**Resume**

Meta-analysis of the results, obtained in the long-term controlled studies, showed that treatment with aspirin or clopidogrel compared with placebo reduces significantly the risk of overall mortality, non-fatal myocardial infarc-tion, stroke and vascular death by 25 %. Combinatory therapy of aspirin and clopidogrel for patients with acute myocardial infarction did not affect overall mortality, and only the frequency of the combined endpoint decreased by 20 % (p < 0.001) (non-fatal myocardial infarction, stroke, revascularization of the heart and cardiovascular death). Attempts to evaluate in numerous studies the possibility of increasing the effectiveness of long-term anti-thrombotic therapy in patients after acute coronary syndrome, by increasing the dose of antiaggregant or simply uncontrolled increase in the number of antithrombotic drugs — two antiaggregants in combination with one of the new oral anticoagulants, — showed no significant improvement in the treatment results. Because the frequency of the primary endpoint — overall mortality — did not change. Some reduction in the combined endpoint — a sec-ondary point on its value — accompanied by a significant increase in the risk of bleeding, which is associated with an increased risk of death. The same results were obtained in the study PEGASUS (Prevention of Cardiovascular Events in Patients with Prior Heart Attack Using Ticagrelor Compared to Placebo on a Background of Aspirin) in patients with documented chronic coronary heart disease (CHD) (myocardial infarction). The finding data suggests that the uncontrolled increase in the dose of drugs and combinations thereof has no effect on overall mortality. One of the new trends in finding a solution to increase the therapy efficacy, without increasing the risk of bleeding, may be an individual choice of the drug, based on an assessment of the extent of its effect on platelet aggrega-tion. Today, many studies have shown an interconnection between high residual platelet reactivity and mortality of patients with CHD. Based on these data, there have been proposed target levels of the platelet reactivity reducing by therapy with aspirin and clopidogrel, which allow the selection of an effective drug for each patient. This article devoted to the study of this issue.

**Key words**

Atherotrombosis, antithrombotic therapy, platelet aggregation, antiaggregants.