treatment. Similarly, it is unclear whether there is a hazard that accompanies discontinuation of prasugrel at any time point. Necessity therefore dictates it be treated as akin to clopidogrel until further data emerge.

**Conclusion**

Although there is a considerable amount of evidence supporting an increased risk of adverse cardiac events with clopidogrel discontinuation, the quality of this evidence is often questionable. It remains unclear whether there is a time threshold for discontinuation, after which event rates are negligible. Current guidelines for the duration of clopidogrel are understandably cautious, given the present uncertainty and catastrophic nature of stent thrombosis. Nevertheless, quantification of the actual risk of ‘premature’ clopidogrel discontinuation is elusive, and both financial and bleeding costs are often ignored. Ongoing clinical trials will provide insight, however, and newer antiplatelet agents and second-generation DESs may attenuate fears of stent thrombosis.

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**References**

The list of references is available in the online version of this paper.