



- ### CHARISMA - Major Risk Factors
- Type I or II diabetes
  - Ankle brachial index (ABI) < 0.9
  - Asymptomatic carotid stenosis ≥ 70%
  - At least one carotid plaque as evidenced by intima-media thickness (IMT)

- ### CHARISMA - "Minor" Risk Factors
- Systolic blood pressure (SBP) ≥ 150 mmHg, despite appropriate therapy for at least 3 months
  - Hypercholesterolemia
  - Current smoking > 15 cigarettes per day
  - Male ≥ 65 years
  - Female ≥ 70 years

### CHARISMA - Follow-up Phase

Total N = 15,607; 1 = 21%

Despite EBM of:

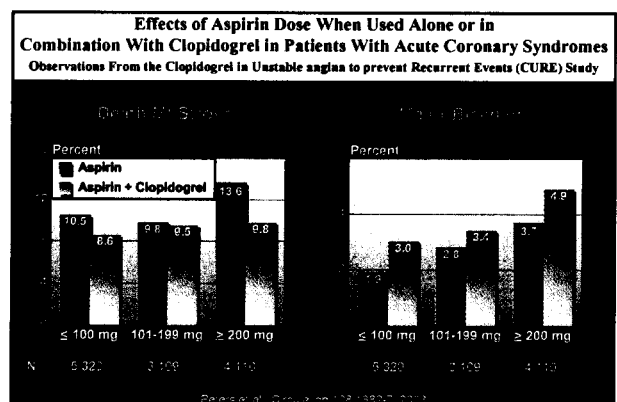
Statins	67%
ACE i or ARB	67%
β-Blockers	48%

Event rate:  
Death/MI/Stroke > 3%/year

### BRAVO - 9190 Pts, 699 Hospitals in 23 Countries

	Low Dose 75 - 162 mg/d (N = 2,410)	High Dose > 162 mg/d (N = 2,179)	p value
Serious Bleeding	2.4%	3.3%	< 0.001
Transfusion	1.0%	2.0%	< 0.001
Any Bleeding	11.1%	15.4%	< 0.001

Topol et al. Circulation 128:399-403



**Effects of Aspirin Dose When Used Alone or in Combination With Clopidogrel in Patients With Acute Coronary Syndromes**  
**Observations From the Clopidogrel in Unstable angina to prevent Recurrent Events (CURE) Study**

	Aspirin Alone	Aspirin + Clopidogrel
Major Bleeding Complications		
ASA ≤ 100 mg, %	1.86	2.97
ASA 101-199 mg, %	2.82	3.41
ASA > 200 mg, %	3.67	4.86
	p < 0.001	p < 0.001

Petersen et al. J. Clin. Invest. 128:1888-97, 2010

- Optimal Clopidogrel Dose with Low-Dose Aspirin
- Straightforward identity of ↑ risk, persistent despite current EBM
  - Efficacy is preserved at doses < 162 mg
  - Bleeding complications are minimized at a dose of 75-81 mg