NHS
Newcastle Gateshead
Clinical Commissioning Group

Gateshead Antiplatelet Therapy Guidance

Implementation date: May 2015

Review date: May 2016

This guideline has been prepared and approved for used within Gateshead in consultation with Gateshead CCG and Secondary Care Trusts.

Approved by:

Committee	Date
Gateshead Medicines Management Committee	13/05/2015
Newcastle Gateshead CCG Optimisation of Medicines, Pathways and Guidelines Committee	04/06/2015

This guideline is not exhaustive and does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Full details of contra-indications and cautions for individual drugs are available in the BNF or in the Summary of Product Characteristics (available in the Electronic Medicines Compendium) www.emc.medicines.org.uk

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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 Ischaemia attack (TIA) (in the absence of atrial fibrillation)	Clopidogrel 75mg daily	Aspirin 75mg daily with dipyridamole MR 200mg twice daily
Peripheral arterial disease	Clopidogrel 75mg daily	Aspirin 75mg daily

- Aspirin is not indicated for stroke prevention in patients with Atrial Fibrillation (AF) – see Stroke Prevention in AF guidance
- Aspirin is not recommended for routine use for the primary prevention of cardiovascular disease, in the presence or absence of diabetes 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

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) (hs Troponin +ve)** **with or without drug eluting stent (DES) insertion**	Aspirin 75mg daily plus Ticagrelor 180mg loading followed by 90mg twice daily for one year; then continue aspirin monotherapy long-term *Cardiology will decide on whether Ticagrelor/Prasugrel or Clopidogrel appropriate*	Aspirin 75mg daily plus clopidogrel 75mg daily for one year; then continue aspirin monotherapy long-term OR Aspirin 75mg daily plus Prasugrel 60mg loading dose then 10mg daily for one year then continue aspirin monotherapy long-term
Unstable angina (hs Troponin -ve)	Aspirin 75mg daily plus clopidogrel 75mg daily for one year; then continue aspirin monotherapy long-term OR if for PCI Aspirin75mg daily plus Ticagrelor 180mg and 90mg b.d. for 12 months	Aspirin 75mg daily or clopidogrel 75mg daily as monotherapy long-term
Elective Percutaneous Coronary Intervention (PCI) with drug eluting stent insertion or bare metal stenting (BMS)	Aspirin 75mg daily plus clopidogrel 75mg daily for one year; then continue aspirin monotherapy long-term	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	Aspirin 75mg daily or clopidogrel 75mg daily as monotherapy

References

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