

them particularly vulnerable and suggestible, presenting with more and more unusual or bizarre methods of self-harm.

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Management of cognitive impairment of vascular origin

Sir: The study carried out by Michael Dennis & Ann Boyle (*Psychiatric Bulletin*, May 1998, **22**, 285–287) showed a clear consensus that aspirin is generally seen as an important strategy for the management of cognitive impairment of vascular origin.

The European Stroke Prevention Study 2 (Diener *et al.*, 1996) clearly concludes that dipyridamole in a modified release at a dose of 200 mg twice daily and low-dose aspirin have each been shown to be equally effective for the secondary prevention of ischaemic stroke and transient ischaemic attacks, and when co-prescribed the protective effects are additive, the combination being significantly more effective than either agent prescribed singly. This was a randomised placebo controlled, double-blind trial involving over 6000 patients. In clinical practice therefore we should be considering the use of low-dose aspirin in combination with dipyridamole.

DIENER, H. C., CUNHA, C., FORBES, C., *et al.* (1996) European Stroke prevention Study 2. *Journal of Neurological Sciences*, **143**, 1–13.

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