

## Potent Platelet Inhibition in Korean AMI Patients

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Potent platelet inhibition with prasugrel or ticagrelor significantly reduced ischemic events in patients with acute coronary syndrome (ACS) at the expense of high bleeding events. However, the prescription rate of potent P2Y<sub>12</sub> inhibitors were lingering around 30% in Korean patients with acute myocardial infarction (AMI) mainly due to the fear of high bleeding risk. Indeed, prasugrel 20/3.75 mg, that was 1/3 dose of standard dose (60/10 mg), achieved the similar risk reduction shown in the TRITON-TIMI 38 study without a trade-off of bleeding risk in Japanese ACS patients. Although the consistent clinical benefits was observed in the PLATO study including the relatively modest number of Asian patients, the PHILO study exclusively including East Asian patients did not show the clinical efficacy of ticagrelor compared with clopidogrel. Moreover, a recent report from a large Korean registry data demonstrated that ticagrelor did not reduce clinical events, but rather increased bleeding events in Korean AMI patients. However, these finding could not be extrapolated into the clinical futility of potent platelet inhibition in Korean AMI patients because of the small sample size, relatively low risk profiles, and low number of events. In addition, further trials are required to assess

the benefits of potent platelet inhibition in special disease conditions like diabetes mellitus or chronic kidney disease, in which prasugrel or ticagrelor achieved exceptionally higher clinical efficacy compared with clopidogrel. Stent-unrelated benefits of potent platelet inhibition also should be considered as choosing an antiplatelet regimen in Korean AMI patients. The DAPT study showed that >50% of benefits of prolonged thienopyridine therapy was achieved in the lesions unrelated to stent. The recently published REMODELING study also shed light on the potential benefits of potent platelet inhibition in preventing the development of heart failure.