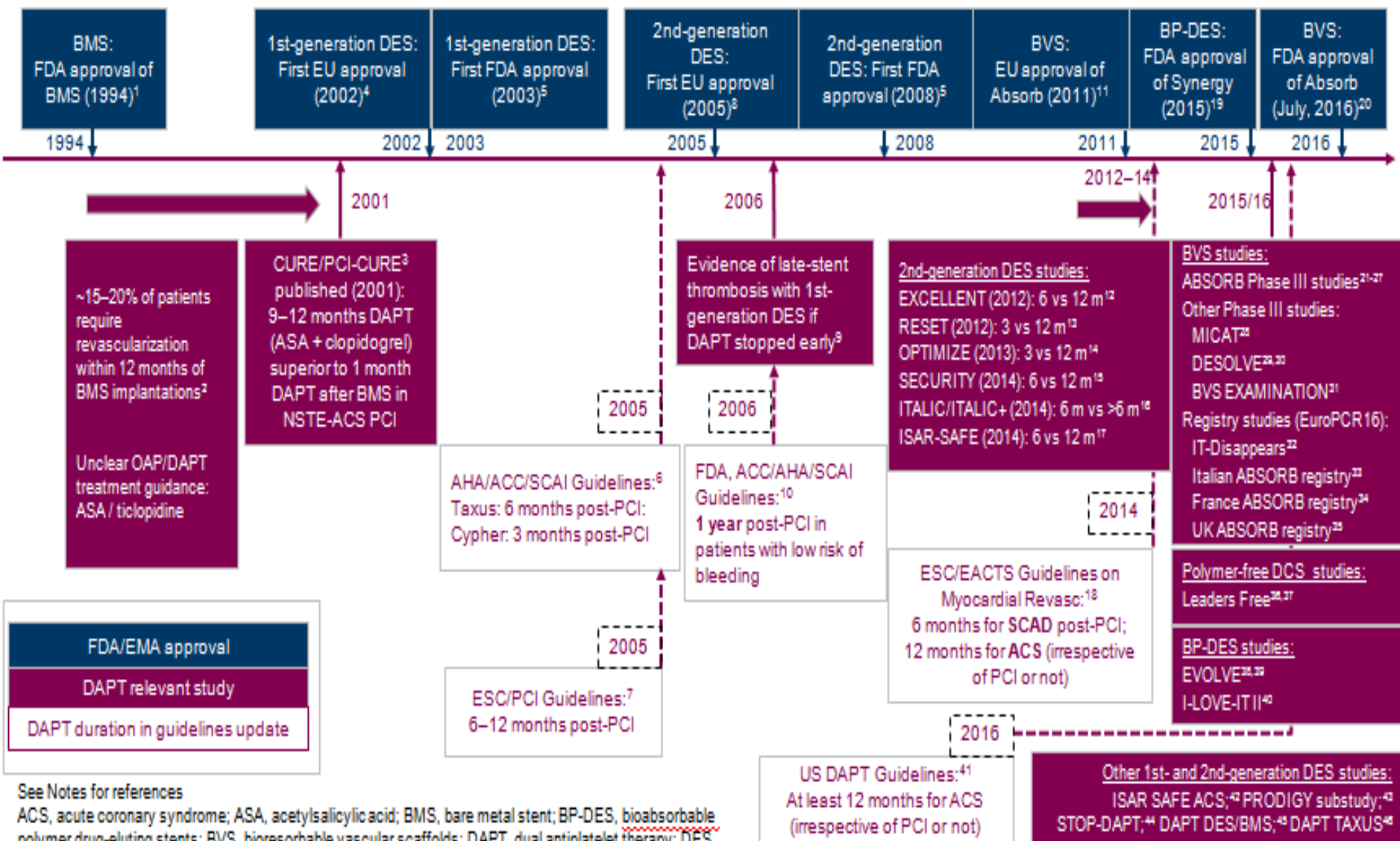


# DURATION OF ANTIPLATELET THERAPY AFTER PCI

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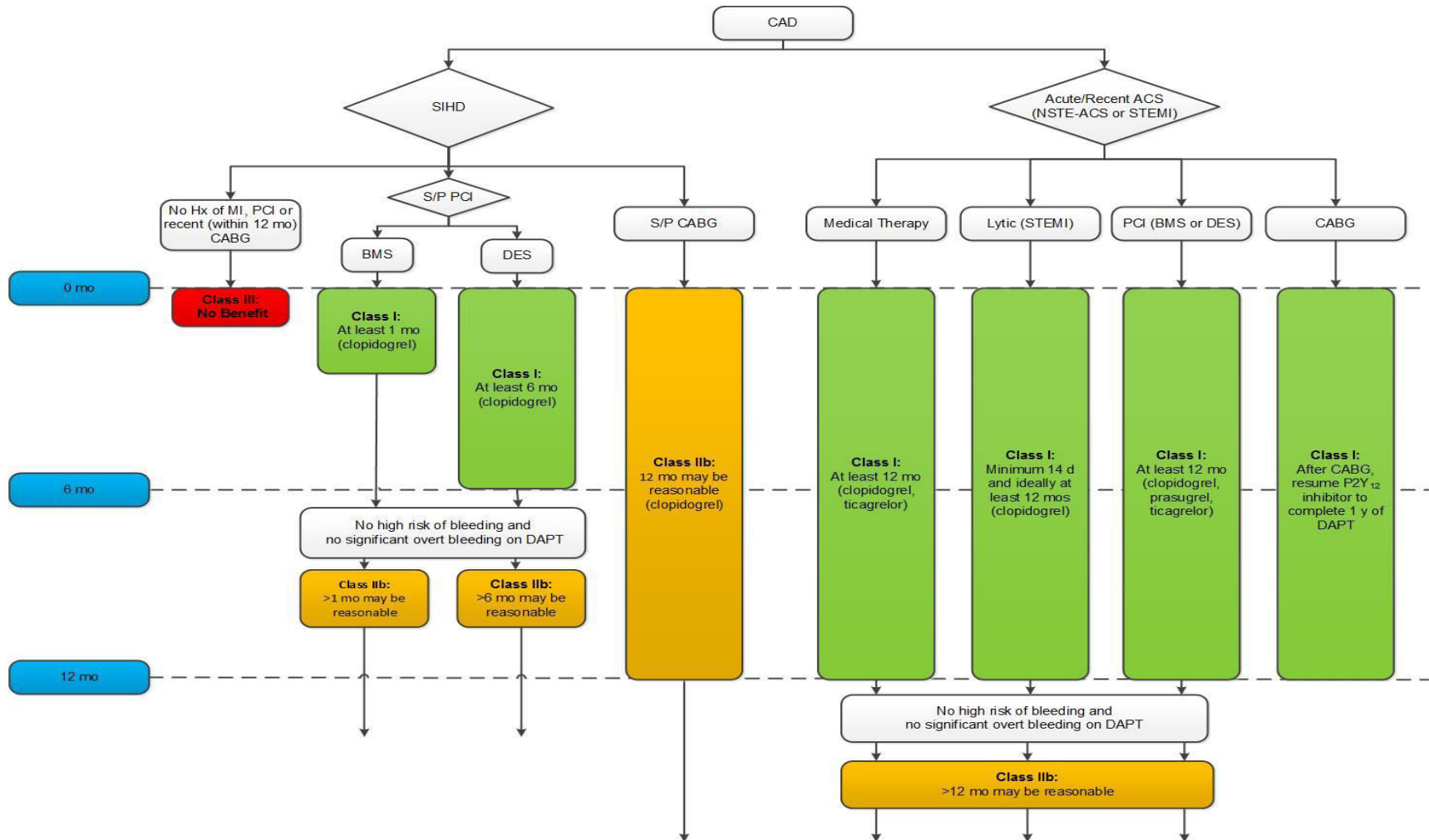
# Timeline of stent evolution and DAPT duration



See Notes for references

ACS, acute coronary syndrome; ASA, acetylsalicylic acid; BMS, bare metal stent; BP-DES, bioabsorbable polymer drug-eluting stents; BVS, bioresorbable vascular scaffolds; DAPT, dual antiplatelet therapy; DES, drug-eluting stent; NSTEMI-ACS, non-ST-elevated ACS; OAP, oral antiplatelet; PCI, percutaneous coronary intervention; SCAD, stable coronary artery disease

