Letters to the Editor must not exceed 400 words in length and must be limited to three authors and five references. They should not have tables or figures and should relate solely to an article published in Circulation within the preceding 12 weeks. Authors of letters selected for publication will receive prepublisher proofs, and authors of the article cited in the letter will be invited to reply. Replies must be signed by all authors listed in the original publication. Please submit three typewritten, double-spaced copies of the letter to Herbert L. Fred, MD, % the Circulation Editorial Office. Letters will not be returned.

**Clopidogrel in Acute Coronary Syndromes: Can the Cost Effectiveness Improve?**

*To the Editor:*

The usefulness of clopidogrel and aspirin in acute coronary syndromes (Clopidogrel in Unstable angina to prevent Recurrent Events [CURE] Trial) was clear from the beginning and was confirmed again in the new report from Yusuf et al. The actual question is: could the cost effectiveness still be improved?

I propose the combination of aspirin and clopidogrel during the first 30 days. Beyond 30 days, these medications could be given on alternate days, one day aspirin and the other day clopidogrel. That would reduce the cost, probably not affecting the efficacy and maybe reducing the risk of life-threatening bleeds.

With this approach, the main effect would be reached in the first 30 days (4.3% versus 5.4%), when one needs to treat 91 patients to prevent one event. Beyond 30 days, the events would rise only 0.9% in total (5.2% versus 6.3%), the relative risk reduction would remain 18%, and the absolute risk reduction would then be only 0.16%, resulting in a “number needed to treat” of 625 to prevent an event. It is also important to remember that the effect of aspirin is irreversible, so it would be active on the day off, and the new, unaffected platelets would then be inhibited by clopidogrel. This strategy could be very useful for the patients (and doctors) with limited economic resources. It could also be useful in cases of aspirin resistance.

**Enrique Sánchez-Delgado, MD**

*Hospital Metropolitano*

*Managua, Nicaragua*


**Response**

Sanchez-Delgado makes an interesting point for which prospective data are needed. In the US Physicians study, aspirin at 325 mg on alternate days was effective in preventing vascular events. Further, we know that doses of aspirin as low as 80 mg per day are effective. However, similar data are not available with clopidogrel. Given the prolonged effects of both aspirin and clopidogrel, an alternate-day strategy may make pharmacologic sense at initial glance. However, this hypothesis requires prospective evaluation in well-designed trials of alternate-day antiplatelet therapy versus daily treatment, as many unpredictable factors often destroy elegant hypotheses. Until such data are available, it would be wise to stick with the proven regimen of daily use of clopidogrel, 75 mg, plus aspirin, as used in the CURE (Clopidogrel in Unstable angina to prevent Recurrent Events) Trial.

**Salim Yusuf, MBBS**

**Shamir R. Mehta, MD**

**Feng Zhao, MSc**

**Bernard J. Gersh, MB, ChB**

**Patrick J. Commerford, MB, ChB**

**Mel Blumenthal, MD**

**Andrzej Budaj, MD**

**Thomas Wittlinger, Dr Med**

**Keith A.A. Fox, MB, ChB**

*on Behalf of the CURE Trial Investigators*

**Population Health Research Institute**

**Hamilton General Hospital**

**McMaster University**

**Hamilton, Ontario, Canada**
Clopidogrel in Acute Coronary Syndromes: Can the Cost Effectiveness Improve?
Enrique Sánchez-Delgado

Circulation. 2003;108:e56
doi: 10.1161/01.CIR.0000086778.57755.6A
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2003 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the
World Wide Web at:
http://circ.ahajournals.org/content/108/8/e56

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation is online at:
http://circ.ahajournals.org//subscriptions/