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Letter to the Editor

Ticagrelor versus clopidogrel in high bleeding risk patients with acute coronary syndromes treated with drug-eluting stents

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Dear editor,

Zocca et al. performed a post hoc study of CHANGE DAPT trial and concluded that ticagrelor was associated with higher major bleeding in HBR patients [1,2]. Thus, ticagrelor could not reduce the ischemic events regardless of the patients with or without HBR. Nevertheless, we have some concerns.

First, we are confused about the HBR criteria. There are many other risk factors to predict the bleeding risk, such as the stomach ulcer, which was proved to be the independent factor for gastrointestinal bleeding [3]. Thus, this risk factor was not included in the HBR criteria.

Second, in the HBR population, the mean age was 75.4-years in the CP and 76.2-years in the TP group, respectively. Therefore, it is not surprising that nearly 75% of HBR patients were with age more than 75-years. Thus, the number of patients meeting the other criteria was low, e.g., the proportion of patients with previous intracranial bleeding was about 1%. Therefore, the risk factor for high bleeding risk was mainly due to the old age. We are confused about how to estimate the major bleeding risk for patients with previous intracranial bleeding after taking ticagrelor.

Third, adherence to antiplatelet was important to reduce the ischemic event. However, the adherence of ticagrelor in this study reduced from 72.5% to 57.3% at 1 year, which would underestimate the benefit of ticagrelor in decreasing the ischemic event.

Fourth, the sample size of HBR population was low and the study had no power to detect the difference in ischemic events between the ticagrelor and clopidogrel [4].

Conflicts of interest disclosures

None disclose.

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