## **Supplementary material S1**

 Table S1. Comparison of antiplatelet dose, half-life and side effects

	Aspirin	Dipyridamole	Clopidogrel	Ticagrelor
Dose	75*-300** mg	200 mg twice	75 mg once	180 mg stat,
	once daily	daily***	daily	then 90 mg
Onset of action	<u>&lt;</u> 1 hour	~0.5 hour	2 hours	~2 hours¶
Half-life	2-3 hours	13 hours with extended release formulation	0.5-1 hour in the active form	8-12 hours
Specific side effects	Dyspepsia, GI bleeding, headache, vertigo, tinnitus, nausea, vomiting, bruising, intracranial haemorrhage	GI bleeding, headache. angina, bronchospasm, dizziness, myalgia, nausea, skin reaction	Diarrhoea, GI discomfort, haemorrhage, skin reaction	Constipation, diarrhoea, dizziness, dyspepsia, dyspnoea, gout, haemorrhage, headache, hyperuricemia, hypotension, syncope, nausea, vertigo

Aspirin: \*75 mg od: long-term treatment; for 14 days in acute ischaemic stroke, to be initiated 24 hours after thrombolysis or as soon as possible within 48 hours of symptom onset in patients not receiving thrombolysis \*\*300 mg od: for suspected TIA until diagnosis is established;

\*\*\*25 mg aspirin and 200 mg dipyridamole when used in combination ¶ peak onset of action

GI: gastrointestinal

**Table S2.** Summary of key clinical trials and meta-analyses of antiplatelets in TIA and acute and subacute/chronic stroke. The trial abbreviation is listed first followed the year of publication.

Trial or meta- analyses	Population	Number of participants	Intervention	Comparator	Treatment onset	Duration of treatment	Results
Acute							
CAST 1997	Stroke	20655	Aspirin	Placebo	≤48 hours	28 days	Aspirin reduced death and recurrent stroke
IST 1997	Any ischaemic stroke	19435	Aspirin	Open	≤48 hours	14 days	Aspirin reduced recurrent stroke within 14 days
FASTER 2007	Minor stroke/TIA	392	Aspirin + Clopidogrel	Aspirin	<24 hours	90 days	No difference in day 90 stroke
CLAIR 2010	Symptomatic ICAS or carotid artery stenosis.	100	Aspirin + Clopidogrel	Aspirin	≤7 days	7 days	No difference in TCD microembolic signals
EARLY 2010	Ischaemic stroke (NIHSS≤20)	543	Aspirin + Dipyridamole	Aspirin	<24 hours	7 days	No significant difference in day 90 mRS.
CHANCE 2013	Minor stroke (NIHSS≤3)/TIA (ABCD <sup>2</sup> ≥4)	5170	Aspirin + Clopidogrel	Aspirin	<24 hours	21 days	Aspirin + clopidogrel reduced stroke at day 90.
SOCRATES 2016	Non-severe stroke (NIHSS≤5)/TIA (ABCD²≥4)	13199	Ticagrelor	Aspirin	<24 hours	90 days	No difference in day 90 stroke/myocardial infarction/death; ischaemic stroke, major and fatal bleeding

POINT 2018	Minor stroke (NIHSS≤3)/TIA (ABCD²≥4)	4881	Aspirin + Clopidogrel	Aspirin	<12 hours	90 days	Aspirin + clopidogrel reduced major ischaemic events (ischaemic stroke, myocardial infarction or death from an ischaemic event but increased major haemorrhage.
TARDIS 2018	Non- cardioembolic ischaemic stroke/TIA	3096	Aspirin + Clopidogrel + Dipyridamole	Clopidogrel or Aspirin + Dipyridamole	<48 hours	30 days	No difference in recurrent stroke/TIA. Increased in major bleeding in intensive treatment.
PRINCE 2019	Minor stroke (NIHSS≤3)/TIA (ABCD²≥4)	675	Aspirin + Ticagrelor	Aspirin + Clopidogrel	<24 hours	90 days	Less patients with high platelet reactivity in aspirin + ticagrelor arm. In ICAS subgroup, reduced stroke recurrence at day 90.
THALES 2020	mild to mod non- cardioembolic stroke (NIHSS≤5) or TIA (ABCD <sup>2</sup> ≥6)	11016	Aspirin + Ticagrelor	Aspirin	<24 hours	30 days	Aspirin + ticagrelor reduced ischaemic stroke but had more severe bleeding.
Subacute/chronic							
CAPRIE 1996	Recent	19185	Aspirin +	Clopidogrel	-	12 -36	Clopidogrel

	ischaemic stroke, recent MI or symptomatic PAD		Clopidogrel			months	significantly reduced ischaemic stroke, myocardial infarction or vascular death compared to aspirin
ESPS-2 1996	Ischaemic stroke or TIA	6602	Aspirin + Dipyridamole	Aspirin/ Dipyridamole/ Placebo	<3 months	24 months	Dual treatment of aspirin + dipyridamole is superior to either agent alone in preventing stroke recurrence.
MATCH 2004	High risk stroke/TIA	7599	Aspirin + Clopidogrel	Clopidogrel	<3 months	18 months	No significant difference in major cardiovascular events
CARESS 2005	TIA/stroke	107	Aspirin + Clopidogrel	Aspirin	<3 months	<7 days	Aspirin + clopidogrel better in reducing microembolic signals in carotid artery stenosis.
CHARISMA 2006	Established vascular disease or high risk of vascular disease	15603	Aspirin + Clopidogrel	Aspirin	<5 years	18 months	Clopidogrel plus aspirin was not significantly more effective than aspirin alone in reducing the rate of myocardial infarction, stroke, or cardiovascular death
ESPRIT 2006	Minor stroke or TIA	2763	Aspirin + Dipyridamole	Aspirin	≤6 months	42 months	Aspirin + dipyridamole significantly reduced stroke, myocardial

							infarction or vascular death
PRoFESS 2008	Recent ischaemic stroke	20332	Aspirin + Dipyridamole	Clopidogrel	<3 months	30 months	No difference in stroke or major ischaemic events
PLATO 2009 subgroup	ACS with prior ischaemic stroke or TIA	1152	Aspirin + Clopidogrel	Aspirin + Ticagrelor	≤24 hours of ACS	6-12 months	No significant difference in vascular events, myocardial infarction, or stroke but ticagrelor arm had lower mortality with no increase in major bleeding complications.
SPS3 2013	Recent lacunar stroke	3020	Aspirin +clopidogrel	Aspirin	<u>&lt;</u> 2 weeks-6 months	40 months	No difference in stroke with increase in bleeding and death with aspirin plus clopidogrel
Meta-analyses							
IST+CAST	Ischaemic stroke	40,000	Aspirin 160- 300 mg daily	no Aspirin	<u>&lt;</u> 48 hours	3 weeks	9 fewer stroke or deaths
Aspirin+ Dipyridamole	TIA or ischaemic stroke of presumed arterial origin	7612	Aspirin + Dipyridamole	Aspirin	≤1 week - 6 months	not stated	Aspirin plus dipyridamole was more effective in preventing recurrent stroke and composite outcome of vascular death, non- fatal MI and non-fatal

							stroke
Abbreviations: NIHSS= National Institutes of Health Stroke Scale; ICAS=intracranial arterial stenosis; ICH=intracranial							
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haemorrhage; MI: myocardial infarction; mRS=modified Rankin Scale; TIA=transient ischaemic attack; TCD=transcranial doppler