Introduction: Stroke is a leading cause of death in our country. Although, there are better methods of detection and more effective treatments for prevention, their occurrence remains high. Thus, its prevention and proper treatment are crucial. In this sense, antiplatelet therapy (AT) gains an important role in primary and secondary prevention of events. However, the clinician cannot forget the side effects of this drug.

Case Report: Man, 81 years old. Personal background: breast neoplasm, hypertension, type 2 diabetes, lacunar stroke, anaemia (with constant need for transfusion support) due to intestinal angiodysplasia, aortic stenosis and coronary heart disease. Patient sought medical attention due to gastrointestinal bleeding. After a hospital stay, he returned home medicated with enoxaparin and indication for considering AT suspension. The attending physician opted to suspend clopidogrel and the patient presented an improvement of his haemoglobin.

Conclusion: This patient carries a high cardiovascular risk. Given the age of the patient and the fact that the risk of events seems to be more dependent on anaemia than the release of atherosclerotic plaques, wouldn’t it be more appropriate to suspend clopidogrel? The fact that the family denied invasive treatments seems to point to a knowledge of the unfavourable clinical situation, so controversial treatments should be avoided. Suspending AT can decrease the risk of bleeding and thus better control of anaemia, which reduces the risk of cardiovascular events. The quaternary prevention starts gaining ground in clinical practice and, in this case, it seems to have been the solution.