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Clopidogrel plus Aspirin Use is Associated with Poor Outcomes, but Aspirin Use Alone is Safe in Patients with Vasospastic Angina

Background: Long-term clinical outcomes for use of aspirin, clopidogrel or both have rarely been investigated in variant angina (VA) patients.Methods: We enrolled 2960 patients who received coronary angiography (CAG) and ergonovine provocation test prospectively in 11 university hospitals in Korea. Among them, 1838 patients were diagnosed with definite (n=680) or intermediate (n=1212) VA. They are analyzed according use of aspirin, clopidogrel or both and no anti-platelet. Primary outcome is time to events of composite of death from any cause, acute coronary syndrome (ACS) and symptomatic arrhythmia during 3-year follow-up. Results: Primary outcome occurred significantly more common in patients with clopidogrel plus aspirin group, 10.8% (14/130) as compared with non-antiplatelet groups, 4.4% (44/1011), (HR 2.41, 95% CI: 1.32-4.40, p=0.004). The person-time event rate was highest in aspirin plus clopidgrel user, 4.72/1000 person month (95% CI: 2.79-7.96, Log-rank test for primary outcome was p=0.016). Person-time event of ACS rate was highest in that group, 2.81 (95% CI: 1.46-5.40, p=0.116). Kaplan-Meier survival analysis demonstrated poor prognosis in primary outcomes and ACS in aspirin plus clopidogrel users (Log-rank test, p=0.005 and p=0.0392 respectively). Cox-proportional hazard regression analysis demonstrated that use of clopidogrel plus aspirin is an independent risk for primary outcome (hazard ratio 2.01, confidence interval, 1.07-3.81, P=0.031). Aspirin alone group had similar primary and individual event rate as compared to that of no-antiplatelet group.Conclusions: Among VA patients, clopidogrel plus aspirin use is associated with poor clinical outcome at 3-years. Aspirin use alone appears to be safe in those patients.