# Figure 1. Master Treatment Algorithm for Duration of P2Y<sub>12</sub> Inhibitor Therapy in Patients With CAD Treated With DAPT



## Overriding Concepts and Recommendations for DAPT and Duration of Therapy

- Specific P2Y<sub>12</sub> Inhibitors
- Aspirin Dosing in Patients Treated With DAPT

# Overriding Concepts and Recommendations for DAPT and Duration of Therapy

## Aspirin Dosing in Patients Treated With DAPT

## Aspirin Dosing in Patients Treated With DAPT

COR	LOE	Recommendation
I	B-NR	In patients treated with DAPT, a daily aspirin dose of 81 mg (range, 75 mg to 100 mg) is recommended.

## Percutaneous Coronary Intervention

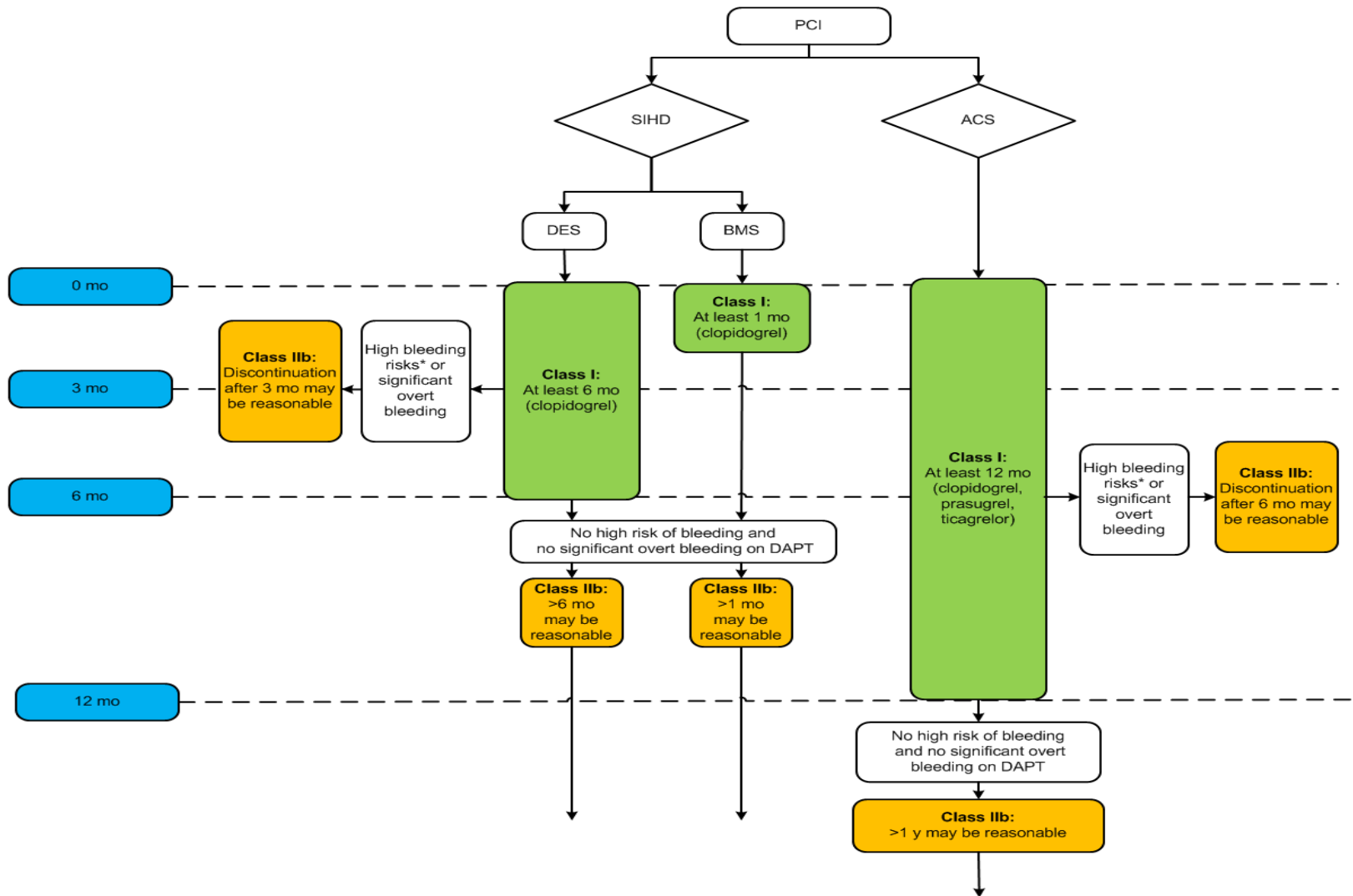
- Duration of DAPT in Patients With SIHD Treated With PCI
- Duration of DAPT in Patients With ACS Treated With PCI

