MULTIPLATE TESTING:

THE RIGHT DOSE IS THE ONE THAT'S RIGHT FOR YOUR PATIENT

Diprose WK et al.
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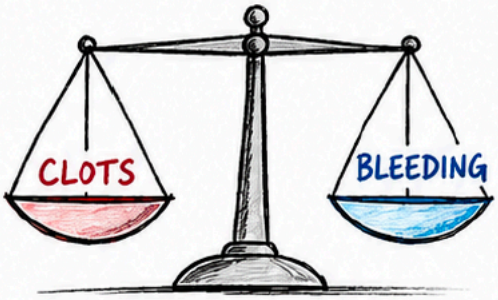
THE PROBLEM

Too little platelet inhibition → thromboembolic risk

Too much → bleeding risk

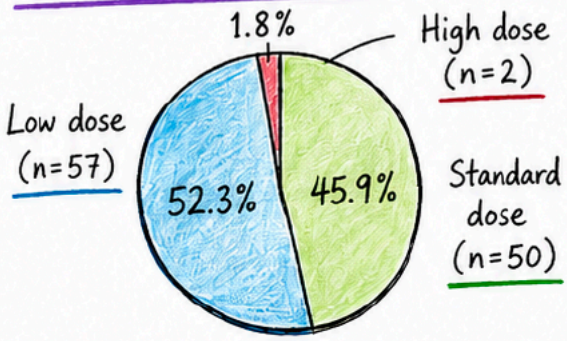


PFT helps find the sweet spot for each individual.

THE APPROACH

109 patients with ICA aneurysms undergoing elective flow diversion had antiplatelet therapy tailored using Multiplate platelet function testing (PFT).

DISCHARGE DOSE GROUPS



WHAT THEY FOUND

- More than half of patients (52.3%) were discharged on **LOW-DOSE** antiplatelets.
- Platelet inhibition was comparable between low- and standard-dose groups.

ANTIPLATELETS USED

• Aspirin (25-100 mg/day)	100%
• Prasugrel (1.25-15 mg/day)	67.9%
• Clopidogrel (37.5-75 mg/day)	30.3%
• Ticagrelor (90-180 mg/day)	1.8%

6-MONTH OUTCOMES

1.8% major ipsilateral stroke or neurological death (2 patients)

5.5% any symptomatic neurological complication (6 patients)

0% major ipsilateral ischemic strokes

WHY THIS MATTERS

PFT isn't just about finding who needs **MORE** treatment. It can also help identify who needs **LESS**.

Precision medicine isn't always a new drug or device. Sometimes it's measuring the response in front of us – and being willing to adjust.

IMPORTANT CAVEAT

Retrospective, single-centre study without a non-testing comparison group. Promising – but prospective validation is still needed.