Safe Use of Dual Anti-platelet Therapy

Background
In 2017-18 GP practices are asked to audit patients taking anti-platelets, as part of a dual anti-platelet regime, to ensure that the duration of therapy is appropriate and that all prescriptions of limited duration have a stop date.

While dual anti-platelet therapy has benefits in terms of reducing cardiovascular morbidity and mortality the risk of bleeding increases with increasing length of dual therapy.

Drugs
The three anti-platelet drugs that are recommended in combination with low-dose aspirin are:

- **Clopidogrel**
- **Ticagrelor (Brilique®)**
- **Prasugrel (Efient®)**

These are all amber on the pan-Dorset Formulary so should only be started on the advice of a specialist in secondary care.

Secondary care providers should include the details of the indication, dose and duration of dual anti-platelet therapy in discharge letters to GPs. GPs should not prescribe without these clear directions.

**Clopidogrel**
Clopidogrel 75 mg daily in combination with low-dose aspirin is used for a variety of indications including acute coronary syndromes (ACS) and following stent placement with different durations of therapy.

**Prasugrel**
Prasugrel, 10 mg daily, in combination with aspirin is recommended by NICE for preventing atherothrombotic events in adults with ACS having primary or delayed percutaneous coronary intervention.

According to the summary of product characteristics (SPC), the use of prasugrel in people over 75 is generally not recommended. However, if treatment is necessary in patients over 75 or weighing less than 60kg, the SPC states that the 5 mg maintenance dose should be used. Treatment should not extend beyond 12 months.

**Ticagrelor**
Dorset CCG commissions ticagrelor in accordance with two NICE technology appraisals. It is critical that the patient is prescribed the correct dose for the correct duration, according to guidance from the specialist:

1. Ticagrelor, 90 mg twice daily, with aspirin, is indicated for up to 12 months as a treatment option in adults with ACS. (NICE TA 236).
2. Ticagrelor, 60 mg twice daily with aspirin, is indicated for the prevention of atherothrombotic events in patients with a history of myocardial infarction (MI) and a high risk of developing an atherothrombotic event. Treatment should be stopped when clinically indicated or at a maximum of 3 years (NICE TA 420).

**Practices should:**
- Include the indication, dose and duration of dual therapy on the patient’s records.
- Calculate a stop date for the patient’s records
- Consider including a stop date on the prescription.

**Gastro-protection & dual antiplatelet therapy:**
A patient may be started on a proton-pump inhibitor (PPI) as dual anti-platelet therapy is initiated. Consider the need to continue the PPI when dual anti-platelet therapy is stopped.

**References**
- Dorset Formulary
- NICE CG172 NICE Antiplatelet summary