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Triflusal

A Viewpoint by F. Pérez Gómez

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Triflusal is an effective antiplatelet drug that inhibits both platelet thromboxane A_2 production and cyclic adenosine monophosphate (AMP) phosphodiesterase activity. During the first hours after initial administration, therapeutic doses of triflusal are less effective than corresponding doses of aspirin at reducing thromboxane A_2 production, but both drugs have a similar effect after some days. In contrast with aspirin, triflusal has negligible effects on serum 6-keto-prostaglandin-$F_{1\alpha}$ and has greater influence on neutrophil nitric oxide production.

From laboratory tests, we can also conclude that triflusal has a small, nonsignificant, effect on bleeding time.

Clinical trials have shown that triflusal and aspirin have similar effects on secondary prevention after acute myocardial infarction; however, patients treated with triflusal experienced significantly fewer strokes and haemorrhagic complications. Prevention of cerebrovascular events seems to be related to the reduction in haemorrhagic complications both with and without fibrinolytic therapy. This lower incidence of bleeding events with triflusal, as compared with aspirin, may be applicable to other effective antiplatelet drugs.

There are 3 clinical situations in which the risk of bleeding outweighs the benefit of antiplatelet drugs:

- when these agents are indicated in geriatric patients
- when patients may benefit from a combined antiplatelet-anticoagulant therapy
- when combined antiplatelet-fibrinolytic therapy is required.

Triflusal has a clear potential indication in all 3 situations.