# Percutaneous Coronary Intervention

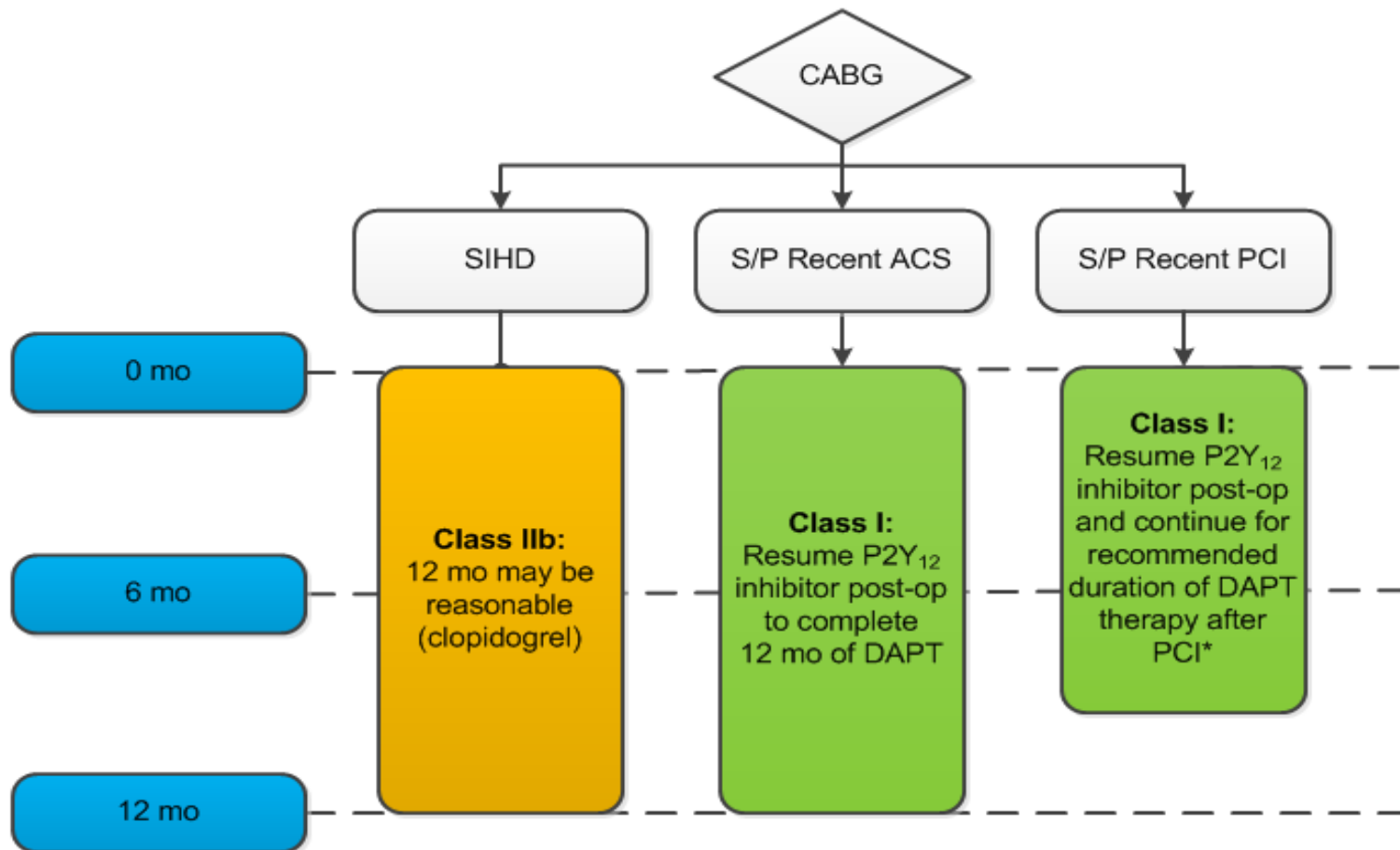
## Duration of DAPT in Patients With SIHD Treated With PCI



