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BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

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The following succinct analysis appeared in *Pharmacist's Letter*. Based on vol. 38. No. 2

ANTIPLATELETS

You'll see more of a shift to SHORTER courses of dual antiplatelet therapy (DAPT) after a coronary stent in stable ischemic heart disease.

Individualize the duration of aspirin PLUS another antiplatelet (clopidogrel, etc) based on ischemic and bleeding risks.

Most evidence is with 6 months of DAPT in these stable patients who get a drug-eluting stent, the most common type.

Generally stick with this approach if ischemic risk is high due to smoking, prior stent thrombosis, etc. Then recommend aspirin 81 mg/day alone indefinitely.

But now consider just 1 to 3 months of DAPT if bleeding risk is high...due to advanced age, prior GI or intracranial bleeding, etc.

Mounting evidence suggests this shorter duration may have similar CV benefit with less bleeding...partly due to improved stent technology.

If using a shorter DAPT course, suggest aspirin plus clopidogrel for 1 to 3 months...followed by clopidogrel alone for up to 12 months. At 12 months, advise switching to aspirin alone indefinitely.

There's also evidence for 1 to 3 months of aspirin plus *Brilinta* (ticagrelor)...but *Brilinta* is bid, can cause dyspnea, and costs about $400/month. There's not much evidence with shorter prasugrel durations.

Watch for e-Rx notes stating how long each antithrombotic should be continued...and consider including this on the Rx label.

Think of DAPT for longer than 12 months in any patient as a cue to reevaluate. Many are unintentionally left on it long-term...due to communication mishaps, fear of rocking the boat, clinical inertia, etc.

For stent patients who also have atrial fib, review our recent article to help manage anticoagulant and antiplatelet combos.

See our chart, *Dual Antiplatelet Therapy*, for when to consider a shorter duration after acute coronary syndrome.

(For more on this topic, see Clinical Resource #380209 at PharmacistsLetter.com.)

Lawton JS, Tamis-Holland JE, Bangalore S, et al. 2021 ACC/AHA/SCAI guideline for coronary artery revascularization: a report from the American College of Cardiology/American Heart Association joint committee on clinical practice guidelines. Circulation 2022;145:e18-114.

See LEADER NOTES for answers to discussion questions.

DISCUSSION QUESTIONS

OVERVIEW OF CURRENT THERAPY

1. **What are the new guidelines for coronary artery revascularization?**

ANALYSIS OF NEW GUIDELINE

2. **What are the criteria for development or evaluation of practice guidelines?**

3. **Are the new ACC/AHA guidelines evidence based? Is evidence linked to recommendations with a strength of recommendation grading system?**

4. **Are the guidelines unbiased and representative of a wide range of clinicians?**

5. **Are the guidelines based on outcomes important to patients?**

See LEADER NOTES for answers to discussion questions.

6. **Are the interventions proposed in the guidelines feasible in all practice settings?**

7. **Have the guidelines been prospectively validated?**

8. **What are the major guideline recommendations for managing antiplatelets following a coronary stent, and what are considerations about these recommendations?**

9. **Are the guidelines expressed in terms we care about and can use?**

HOW SHOULD THE NEW FINDINGS CHANGE CURRENT THERAPY?

10. **Do the guidelines change your practice? How?**

APPLY THE NEW FINDINGS TO THE FOLLOWING CASE

DM is a 61-year-old female patient in clinic for follow-up approximately 1 week after receiving a coronary stent. DM presented to the ED after several days of intermittent angina and underwent a left heart catheterization with drug-eluting stent placement. You are seeing her today to evaluate her medication regimen and ensure she is tolerating it well.

See LEADER NOTES for answers to discussion questions.

DM's medications currently include aspirin 81 mg daily, amlodipine 10 mg daily, atorvastatin 80 mg daily, ticagrelor 90 mg BID, and nitroglycerin 0.4 mg prn angina.

11. What medications are indicated for patients with coronary artery disease?

DM is concerned about her medication regimen, especially her "blood thinners." This is the third time she has had stents placed and was admitted after the last episode due to a GI bleed. She recalls being on Brilinta (ticagrelor) at that time as well. She explains that she is adherent with the medication, and although has difficulty remembering to take all of the medications, her husband has been helpful in reminding her.

12. What are options to address DM's concerns about bleeding?

You discuss that guidelines now support a shorter course of "dual antiplatelet therapy" for patients at high risk of bleeding. DM feels better knowing she can limit how long she needs to take both antiplatelet medications. You agree to contact her cardiologist to discuss this shorter duration of dual antiplatelet therapy.

13. What could you suggest to address DM's concerns about difficulty remembering her meds?

You suggest switching DM to clopidogrel since it's taken daily instead of twice a day, and also has evidence for use with shorter courses of DAPT. Clopidogrel is also significantly less expensive than ticagrelor.

See LEADER NOTES for answers to discussion questions.

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Additional Pharmacist's Letter Resources available at PharmacistsLetter.com

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FAQ, Combination Antithrombotic Therapy: FAQs. Pharmacist's Letter and Prescriber's Letter. May 2019.
Toolbox, Optimizing Care of Patients With Coronary Artery Disease. Pharmacist's Letter and Prescriber's Letter. November 2021.
Toolbox, Medication Adherence Strategies. Pharmacist's Letter and Prescriber's Letter. March 2018.
Toolbox, Improving Outcomes After Myocardial Infarction. Pharmacist's Letter and Prescriber's Letter. August 2017.
FAQ, The Truth About Aspirin. Pharmacist's Letter and Prescriber's Letter. November 2021.
Chart, Aspirin for CV Primary Prevention and More. Pharmacist's Letter and Prescriber's Letter. November 2018.
Chart, Managing Chronic Meds in Patients Undergoing Colonoscopy. Pharmacist's Letter and Prescriber's Letter. August 2021.
Chart, Common Cardiovascular Risk Calculators. Pharmacist's Letter and Prescriber's Letter. September 2018.
Chart, Antithrombotic Management in Regional Anesthesia. Pharmacist's Letter and Prescriber's Letter. June 2018.
FAQ, Antithrombotics and Valvular Heart Disease: FAQs. Pharmacist's Letter and Prescriber's Letter. April 2021.

See LEADER NOTES for answers to discussion questions.