

Aspirin not as effective as anticoagulation

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In a multicenter study led by the University Hospital and the University Geriatric Medicine FELIX PLATTER Basel, a research group with participation from University of Basel, Inselspital, Bern University Hospital, the University of Bern and other centers, has investigated the equivalence of aspirin to anticoagulation. The study shows that aspirin is

not as effective as blood thinning (anticoagulation) in the case of cervical artery dissection.

Ruptures of the carotid artery (cervical artery dissection) are the most common cause of stroke in people under 50 years of age, with an annual incidence of 2-3 cases per 100,000 persons. Salicylic-acid preparations ([acetylsalicylic acid: aspirin](#), Aspegic) and blood-thinning medication (anticoagulants) are used for treatment. The multicenter therapy study "Biomarkers and Antithrombotic Treatment in Cervical Artery Dissection (TREAT-CAD, NCT02046460)" investigated whether dissections—tears in the wall of vessels supplying blood to the brain—can be treated with aspirin or whether more complex blood thinning ([anticoagulation](#)) is necessary. The study was published in *The Lancet Neurology* on March 23, 2021.

Aspirin not equally effective

Nearly 200 patients took part in the study. The evaluation showed that in the group treated with aspirin, 23 percent had subsequent problems compared with just under 15 percent in the group treated with blood thinners. This is the first scientific study to show that in the first 90 days aspirin is not as effective as blood thinning with anticoagulation.

A broad-based study

The international study was conducted at ten centers, seven in Switzerland, two in Germany and one in Denmark. The study was led by Prof. Dr. Stefan Engelter (University Geriatric Medicine FELIX PLATTER, UAFP and University Hospital Basel, USB). He was supported by Dr. Christopher Traenka (UAFP, USB), Prof. Dr. Philippe Lyrer (USB), and Prof. Dr. Marcel Arnold (Inselspital Bern, Bern University Hospital and University of Bern).

Impact on guidelines expected

The study suggests that the evidence to consider aspirin as standard of care in patients with cervical artery dissection is insufficient. Aspirin cannot simply replace conventional standard therapy with a blood thinner. With the results of this study, however, a general superiority of [blood](#) thinning with anticoagulation has not yet been proven. The investigation of further aspects and a review of the benefit-risk profiles must provide more precise information.

More information: Stefan T Engelter et al. Aspirin versus anticoagulation in cervical artery dissection (TREAT-CAD): an open-label, randomised, non-inferiority trial, *The Lancet Neurology* (2021). [DOI: 10.1016/S1474-4422\(21\)00044-2](https://doi.org/10.1016/S1474-4422(21)00044-2)

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