Summary of antiplatelet options in cardiovascular disease

The guidance does NOT override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Antiplatelet therapies are used for a number of indications.
This guidance summarises the recommended antiplatelet regimens for use across South London.

Antiplatelet Monotherapy

The majority of patients will require antiplatelet monotherapy.

Indication	First-line treatment option	Alternative (especially in the event of C/I or intolerance to first-line options)
Stable coronary artery disease	Aspirin 75mg daily	Clopidogrel 75mg daily
Post-stroke or Transient Ischaemic Attack (TIA) (in the absence of atrial fibrillation)	Clopidogrel 75mg daily	Aspirin 75mg daily with dipyridamole MR 200mg twice daily
Peripheral arterial disease (PAD)	Clopidogrel 75mg daily	Aspirin 75mg daily
Multivascular disease (i.e. coronary artery disease and stroke / TIA or PAD)	Clopidogrel 75mg daily	Aspirin 75mg daily (with dipyridamole MR 200mg twice daily if prior stroke / TIA)

- Aspirin is not indicated for stroke prevention in patients with Atrial Fibrillation (AF) – see Stroke Prevention in AF guidance.
- Aspirin is not recommended for the routine use for the primary prevention of cardiovascular disease, in the presence or absence of diabetes and/or chronic kidney disease.
- Prasugrel and ticagrelor are not licensed for use as monotherapy for the primary or secondary prevention of CV disease.

Dual Antiplatelet Therapy (DAPT)

All patients initiated on DAPT must leave hospital with a clear documented plan that includes the indication and duration of treatment. Clear guidance from the initiating team on when to stop DAPT must be communicated to primary care.

Indication	First line option	Alternatives (especially in the event of C/I or intolerance to first-line options)
Acute coronary syndrome (ACS) including: • **ST elevation MI (STEMI)** • **Non-ST elevation MI (NSTEMI) (Troponin +ve)** **with or without stent insertion**	• Aspirin 75mg daily plus ticagrelor 180mg loading followed by 90mg twice daily for one year **then continue:** a) Aspirin monotherapy long-term[1] OR b) In patients **who are at high risk of atherothrombotic event**[2]. Aspirin 75mg daily plus ticagrelor 60mg twice daily for a maximum of 3 years; followed by aspirin 75mg monotherapy long-term[1]**.** The decision to extend treatment beyond the first year should be made by the cardiologist at the index event	• Aspirin 75mg daily plus prasugrel 60mg loading dose then 10mg[3] daily for one year then continue aspirin monotherapy long-term[1] OR • Aspirin 75mg daily plus clopidogrel 75mg daily for one year; then continue aspirin monotherapy long-term[1]
Unstable angina (Troponin -ve)	• Aspirin 75mg daily plus clopidogrel 75mg daily for one year; then continue aspirin monotherapy long-term[1]	• Aspirin 75mg daily or clopidogrel 75mg daily as monotherapy long-term
Elective Percutaneous Coronary Intervention (PCI) with drug eluting stent insertion	• Aspirin 75mg daily plus clopidogrel 75mg daily for one year; then continue aspirin monotherapy long-term[1]	• Discuss with cardiology before changing drug therapy

[1] Clopidogrel monotherapy long-term may be indicated in some patients – refer to monotherapy antiplatelet table above
[2] Extended treatment with ticagrelor 60mg twice daily with aspirin 75mg daily may be started without interruption (continuation therapy) after initial 1 year treatment with dual antiplatelet therapy, started up to 2 years from the myocardial infarction, or within 1 year after stopping previous adenosine diphosphate (ADP) receptor inhibitor treatment
[3] If patient is over the age of 75 and/or of low bodyweight (under 60kg) a lower maintenance dose of 5mg daily may be considered

Elective percutaneous coronary intervention (PCI) with bare metal stenting (BMS) or drug eluting balloons	• Aspirin 75mg daily plus clopidogrel 75mg daily for one month then continue aspirin monotherapy long-term[1]	• Discuss with cardiology before changing drug therapy
Post-Coronary Artery Bypass Graft (CABG) surgery (if initiated prior to hospital discharge)	• Aspirin 75mg daily plus clopidogrel 75mg daily for up to three months; then continue aspirin monotherapy long-term[1]	• Aspirin 75mg daily or clopidogrel 75mg daily as monotherapy
Post-Patent Foramen Ovale (PFO) closure	• Aspirin 75mg daily and/or clopidogrel 75mg daily for up to six months then consider aspirin monotherapy long-term[1]	• Discuss with cardiology before changing drug therapy
Following Transcatheter Aortic Valve Insertion (TAVI)	• In line with local guideline. This is usually aspirin 75mg daily or clopidogrel 75mg daily long-term	• Switch to alternative agent. If this is not tolerated discuss with initiating team

Triple Therapy (Dual antiplatelet therapy plus anticoagulant)

On occasion, patients may require dual antiplatelet therapy and anticoagulation – for example, in a patient with AF following an ACS event and/or PCI with a stent insertion. The decision to prescribe triple therapy should be made by a consultant cardiologist. The duration of triple therapy should be as short as possible. Recent ESC guidance suggests that using one of the direct oral anticoagulants at the lowest dose effective for prevention of AF-related stroke as part of the triple therapy regimen may be appropriate. Detailed guidance from the ESC can be found at: https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/Atrial-Fibrillation-Management. There are a number of on-going and recently reported clinical trials which may result in changes to these recommendation(s).

References

- NICE TA236: Ticagrelor for the treatment of acute coronary syndromes. Oct 2011 https://www.nice.org.uk/guidance/ta236
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- Royal College of Physicians Intercollegiate Stroke working Group: 2016. National Clinical Guideline for Stroke 5th edition https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines
- NICE TA317: Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes Jul 2014 https://www.nice.org.uk/guidance/ta317
- NICE TA420: Ticagrelor for preventing atherothrombotic events after myocardial infarction. Dec 2016 https://www.nice.org.uk/guidance/ta420
- ESC guidelines for the management of atrial fibrillation developed in collaboration with EACTS. Aug 2016 https://www.escardio.org/Guidelines/Clinical-Practice-Guidelines/Atrial-Fibrillation-Management