# Figure 2. Treatment Algorithm for Duration of P2Y<sub>12</sub> Inhibitor Therapy in Patients Treated With PCI



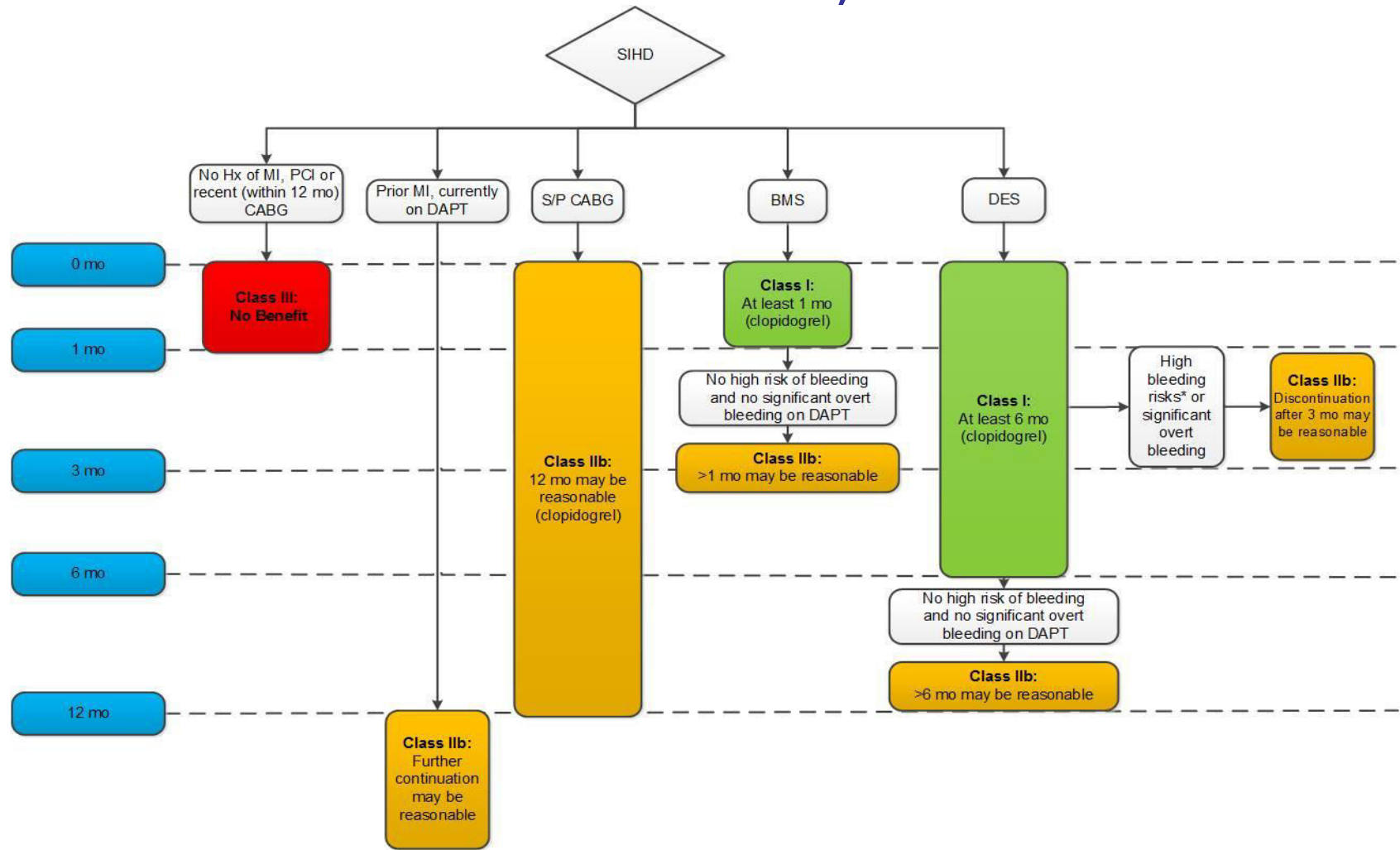
**Figure 3. Treatment Algorithm for Management and Duration of P2Y<sub>12</sub> Inhibitor Therapy in Patients Undergoing CABG**



