In Japan as in Europe and the United States, it is currently recommended that aspirin therapy is started within 48 hours for patients with acute ischemic stroke, at a dose of 160-300 mg/day.

This post-marketing survey showed that in clinical practice of acute stroke care, 100mg enteric-coated aspirin was mainly used, and only approximately half of the patients were started oral antiplatelet therapy within 48 hours after onset of ischemic stroke.

Incidence of hemorrhagic events including gastrointestinal bleedings was comparable between the enteric-coated aspirin group and the other antiplatelet drug group.

The incidence of recurrent ischemic stroke/TIA and any cause death within 3 months was slightly lower in the enteric-coated aspirin group compared with the other antiplatelet drug group, which may show the efficacy of enteric-coated aspirin, although not significant.