Main Results From The Triple Antiplatelets For Reducing Dependency In Ischaemic Stroke (TARDIS) Trial

Purpose: To evaluate whether intensive antiplatelet treatment compared to guideline-based antiplatelet treatment would be safe and more effective in decreasing recurrent ischemic stroke (IS) or TIA.

Trial Design: international, prospective, randomized, open-label, blinded, multi center, controlled; patients with acute (<48 hours) non-cardioembolic IS or TIA received either intensive antiplatelet therapy (combined aspirin, clopidogrel and dipyridamole) or guideline antiplatelets (clopidogrel alone, or combined aspirin and dipyridamole) for one month. N=3096.

Primary Endpoint: 3 month recurrence of stroke and TIA and severity (modified Rankin Scale)

Trial Results at 90 Days	Intensive Antiplatelet Therapy vs Standard therapy
Ordinal Stroke and TIA (mRS)	acOR = 0.93, NS
Major bleeding	acOR = 2.49, p<0.001
Net risk/benefit	Death 2%/1.9%; Stroke, major bleed 5.9%/4.9%; composite 7.1/%/6.8% - all NS

Conclusions: Recurrent TIA's or strokes were not reduced by intensifying the use of antiplatelet therapy compared to standard, guideline-based treatment. There was more major bleeding with the intensive therapy arm. There were no differences in the net risk/benefit results for the two arms.

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