What is the best management for patients who have a TIA while on aspirin therapy?

**Evidence-based Answer**

Alternative antiplatelet therapy for stroke prevention is indicated for patients who experience transient ischemic attacks (TIAs) while on aspirin therapy (strength of recommendation [SOR]: A, based on 1 meta-analysis and 1 randomized controlled trial). The combination of aspirin and extended-release dipyridamole reduces the risk of stroke following a TIA (SOR: A). Thienopyridines (eg, clopidogrel and ticlopidine) are an alternative for patients at high risk for a cardioembolic event. Ticlopidine reduces the risk of stroke following TIA, specifically showing benefit for patients previously on aspirin (SOR: A). Clopidogrel has not shown significant reduction in reoccurrence of stroke and has not been studied for patients with a previous TIA. Aspirin and a thienopyridine do not provide significant additional reduction in secondary strokes (SOR: A).

**Clinical Commentary**

Modify risk factors not only for stroke but overall cardiovascular disease

No studies look specifically at patients already on aspirin, so we must extrapolate from other prevention trials how to best manage them. If aspirin therapy has failed, the choice of either aspirin and dipyridamole or clopidogrel should take into account cost, availability, side-effect profile, and a patient's comorbidities and preferences. There are no clear benefits of one over another. While the combination of aspirin and clopidogrel has shown benefit in acute coronary syndromes, what's good for the heart may not necessarily be good for the brain. The MATCH study showed potential increases in bleeding from combination therapy; we should avoid the use of this combination for prophylaxis.

As primary care physicians concerned with our patients' overall health, we must aggressively modify those factors that put patients at risk not only for recurrent stroke or TIAs but overall cardiovascular disease. This means controlling hypertension, promoting smoking cessation and a healthy lifestyle, improving lipid parameters, and appropriate screening and management of diabetes.

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**Evidence Summary**

Patients who experience TIAs are at high risk for stroke and need adequate preventative therapies. A meta-analysis evaluated 158 randomized trials involving primary and secondary prevention of stroke, concluding that antiplatelet therapy results in a 30% reduction in occurrence of ischemic stroke (95% confidence interval [CI], 24–35; P<.0001). Data that evaluate the
If aspirin therapy has failed, the choice of a combination therapy should take into account cost, side effects, and patient comorbidities.

A large-scale RCT concluded that the combination of clopidogrel and aspirin did not provide additional benefit in reducing a combined endpoint of cardioembolic events in comparison with aspirin alone for patients with prior stroke or TIA. The combination resulted in a significantly greater number of life-threatening and major bleeding complications.

**References**


