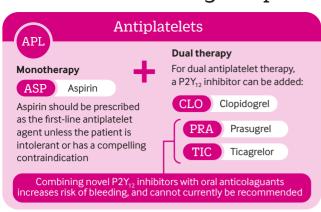
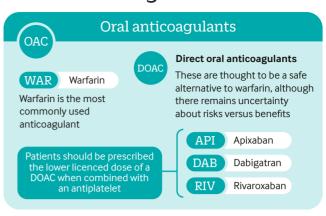
# Combining antiplatelets and anticoagulants





# Example clinical scenarios



## Primary prevention

**ASP** 

Antiplatelets are not licensed for the primary prevention of cardiovascular disease. However, there is weak evidence that aspirin may confer some benefit in patients who are hypertensive and have impaired renal function or elevated risk of CVD

If a patient develops an indication for an OAC, this should replace the antiplatelet agent





## Secondary prevention



Antiplatelet therapy is recommended for the secondary prevention of cardiovascular disease

If a patient develops an indication for an OAC:



#### Stable coronary artery disease

OAC monotherapy is recommended instead of antiplatelet

### Very high risk for coronary events

Consider adding aspirin or clopidogrel to OAC







## Deep vein thrombosis



DVT in patients prescribed antiplatelets should be treated with OACs for a minimum of three months

In patients with intermediate-to-high bleeding risk, consider stopping any antiplatelet for the duration of the treatment - unless there is an acute indication (such as a recent cardiac event)



## Non-valvular atrial fibrillation

Generally, patients who have an acute coronary syndrome and/or undergo percutaneous coronary intervention could benefit from:



4-6 months Triple therapy





To complete 12 months Dual therapy







#### After 12 months

As per secondary prevention of CVD Combination and duration depends on stroke risk, bleeding risk, and clinical setting

In patients who are at high risk of bleeding, the use of bare-metal stents over drug-eluting stents is recommended to shorten dual antiplatelet and anticoagulant therapy to four weeks.

## Valvular heart disease

WAR

Warfarin is recommended for all patients with native valvular heart disease and atrial fibrillation

Clinical trials for direct oral anticoagulants (DOACs) in valvular heart disease have not been undertaken





## + ASP CLO

The addition of an antiplatelet reduces risk of valve thrombosis and arterial thromboembolism but at an increased risk of major bleeding



Oral anticoagulants are recommended lifelong for patients with a mechanical prosthesis

Bioprosthetic values might not require oral anticoagulants beyond three months after insertion

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