STROKE

Discontinuation of low-dose acetylsalicylic acid therapy increases the risk of stroke

New research has revealed that in patients with a history of cardiovascular or cerebrovascular disease, discontinuation of low-dose acetylsalicylic acid (ASA) therapy leads to a marked rise in the risk of future stroke or transient ischemic attack (TIA). “Our study highlights the need for greater awareness of the increased risk of vascular events such as stroke that is associated with interruption of ASA therapy,” says lead researcher Luis García Rodríguez.

ASA exhibits an antiplatelet effect and is widely employed in secondary stroke prevention. Several secondary-care-based investigations have demonstrated that the risk of ischemic events rises in patients with prior vascular disease who discontinue ASA treatment. Through use of a nested case-control study design, García Rodríguez and colleagues set out to determine whether this relationship held true in a primary-care setting.

The source population from which cases were identified was derived from a UK primary care database, and comprised ≈40,000 individuals aged 50–84 years who were receiving their first-ever prescription of ASA (75–300 mg/day) for the secondary prevention of cerebrovascular or cardiovascular events. Patients were followed up (on average for 3.4 years) until they met one of the study endpoints—such as death, stroke or TIA—or the end date of the investigation was reached.

After case ascertainment and validation was complete, the final case group comprised 673 individuals with a

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diagnosis of ischemic stroke or TIA. 5,000 controls, matched for age, sex and calendar year, were selected from the original source population for the analysis.

García Rodríguez and colleagues found that patients who had recently discontinued low-dose ASA therapy had a 40% higher risk of ischemic stroke or TIA than individuals who had continued treatment with this agent. The researchers also discovered that the most common reason for discontinuation of ASA therapy was patient nonadherence, followed by physician-initiated treatment change. “If adherence to low-dose ASA could be

improved, the benefit obtained from this drug in the general population would be correspondingly increased,” says García Rodríguez.

Looking ahead, the researchers plan to investigate the relationship between the time since interruption of low-dose ASA treatment and the risk of other ischemic events, such as acute coronary syndromes.

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