**CIGARETTE SMOKING INCREASES ASPIRIN RESISTANCE IN STABLE ANGINA**

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Objective: this study was done to evaluate proper dosing of aspirin in smokers with stable angina.

Background: Coronary heart disease (CHD) is the leading cause of death in adults. Cigarette smoking is a major risk factor for CHD which induces platelet aggregation leading to thrombose formation and increases mortality in acute myocardial infarction. Aspirin is a class I drug for secondary prevention of CHD. However, smoking habits has never taken into account in recommended doses of aspirin.

Method: 150 (75 smokers and 75 non-smokers) stable angina patients who were on 160 mg aspirin and had normal platelet counts were enrolled in the study. Study arms were matched but smoker group consists of more males (p 0.02). Platelet tests were performed using ADP and arachidonic acid. Aspirin resistance was defined as mean aggregation more than 75% with ADP and more than 20% with arachidonic acid.

Results: In patients with stable angina, the prevalence of aspirin resistance, with 160 mg daily aspirin, in smokers was 45% compared with 14% in non-smokers (p 0.000).

Conclusion: In smoker patients with stable angina, the rate of aspirin resistance is very high which makes secondary prevention less effective in this group. Higher doses of aspirin or dual antiplatelet therapy should be considered in this group of patients to overcome aspirin resistance.