TAYSIDE PRESCRIBER

Tayside D&TC Supplement No.70

(Please note – this bulletin supersedes D&TC Supplement No. 51) June 2007

Produced by NHS Tayside Drug & Therapeutics Committee, Medicines Advisory Group

GUIDANCE FOR THE USE OF CLOPIDOGREL IN NHS TAYSIDE

Secondary prevention in cerebrovascular disease, cardiovascular disease, and peripheral vascular disease
First choice: aspirin

ST elevation acute coronary syndrome
First choice: aspirin + clopidogrel for up to four weeks then stop clopidogrel

Non-ST elevation acute coronary syndrome
First choice: aspirin + clopidogrel for three months then stop clopidogrel

Post angioplasty/stent insertion
First choice: aspirin + clopidogrel usually for 3-12 months on advice of cardiologist

Note - there is a small group of patients who should remain on long-term combination treatment

(a) Secondary prevention

- Aspirin is the treatment of choice for secondary prevention in cerebrovascular disease, cardiovascular disease, and peripheral vascular disease at a dose of 75mg daily.
- Consider concurrent PPI with prophylactic aspirin in patients with significant gastrointestinal disturbance due to aspirin, or those with a history of peptic ulcer disease.
- Add dipyridamole m/r 200mg twice daily to long-term prophylactic aspirin in patients with ischaemic strokes or transient ischaemic attacks.
- Patients with proven aspirin allergy, other serious aspirin intolerance or continuing significant GI upset despite concurrent PPI with aspirin, should instead be prescribed clopidogrel alone to prevent further events.
- Aspirin and clopidogrel should not be used in combination in this group of patients.

(b) Acute coronary syndromes (ACS)

- The combination of aspirin and clopidogrel should be initiated promptly in patients with ACS. Give aspirin 300mg stat plus clopidogrel 300mg stat and then continue with the combination of aspirin 75mg daily and clopidogrel 75mg daily (omit initial clopidogrel loading dose in patients with ST elevation ACS over 75 years).
- Clopidogrel therapy should be continued for up to four weeks in patients with ST elevation and for three months in those with non-ST elevation ACS, thereafter reverting to long-term aspirin monotherapy.
- The combination of aspirin and clopidogrel is associated with an increased risk of GI bleeding.
- Advice regarding the duration of clopidogrel and aspirin combination should be given by the hospital specialist on discharge or after out-patient review. The **stop date** for clopidogrel should be clearly stated on the discharge prescription.

Indication	Duration of clopidogrel
ST elevation ACS	Maximum of 4 weeks
Non-ST elevation ACS	3 months
Post angioplasty/stent insertion	Usually 3-12 months on advice of cardiologist (depends on type of stent used)

***note** – treatment with clopidogrel may be extended in complex cases with multiple risk factors, or where there is high risk of re-thrombosis – the **stop date** should be clearly stated on the discharge prescription

Notes:

1. The use of clopidogrel as an alternative to aspirin does not eliminate the risk of GI bleeding.
2. Clopidogrel is contra-indicated in active bleeding.
3. Following interventional procedures the use of aspirin and clopidogrel in combination should be in accordance with the recommendation of specialist cardiac centres.
4. Discuss with cardiology regarding the management of stent patients in need of urgent surgery or experiencing GI bleeding while on aspirin and clopidogrel.
5. The e/c formulation of aspirin 75mg is not recommended.