

HOW LONG SHOULD DIFFERENT ANTIPLATELETS BE PRESCRIBED FOR?

NICE – Clinical Knowledge summaries : Antiplatelet treatment - Last revised in October 2015

Primary prevention

Aspirin is not licensed for use in primary prevention of CVD

Some experts recommend treatment with aspirin for people with hypertension and:

- Who are aged over 50 years with a high CVD risk (10 years CVD risk greater than 20%), or
- Have a reduced renal function (for example estimated Glomerular Filtration Rate less than 45 mL/min/1.73 m²).
- The advice is not to start aspirin for the primary prevention of cardiovascular disease until blood pressure is less than 150/90 mmHg

Secondary prevention (e.g. angina, MI, stroke/TIA/peripheral arterial disease)

- MI
 - treat long-term with low-dose aspirin (75 mg daily for most people). Clopidogrel (75 mg daily) is an alternative if aspirin is contraindicated or not tolerated.
 - with acute coronary syndrome without ST-segment elevation:
 - Following the acute event, a combination of low-dose aspirin (usually 75 mg daily) plus either clopidogrel 75 mg daily or ticagrelor 90 mg twice a day is given for 12 months.
 - Low-dose aspirin is then continued alone long-term.
 - with acute coronary syndrome with ST-segment elevation:
 - Following the acute event, a combination of low-dose aspirin (usually 75 mg daily) plus either clopidogrel 75 mg daily or ticagrelor 90 mg twice a day is recommended.
 - If clopidogrel and aspirin were used, continue these for at least 1 month. If aspirin and ticagrelor were used, continue these for up to 12 months.
 - Low-dose aspirin is then continued alone long-term.
- Ischaemic stroke and transient ischaemic attack
 - Clopidogrel (75 mg daily) is the preferred antiplatelet.
 - If clopidogrel is contraindicated or not tolerated, give modified-release dipyridamole (200 mg twice a day) combined with low dose aspirin.
 - If both clopidogrel and modified-release dipyridamole are contraindicated or not tolerated, give aspirin alone.
 - If both clopidogrel and aspirin are contraindicated or not tolerated, give modified-release dipyridamole alone.
- Peripheral arterial disease
 - Clopidogrel 75 mg daily is the preferred antiplatelet.
 - If clopidogrel is contraindicated or not tolerated, give low dose aspirin alone.
 - If both clopidogrel and aspirin are contraindicated or not tolerated, give modified-release dipyridamole alone.
- Multivascular disease (people with cardiovascular disease who have disease in more than one vascular site)
 - Clopidogrel 75 mg daily is the preferred antiplatelet.
 - If clopidogrel is contraindicated or not tolerated, give aspirin alone.
- Coronary or carotid interventions, such as stenting
 - In general, low dose aspirin (75–300 mg) in combination with one of the following

antiplatelets is initiated in secondary care:

- Clopidogrel 75 mg daily, or
 - Prasugrel 10 mg daily (or 5 mg daily if the person weighs less than 60 kg, or if the person is 75 years of age or older), or
 - Ticagrelor 90 mg twice a day.
- Treatment is usually continued for up to 12 months after the procedure (unless otherwise specified by the specialist). After the stated period of treatment, antiplatelet treatment is continued with low-dose aspirin alone.