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Letter to the Editor

Author's Reply to Potent $P2Y_{12}$ Receptor Inhibition in Korean Patients with Acute Myocardial Infarction

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▸ See the letter "Potent $P2Y_{12}$ Receptor Inhibition in Korean Patients with Acute Myocardial Infarction" in volume 49, number 12 on page 1199.

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The authors have no financial conflicts of interest.

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In response:

My colleague and I appreciate the letter submitted by Kim et al.[1] regarding our recently published article, which demonstrated that ticagrelor treatment showed less temporal variability of platelet reactivity compared to clopidogrel treatment although platelet inhibition of ticagrelor treatment was stronger than that of clopidogrel treatment.[2] In addition, Kim et al.[1] data on platelet reactivity for potent $P2Y_{12}$ inhibitors suggested that the effect of standard-dose potent $P2Y_{12}$ inhibitors (90 mg twice a day in the ticagrelor group and 10 mg/day in the 10 mg prasugrel group) was associated with a significantly lower platelet reactivity compared with that of the reduced-dose potent $P2Y_{12}$ inhibitor (5 mg prasugrel once a day) in patients with acute myocardial infarction who underwent percutaneous coronary intervention with stent implantation. Recently, the multicenter randomized TIcagrelor versus Clopidogrel in Asian/KOREAn patient with acute coronary syndrome (ACS) intended for invasive for invasive management trial demonstrated that standard-dose ticagrelor was associated with a higher incidence of clinically bleeding complications at 12 months, without a reduction in the incidence of ischemic events, compared with clopidogrel.[3] However, in the nationwide population-based observational cohort showed that standard-dose potent $P2Y_{12}$ inhibitors, including ticagrelor and prasugrel, were associated with an increased risk of bleeding in Korean patients with ACS but with lower risks of all-cause mortality in the ticagrelor group and with similar risks for effectiveness outcomes in the prasugrel group, respectively, compared with clopidogrel.[4] Therefore, we fully agree to Kim et al.[1] suggestion that further studies would be needed to look into the safety and effectiveness of reduced-dose potent $P2Y_{12}$ inhibitors in Korean patients with ACS.

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