were excluded (7177 patients were included). Significant reductions in stent thrombosis with continued thienopyridine, as compared with placebo, were observed within 3 months after randomization (0% vs. 0.23%, P = 0.01), and the difference increased over the 12-to-30-month treatment period (0.23% vs. 0.72%; hazard ratio, 0.33; 95% CI, 0.15 to 0.72; P = 0.004). Furthermore, in this subgroup analysis, as in the primary analysis, continued thienopyridine was associated with a larger absolute risk reduction for myocardial infarction that was not related to stent thrombosis (absolute difference, 0.81 percentage points), as compared with the risk reduction for the end point of stent thrombosis. These findings highlight the relevance of the study results to current coronary procedures and secondary prevention of myocardial infarction.

Multiple-System Atrophy

TO THE EDITOR: Fanciulli and Wenning’s review (Jan. 15 issue) on multiple-system atrophy is comprehensive and up to date. In it, the authors state that the open-label administration of gabapentin could ameliorate cerebellar symptoms in single cases of this disease. However, the cited reference describes a noticeable improvement in gait in one patient who received a diagnosis of olivopontocerebellar atrophy (OPCA) after a single dose of 400 mg of gabapentin and alleviation of dysarthria and oscillopsia in another patient with OPCA during long-term therapy with gabapentin. These patients could not have received a diagnosis of multiple-system atrophy, since neither had features of autonomic dysfunction. In contrast, gabapentin was found to cause generalized weakness and to worsen gait and dysarthria in three patients with multiple-system atrophy, forcing withdrawal of the drug.

The reasons for the differing effectiveness of gabapentin in patients with multiple-system atrophy (a primary oligodendrogial α-synucleinopathy) and OPCA (a neuronopathy of the cerebellar cortex, inferior olive, and pontine nuclei) could depend on differences in pathophysiology or neurochemistry between these diseases, although the precise cause remains undetermined.

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Since publication of their article, the authors report no further potential conflict of interest.


DOI: 10.1056/NEJMc1501195

TO THE EDITOR: In their review, Fanciulli and Wenning point out that urinary dysfunction is a key feature of multiple-system atrophy, with urgency, daytime frequency, and nocturia being the most common urinary symptoms. However, it

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No potential conflict of interest relevant to this letter was reported.


DOI: 10.1056/NEJMc1501657