The Physician Learning Program and the Office of Lifelong Learning

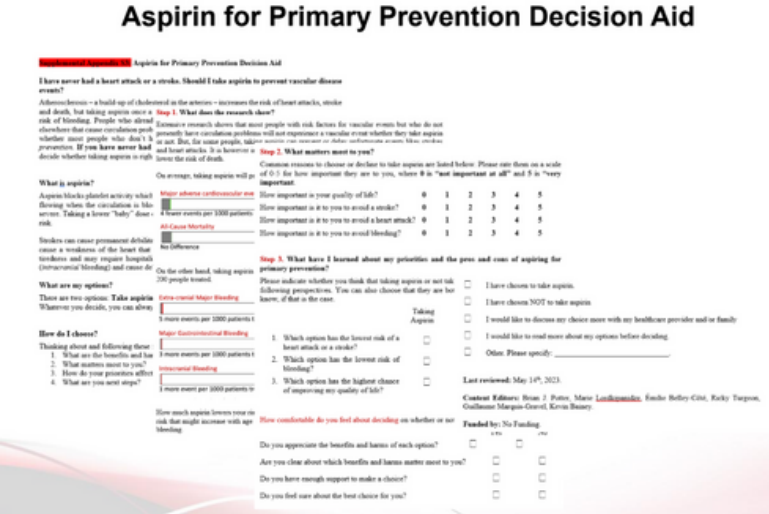
Cardiovascular Issues in Primary Care

Platelets Be Gone! Navigating the Latest in Antiplatelet Therapy

Dr. Kevin Bainey

Key Recommendations

- Avoid routine use of ASA for primary prevention of atherosclerotic cardiovascular disease (ASCVD) regardless of sex, age or diabetes, in patients without ASCVD. However, in the right patient with high ischemic risk an low bleeding risk, ASA for primary prevention SHOULD be considered in discussion with the patient.



Bainey KR, Marquis-Gravel G, Belley-Côté, et al. Canadian cardiovascular society/Canadian association of interventional cardiology 2023 focused update of the guidelines for the use of antiplatelet therapy. CJC. 2024;4(2):160-81. (**Supplemental Appendix S3**: Aspirin for primary prevention decision aid, pp 34-7.)

- Use a short Dual Anti-platelet Therapy (DAPT) for 1-3 months rather than 6-12 months in patients at high bleeding risk (HBR) undergoing PCI for Acute Coronary Syndrome (ACS) or elective PCI with maintenance single antiplatelet therapy thereafter, in those patients who do not have any ischemic or bleeding events in the first month

- The option of de-escalating potent DAPT by switching to clopidogrel-based DAPT can be considered in appropriate patients with ACS who receive PCI and tolerate at least 1 month of potent DAPT without a recurrent thrombotic event.

- Avoid routine pre-treatment with a P2Y12 inhibitor before the procedure in patients undergoing elective coronary angiography for suspected coronary artery disease

- Hold ticagrelor for 2-3 days rather than 5-7 days prior to coronary artery bypass graft surgery

- Post -op: Use DAPT over single antiplatelet therapy after coronary artery bypass graft surgery with or without ACS.

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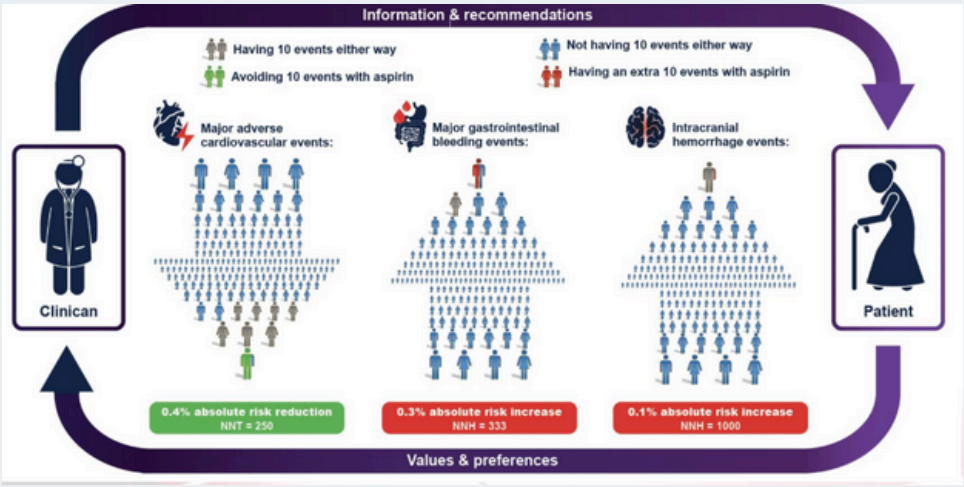
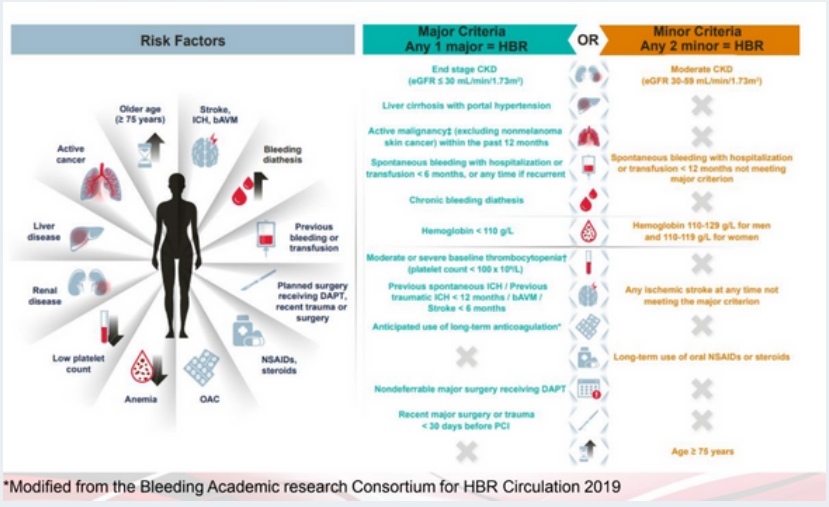
- Use a dual pathway therapy (P2Y12 inhibitor plus oral anticoagulant (OAC) and discontinue ASA after 1- 30 days) rather than triple therapy (DAPT plus OAC) in the majority of patients with Atrial Fibrillation (AF) with an indication for OAC, and who have undergone PCI or who are medically-managed for an ACS

- Use OAC monotherapy rather than dual- pathway therapy (OAC plus antiplatelet therapy)in patients with Coronary artery disease and concomitant AF with an indication for long-term OAC, who have not had a coronary revascularization procedure or ACS in the past 12 months.

Shared decision making





*Modified from the Bleeding Academic research Consortium for HBR Circulation 2019

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