ISCHEMIC CEREBRAL, VASCULAR DISEASE

To the Editor: Fisher has (published in the first issue of the volume 49 of Arquivos de Neuro-Psiquiatria 1991, a paper in which he attempts to evaluate the efficacity of the antithrombotic treatment las secondary prevention of cerebral ischemic lesions.

It goes without saying that in the therapy for cerebral ischemic lesions secondary prevention, plays nowadays a most important role. One can assert with certainty, that substances which limit the platelet (aggregation, substances called antiplatelet, are really efficient. The question is to know which substance to use and which dosage. The comparison made between the different substances which might entitle to draw a conclusion is difficult. Those studies differ from one another by the number of patients included in the study, the symptoms of the patients at the time of admission, the duration of the follow-up, the end points and even the statistical analyses involved.

The most important studies achieved in this field are: the United Kingdom TIA Study, it concerns aspirin and includes 2435 patients; the Canadian-American Ticlopidine Study, involving 1053 patients, is a study on prevention using 500 mg ticlopidine; and the European Stroke Prevention Study 1 (ESPS 1) with 2500 patients which compares a placebo to the association dipyridamole-aspirin. Comparing these studies one can conclude as follows: (a) the results obtained for prevention with aspirin alone are variable and sometimes paradoxical, in any case inferior to those obtained with ticlopidine and even more so to those obtained with the association aspirin with an antiaggregating substance, such as dipyridamole; (b) not only are the results obtained with the association aspirin-dipyridamole superior to the results obtained for prevention with aspirin alone, but also to those obtained With ticlopidine, however the latter gives more severe side effects.

The prevention obtained with the association aspirin-dipyridamole exceeds the 33%. This prevention should be still improved, what could be achieved when decreasing the aspirin dosage in order to avoid the side effects caused by aspirin, and compensating this decrease by increasing the dosage of dipyridamole. This makes the subject of a new study already running: ESPS *Z*

To confuse the studies on secondary prevention of cerebral ischemic lesions with one another, without taking in account what makes them differ, will prevent at all times to reach satisfactory conclusions. To place the European Stroke Prevention Study among the studies made with aspirin, as Fischer did it is an error which should be avoided.

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A carta foi remetida ao autor do artigo em questão que enviou a resposta seguinte *(This letter was referred to the author of the article in question who offers the following reply) :*

To the Editor: Dr. Lowenthal makes some interesting observations concerning aspirin, dipyridamole and ticlopidine. All three of these drugs have been employed to try to prevent stroke after TIA or an initial stroke. Aspirin has been well-established to reduce stroke risk by large studies and meta-analysis. Ticlopidine appears to be somewhat more effective than aspirin, but has an increased risk for side effects. The combination of aspirin-dipyridamole may be more effective than aspirin alone, as suggested by the first ESPS report. Conclusive proof that the combination is more effective than aspirin alone, awaits the results of the ongoing ESPS-2 effort. I anxiously anticipate the results of this study, and hopefully it will answer questions concerning the best approach to anti-platelet therapy to prevent primary or secondary stroke.

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