

Aspirin to Prevent CAD: Not Beyond Trials

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The world is facing an epidemic of coronary artery disease (CAD) [1]. There is a considerable current interest in molecular research to unravel the mysteries behind it. However, the scenario is far from the control.

The CAD patients commonly use aspirin. It is believed that this drug in small dose will inhibit the increment of thrombus formation. Several clinical trials are also in favour of such a strategy, and currently, most textbooks approve the medicine for the purpose [2,3].

In practical settings of clinical practice, any evidence of CAD (like; ECG change, etc.) makes the clinician prescribe low dose aspirin if contradictions of aspirin therapy (like; bleeding disorders) are not present. This practice is prevalent throughout the nation if not throughout the world. In this context, we wish to highlight that person exhibiting PLA (Platelet Leukocyte Antigen) polymorphism suffers from aspirin resistance in comparison to other drugs approved for the purpose (like; Clopidogrel) [4-7]. PLA polymorphism is not uncommon [5]. Therefore, if a CAD patient with PLA polymorphism is prescribed aspirin, it may not work for protection. In such case, other drugs like clopidogrel should be the first choice. It may be advantageous if the PLA polymorphism study is done before prescribing aspirin. That is possible to be formulated as a guideline if a focused clinical trial is done and a positive response is received in support of the view mentioned above [8-13].

We feel that a detailed investigation of PLA polymorphism and aspirin response in CAD patients is required on an urgent basis. This will ensure the reduction of aspirin abuse, and proper use of clopidogrel.

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Volume 2 Issue 6 September 2018

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