**Comentary**

Clinical interest in coumadin therapy after MI declined in the 1990s after several studies showed no benefit over aspirin. Therefore, recent guidelines recommend the use of aspirin and other antiplatelet therapies (eg, clopidogrel) as a first-line strategy for patients with acute coronary syndromes (ACSs).

The ASPECT-2 study by van Es et al and 2 other recent trials suggest that long-term coumadin therapy may provide additional benefits over aspirin in patients with ACS. In ASPECT-2, fewer patients in both the aspirin plus coumadin group (hazard ratio 0.95, 95% CI 0.73 to 1.24) and the coumadin alone group (hazard ratio 0.67, 95% CI 0.40 to 1.10) reached the primary end point (death, MI, or stroke) than those in the aspirin group after 12 months. The benefits from coumadin therapy were primarily seen in patients who had a history of previous MI and were at high risk for reinfarction. The study should, however, stimulate development of new oral anticoagulants and additional comparison trials of antiplatelet-anticoagulant drug regimens.

Clinical application of the ASPECT-2 findings and widespread use of coumadin therapy as a first-line strategy is likely to have significant public health implications. The widespread use of coumadin therapy may reduce the incidence of coronary events and all-cause mortality.

**Conclusion**

In patients who have had acute myocardial infarction or unstable angina, high intensity coumadin alone or aspirin plus moderate-intensity coumadin was more effective than aspirin alone for reducing coronary events and all-cause mortality.
Coumadin alone or aspirin plus coumadin reduced coronary events and death after acute myocardial infarction or unstable angina

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