterogeneity seen in prior studies using propensity matching in a large patient sample. Propensity scoring is a recognized technique to produce semi-randomized settings for treatment comparison, although it is not ideal and cannot eliminate completely between-group imbalances, especially for unknown treatment predictors. Nevertheless, the preventive benefit of antiplatelet agents, like antithrombotics in patients with atrial fibrillation, seems to apply to the severity of ischemic stroke. Considering different pharmacokinetics and mechanisms of action, it would be of interest to estimate the effects of different antiplatelet agents on stroke severity—is it class effect?


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Study funding: No targeted funding reported.

Disclosure: Dr. Niewada serves as a scientific advisor for Boehringer Ingelheim, Amgen, Janssen, Novo Nordisk, BMS, Lundbeck, UCB, and Pfizer; and has received funding for travel and speaker honoraria from Novo Nordisk, Boehringer Ingelheim, GlaxoSmithKline, Sanofi-Aventis, Pfizer, Abbott, Astrazeneca, BMS, and Gedeon Richter. He is founder of HealthQuest Company focusing on health technology assessment consulting. Go to Neurology.org for full disclosures.