

aware of the study by Maree et al on the increased likelihood of heavier patients to have an inadequate response to the platelet inhibitory effect of aspirin.<sup>6</sup> Differences in the methodology of measuring aspirin resistance may explain the disparity concerning the relationship of body weight and the prevalence of aspirin resistance.

We fully agree that treatment compliance and coadministration of drugs having platelet inhibitory effect are important considerations in studies on aspirin resistance, and efforts should be made to eliminate these confounding factors.

The inconsistency between our study and that from Wang et al,<sup>7</sup> as mentioned in our discussion, is possibly due to the differences in the type of atherothrombotic disease affecting the studied populations and the pattern of prescribed aspirin dosage.

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## References

1. Lee PY, Chen WH, Ng W, et al. Low-dose aspirin increases aspirin resistance in patients with coronary artery disease. *Am J Med* 2005;118:723-727.
2. Mueller MR, Salat A, Stangl P, et al. Variable platelet response to low-dose ASA and the risk of limb deterioration in patients submitted to peripheral arterial angioplasty. *Thromb Haemost* 1997;78:1003-1007.
3. Eikelboom JW, Hirsh J, Weitz JI, Johnston M, Yi Q, Yusuf S. Aspirin-resistant thromboxane biosynthesis and the risk of myocardial infarction, stroke, or cardiovascular death in patients at high risk for cardiovascular events. *Circulation* 2002;105:1650-1655.
4. Gum PA, Kottke-Marchant K, Welsh PA, White J, Topol EJ. A prospective, blinded determination of the natural history of aspirin resistance among stable patients with cardiovascular disease. *J Am Coll Cardiol* 2003;41:961-965.
5. Chen WH, Lee PY, Ng W, Tse HF, Lau CP. Aspirin resistance is associated with a high incidence of myonecrosis after non-urgent percutaneous coronary intervention despite clopidogrel pretreatment. *J Am Coll Cardiol* 2004;43:1122-1126.
6. Maree AO, Curtin RJ, Dooley M, et al. Platelet response to low-dose enteric-coated aspirin in patients with cardiovascular disease. *J Am Coll Cardiol* 2005;47:1258-1263.
7. Wang JC, Aucoin-Barry D, Manuelian D, et al. Incidence of aspirin nonresponsiveness using the Ultegra Rapid Platelet Function Assay-ASA. *Am J Cardiol* 2003;92:1492-1494.

## What Is the Answer You Got?

To the Editor:

I appreciated your editorial, "The Answer You Get Depends on the Question You Ask," in the July 2005 issue of the *Journal*.<sup>1</sup> I was pleased that as editor-in-chief of *The American Journal of Medicine*, you ask yourself whether the question being asked by an article is important and

whether the outcome is predictable. Careful consideration of these issues, as well as of how questions and answers are reported, is critical to a great journal.

I was, therefore, surprised to read the article in the same issue by Lee et al entitled, "Low-Dose Aspirin Increases Aspirin Resistance in Patients with Coronary Artery Disease."<sup>2</sup> I thought about "the question" of whether using low-dose aspirin (something now commonplace) might have negative effects in patients with coronary disease. With excitement I read the article, expecting to learn "the answer" that the use of low-dose aspirin somehow desensitizes platelets to cyclooxygenase inhibition by aspirin and produces measurable aspirin resistance. Instead, I read that in a group of patients with stable coronary disease, aspirin dose was directly associated with the prevalence of aspirin resistance. Although intriguing, the study by Lee et al certainly did not prove the cause-and-effect relationship between low-dose aspirin and aspirin resistance suggested by the title.

Although I may be in the minority of readers of the *Journal* who were misled by the title, I believe that "the question you ask" should be reflected in the title, as should the answer to that question. We must recognize that, particularly given the time constraints many practitioners face, readers of medical journals often peruse titles and abstracts and do not read full articles. Although this is disappointing, an article's title (which appears in references, abstracts and Internet citations) is therefore very important and may be all that a reader recalls. Although a physician who prescribes high-dose aspirin out of concern about causing aspirin resistance based simply on this article's title is clearly not practicing good medicine or demonstrating the highest standards of professionalism, reviewers and editors of medical journals also bear responsibility for ensuring that the message communicated to the public is clear and precise. We also should recall that summaries of medical articles are frequently made available to the lay public and that patients with coronary disease can draw their own conclusions about what aspirin dose to take to prevent ischemic complications.

I am sure that the commitment to high quality reflected in the July 2005 issue's editorial<sup>1</sup> was impressive to readers of the *Journal*; I know it was to me. I hope that reviewers of articles submitted to the *Journal* not only ensure that the question asked is important, but also that the question or the answer is readily apparent. . . even in the title.

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## References

1. Alpert JS. The answer you get depends on the question you ask. *Am J Med*. 2005;118:693.
2. Lee PY, Chen WH, Ng W, et al. Low-dose aspirin increases aspirin resistance in patients with coronary artery disease. *Am J Med*. 2005;118:723-727.