Acute dual antiplatelet therapy for minor ischaemic stroke or transient ischaemic attack

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compared with aspirin alone (table 2).[11-13] The findings of these studies have greatly advanced the antiplatelet strategy for secondary prevention of stroke in patients with minor ischaemic stroke or transient ischaemic attack.

Treatment population for DAPT

Patients who have a minor stroke or a transient ischaemic attack are at high risk of developing thrombosis and having ischaemic

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Tables

Table 1| Current recommendations on antiplatelet therapy for patients with minor stroke or TIA

Guideline	Antiplatelet to be used	Recommendations
AHA/ASA, 2018[5]	Aspirin plus clopidogrel	In patients presenting with minor stroke, treatment for 21 days with dual antiplatelet therapy (aspirin and clopidogrel) begun within 24 hours can be beneficial for early secondary stroke prevention for a period of up to 90 days from symptom onset. (Class IIa recommendation, evidence level B, based on randomised data)
Canadian Stroke Best Practice Guideline, 2018[6]	Aspirin plus clopidogrel	In very high risk TIA patients (ABCD2 score ≥4) or minor stroke (NIHSS 0-3), a combination of clopidogrel and aspirin should be given for 21-30 days followed by antiplatelet monotherapy (such as aspirin or clopidogrel alone). (Evidence level A)
yrts		[illegible] in the short term (first three weeks) to prevent stroke recurrence. The combination of aspirin plus clopidogrel sho3 (n(r)14.93333 (ok)20 (e o)9.83704 (r T)29.85185 (l)39.9c9(r 21 d

Table 2| Recent trials in antiplatelet therapy for stroke

	CHANCE[1]	POINT[2]	TARDIS[10]	SOCRATES[11]	PRINCE[12]	THALES[13]
Published year	2013	2018	2018	2016	Recently completed	Ongoing
Study design	Randomised, double blind, placebo controlled	Randomised, double blind, placebo controlled	Randomised, open label, blinded endpoint	randomised, double blind, parallel group	Randomised, open label, blinded endpoint	Randomised, double blind, placebo controlled
Sample size	5170	4881	3096	13 199	675	Estimated 13 000
Study population:						
Ethnicity	100% Asian	3% Asian 75% white 20.4% black 1.5% other	2% Asian 94.9% white 2.0% black 1.1% other	29.6% Asian 66.6% white 1.8% black 2% other	100% Asian	Multiethnic
Patients	TIA*: 27.9% Minor stroke‡: 72.1%	TIA*: 43.2% Minor stroke‡: 56.8%	TIA* or crescendo TIA: 27% Ischaemic stroke: 72%	TIA* or ipsilateral large vessel stenosis:26.8% Minor stroke (NIHSS ≤5):73.2%	TIA*: 16.4%; Minor stroke‡: 83.6%	High risk TIA†, ipsilateral large vessel stenosis ≥50%, or minor stroke (NIHSS ≤5)
Time from onset to randomisation	≤24 h	≤12 h	≤48 h	≤24 h	≤24 h	≤24 h
Interventions:						
Clopidogrel	Day 1: 300 mg Days 2-90: 75mg	Day 1: 600 mg Days 2-90: 75 mg	Day 1: 300 mg Days 2-30: 75 mg			
Aspirin	Day 1: 75-300 mg Days 2-21: 75 mg	Days 1-90: 50-325 mg	Day 1: 300 mg Days 2-30: 75 mg		Days 1-21: 100 mg	Day 1: 300-325 mg Days 2-30: 75-100 mg
Dipyridamol			Days 1-30: either 200 mg twice daily or 150 mg three times a day			
Ticagrelor				Day 1: 180 mg Days 2-90: 180 mg	Day 1-90: 180 mg	Day 1-30: 180 mg
Controls:	Aspirin: Day 1: 75-300 mg Days 2-21: 75 mg	Aspirin: Days 1-90: 50-325 mg	Guideline antiplatelet therapy (aspirin + dipyridamol, or clopidogrel alone)	Aspirin: Day 1: 300 mg Days 2-90: 100 mg	Clopidogrel: Day 1: 300 mg Days 2-90: 75 mg Aspirin: Days 1-21: 100 mg/day;	Aspirin: Day 1: 300-325 mg Days 2-30: 75-100 mg
Time of outcome	Day 90	Day 90	Day 90	Day 90	Day 90	Day 30
Primary efficacy outcome (intervention *v* control)	Stroke: 8.2% *v* 11.7% HR: 0.68 (0.57 to 0.81), P<0.001	Stroke + MI + CV death: 5% *v* 6.5% HR: 0.75 (0.59 to 0.95), P=0.02	Ordinal stroke/TIA: 7% *v* 6%; cOR: 0.90 (0.67 to 1.20), P=0.47	Stroke + MI + death: 6.7% *v* 7.5%; HR: 0.89 (0.78 to 1.01), P=0.07	High platelet reactivity: 12.5% *v* 29.7%; OR:0.34 (0.22 to 0.52), P<0.001	Stroke + death
Secondary efficacy outcome	Stroke + M I +CV death: 8.4% *v* 11.9% HR: 0.69 (0.58 to 0.82), P<0.001	Stroke: 4.8% *v* 6.4% HR: 0.74 (0.58 to 0.94), P=0.01	Stroke: 4% *v* 4% HR: 1.05 (0.73 to 1.51), P=0.79	Stroke: 5.9% *v* 6.8% HR: 0.86 (0.75 to 0.99), P=0.03	Stroke: 6.3% *v* 8.8% HR:0.70 (0.40 to 1.22), P=0.20	Stroke
Primary safety outcome	Moderate to severe bleeding: 0.4% *v* 0.3% HR: 0.84 (0.30 to 2.31), P=0.73	Major haemorrhage: 0.9% *v* 0.4% HR: 2.32 (1.10 to 4.87), P=0.02	Ordinal bleeding: 20% *v* 9% cOR: 2.45 (2.05 to 3.16), P<0.001	Major bleeding: 0.5% *v* 0.6% HR: 0.83 (0.52 to 1.34), P=0.45	Major or minor bleeding: 4.8% *v* 3.5%; HR:1.36 (0.64 to 2.88), P=0.42	Bleeding

* ABCD2 score ≥4. †ABCD2 score ≥6. ‡NIHSS ≤3. MI=myocardial infarction. HR=hazard ratio. cOR=common odds ratio. TIA=transient ischaemic attack. NIHSS=National Institutes of Health Stroke Scale.