# 2016 ACC/AHA Duration of DAPT Guideline Focused Update

## Stable Ischemic Heart Disease

# Figure 4. Treatment Algorithm for Duration of P2Y<sub>12</sub> Inhibitor Therapy in Patients With SIHD (Without ACS Within the Past Several Years)



# Acute Coronary Syndrome (NSTEMI-ACS and STEMI)

## Duration of DAPT in Patients With ACS Treated With PCI

# Duration of DAPT in Patients With ACS Treated With PCI

COR	LOE	Recommendations
I	B-R	In patients with ACS treated with DAPT after BMS or DES implantation, P2Y <sub>12</sub> inhibitor therapy (clopidogrel, prasugrel, or ticagrelor) should be given for at least 12 months.
I	B-NR	In patients treated with DAPT, a daily aspirin dose of 81 mg (range, 75 mg to 100 mg) is recommended.
Ila	B-R	In patients with ACS treated with DAPT after coronary stent implantation, it is reasonable to use ticagrelor in preference to clopidogrel for maintenance P2Y <sub>12</sub> inhibitor therapy.
Ila	B-R	In patients with ACS treated with DAPT after coronary stent implantation, who are not at high risk for bleeding complications and who do not have a history of stroke or TIA, it is reasonable to choose prasugrel over clopidogrel for maintenance P2Y <sub>12</sub> inhibitor therapy.

# Duration of DAPT in Patients With ACS Treated With PCI (cont'd)

COR	LOE	Recommendations
IIb	A <sup>SR</sup>	In patients with ACS treated with coronary stent implantation who have tolerated DAPT without bleeding complication and who are not at high bleeding risk (e.g., prior bleeding on DAPT, coagulopathy, oral anticoagulant use) continuation of DAPT for longer than 12 months may be reasonable.
IIb	C-LD	In patients with ACS treated with DAPT after DES implantation who develop a high risk of bleeding (e.g., treatment with oral anticoagulant therapy), are at high risk of severe bleeding complication (e.g., major intracranial surgery), or develop significant overt bleeding, discontinuation of P2Y <sub>12</sub> therapy after 6 months may be reasonable.
III: Harm	B-R	Prasugrel <b>should not be administered</b> to patients with a prior history of stroke or TIA.

SR indicates systematic review.

# ESC STEMI and NSTEMI-ACS Guidelines

Recommendations	Class	Level
<b>STEMI<sup>1</sup></b> DAPT must be continued for up to 12 months, with a strict <u>minimum</u> of: <ul style="list-style-type: none"><li>▪ 1 month for patients receiving BMS</li><li>▪ 6 months for patients receiving DES</li></ul>	I  I IIb	C  C B
<b>NSTEMI-ACS<sup>2</sup></b> DAPT should be maintained for 12 months, irrespective of the type of stent	–	–

Contraindication and other label requirements still apply

1. Steg PG et al. Eur Heart J 2012;33:2569–2619

2. Hamm CW et al. Eur Heart J 2011;32:2999–3054



# ESC/EACTS Myocardial Revascularization Guidelines

Recommendations <sup>1</sup>	Class	Level
<b>STEMI</b> DAPT for 12 months unless excessive bleeding risk	I	A/B
<b>NSTE-ACS</b> DAPT for 12 months unless excessive bleeding risk	I	A/B
<b>Stable CAD</b> DAPT for at least 1 month after BMS implantation DAPT for 6 months after DES implantation ▪ Shorter duration (<6 months) may be considered after DES in patients at high bleeding risk	I I IIb	A B A

- CAD is not a licensed indication for ticagrelor and CAD should not be raised proactively with HCPs, nor reactively by sales reps

HCP, healthcare professional  
Contraindication and other label requirements still apply

1. Windecker S et al. Eur Heart J 2014; 35:2541–2619

# THANKS