Top Ten Things To Know
Effect of Aspirin Versus Clopidogrel on Walking Exercise Performance in Intermittent Claudication:
A Double-Blind Randomized Multicenter Trial

1. Arteriogenesis, a proliferation of collateral arteries, can potentially alter the outcome of coronary and peripheral artery disease significantly.

2. The anti-inflammatory properties of aspirin can inhibit arteriogenesis.

3. The purpose of this double-blind, randomized study is to evaluate whether aspirin treatment compared to clopidogrel creates less of a training-associated improvement in walking distance after a 3-month exercise rehabilitation program.

4. The study population included a total of 229 patients; mean age 66.2±7.7 years: 24.5% females; 20.1% diabetics, 85.6% active/ex-smokers.

5. Patients were required to walk for 1-hour daily at a speed of approximately 120 steps/min. These sessions were home-based and measured through an electronic monitor.

6. Walking distance was evaluated using treadmill tests (3.2 km/h; 12% grade) at baseline and after 12 weeks.

7. The following baseline characteristics were observed:
   • ankle/brachial index (ABI) - 0.69 (0.57±0.8) (median range)
   • initial claudication distance (ICD) - 98 m (70 to 151 m)
   • absolute claudication distance (ACD) - 162 m (113 to 302 m)

8. The clopidogrel group showed a median increase of ICD by 33.5 m (33.3%) compared to 29 m (33.9%) in the aspirin group.

9. The clopidogrel group showed an ACD of 60.5 m (34.9%) compared to 75 m (35.3%) in the aspirin group, respectively (pICD=0.42 and pACD=0.66).

10. Following a 3-month walking program, no improvements were seen in initial or ACD with aspirin compared to clopidogrel.