

## See How Far We've Come in 40 Years

**We're celebrating 40 years of *Pharmacist's Letter* this month!**

Help us commemorate with a throwback to a couple of the topics we covered in June 1985...our very first issue.

**HIV.** We've come a LONG way with HIV over the past 40 years...from considering it an incurable infection to one we can now prevent.



*What we said in 1985:* There is no cure for AIDS on the immediate horizon despite all the news coverage.

*What we say now:* Consider ways to support HIV prevention.

Keep pre-exposure prophylaxis (PrEP) top of mind in discussions with ALL sexually active patients...to help raise awareness and limit stigma.

Explain that daily oral PrEP prevents HIV infection in about 1 in 50 adults at higher risk...such as a person whose partner is living with HIV.

Recommend generic emtricitabine/tenofovir DISOPROXIL fumarate (Truvada) daily for most patients...it costs less than other options.

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Also know when to recommend POST-exposure prophylaxis (PEP)...after possible HIV exposure during sex, sharing needles, etc. Reinforce to start PEP ASAP within 72 hr of exposure...and continue meds for 28 days.

Be aware, preferred PEP regimens recently changed.

For most adults and teens, lean toward bicitgravir/emtricitabine/ tenofovir ALAFENAMIDE (Biktarvy)...it's a single tablet taken once daily.

Use our checklists, *HIV PrEP* and *HIV PEP*, for screening and monitoring, alternative meds, how to help patients afford meds, and more.

**Ischemic stroke.** We've known for decades that antiplatelets reduce the risk of recurrent stroke. But we're still studying the best approach.

*What we said in 1985:* Persantine (dipyridamole) with aspirin is no better than aspirin alone in the prevention of strokes.

*What we say now:* Generally recommend aspirin OR clopidogrel alone.

Dipyridamole ER/aspirin seems a bit more effective than aspirin. But it's bid...headache is common...and it still costs about \$60/month.

But don't be surprised to see a short course of dual antiplatelet therapy (DAPT) with aspirin plus clopidogrel after a high-risk TIA (ABCD<sup>2</sup> score 4 or above) or milder stroke (NIH Stroke Scale score 5 or less).

In these cases, recent data suggest DAPT for 21 days prevents 1 recurrent stroke for every 53 patients treated compared to aspirin alone.

But there's no proof that the benefit of DAPT outweighs bleeding risk in patients with more severe strokes...or who take an anticoagulant.

Dive into our chart, *Antiplatelets for Recurrent Ischemic Stroke*, for more on the preferred options, dosing, and estimated cost.

#### Key References:

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