Pharmacist's Letter
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Answer Questions About the Role of DAPT After a Minor Stroke

New data will raise questions about optimal use of short-term dual antiplatelet therapy (DAPT) after an ischemic stroke or TIA.

We know that short-term DAPT...such as aspirin plus clopidogrel for 21 days...reduces recurrent stroke risk compared to aspirin alone.

But most evidence is with starting DAPT within 24 hours.

And data are mostly for patients with a minor stroke, an NIH Stroke Scale (NIHSS) score of 3 or less out of 42 points...or high-risk TIA, an $ABCD^2$ score of 4 or more out 7 points.

Now a new study examines starting DAPT within 72 hours and includes patients with slightly worse symptoms...an NIHSS score of 5 or less.

In these cases, aspirin plus clopidogrel for 21 days prevents 1 recurrent stroke for every 53 patients treated compared to aspirin alone.

And it leads to moderate to severe bleeding for 1 in 200 patients.

Think of these outcomes as roughly similar to other studies of short-term aspirin plus clopidogrel after a minor stroke or TIA.

Help ensure appropriate use of DAPT to reduce recurrent stroke risk.

For example, expect to see a short course of DAPT for patients with a high-risk TIA or milder stroke...NIHSS score of 5 or less.

But anticipate avoiding DAPT with more severe strokes...or for patients who got a thrombolytic or take an anticoagulant. There’s no proof that benefit outweighs risk in these cases.

Expect patients to start DAPT BEFORE hospital discharge.

Starting ASAP is still ideal...since recurrent stroke risk is highest during the first couple of days poststroke.

But think of these newer data as support for starting up to 72 hours poststroke if necessary...such as due to delays in seeking care.

Continue to rely on aspirin plus clopidogrel as the preferred combo. After loading doses, patients will step down to clopidogrel 75 mg/day plus aspirin 81 mg/day.

Confirm that DAPT is stopped after 21 days...or possibly after 10 days for patients at higher bleeding risk. This seems to be the “sweet spot” to maximize benefit and limit bleeding.

Then advise continuing ONE antiplatelet long-term...generally aspirin 81 mg/day.

But clarify WHY patients are taking DAPT. For example, patients with a recent coronary stent may need the combo for a longer duration.

See our chart, *Antiplatelets for Recurrent Ischemic Stroke*, for pros and cons of the various regimens. And use our *Acute Ischemic Stroke Pharmacotherapy Checklist* for other important poststroke meds.

Key References:

Cite this document as follows: Article, Answer Questions About the Role of DAPT After a Minor Stroke, Pharmacist's Letter, May 2024

-Gao Y, Chen W, Pan Y, et al; INSPIRES Investigators. Dual Antiplatelet Treatment up to 72 Hours after Ischemic Stroke. N Engl J Med. 2023 Dec 28;389(26):2413-2424.
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Pharmacist's Letter. May 2024, No. 400502