The STIB score: a simple clinical test to predict clopidogrel resistance.
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**Methods:**
Platelet reactivity testing with the VerifyNow® point of care assay in 844 patients undergoing PCI for stable coronary artery disease 12 to 24 hours after a 600mg loading dose of clopidogrel. Patients with P2Y12 Reaction Units (PRU) > 230 (HPR) were considered as non responders to clopidogrel. Demographic, clinical and baseline routine biological were compared with PRU.

**Results:**
HPR to clopidogrel was observed in 424/844 pts.
HPR is associated with:
- Age, weight, BMI, HPR to aspirine, diabetes, renal failure, hemoglobin, hematocrit, fibrinogen, glycemia and HbA1c.

In multivariate analysis, HPR is independently associated with:
- Hb (OR: 0.77),
- BMI (OR: 1.06),
- Diabetes (OR: 1.62).

Hb< 13.9 g/dl, BMI >28 Kg/m² and presence of diabetes were equally associated to predict HPR.

They can be added to derive a simple score to predict clopidogrel resistance (figure).

Although 38.5% of patients without a single clinical predictor still have HPR, 2/3 of patients with 2 or 3 risk factors are resistant to clopidogrel.

**Conclusions:** STIB HPR score allows identification of patients with a high probability of resistance to clopidogrel based on diabetes, Hb<13.9g/dl and BMI>28kg/m². This can be useful to identify patients in whom another P2Y12 inhibitor should be recommended before and after PCI.