

Cardiovascular Issues in Primary Care

Platelets Be Gone! Navigating the Latest in Antiplatelet Therapy

Dr. Kevin Bailey

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 and low bleeding risk, ASA for primary prevention **SHOULD** be considered in discussion with the patient.

Aspirin for Primary Prevention Decision Aid

Introduction: Aspirin for Primary Prevention Decision Aid

I have never had a heart attack or a stroke. Should I take aspirin to prevent vascular disease events?

Atherosclerosis – a build-up of cholesterol in the arteries – increases the risk of heart attacks, stroke and death, but taking aspirin may also increase the risk of bleeding. People who already have cardiovascular disease (ASCVD) generally have cardiovascular problems that will not improve a vascular event whether they take aspirin or not. But, for some people, taking aspirin may prevent or reduce cardiovascular events. How much?

Step 1: What does the research show?

Extensive research shows that most people with risk factors for vascular events but who do not currently have cardiovascular problems will not experience a vascular event whether they take aspirin or not. But, for some people, taking aspirin may prevent or reduce cardiovascular events. How much?

Step 2: What matters most to you?

Common reasons to choose or decline to take aspirin are listed below. Please rate them on a scale of 0 to 5: 0 = how important they are to you, where 0 is "not important at all" and 5 is "very important."

On average, taking aspirin will prevent:

Benefit	How important is it to you to avoid a stroke?	How important is it to you to avoid a heart attack?	How important is it to you to avoid bleeding?
Major adverse cardiovascular event (MACE)	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5
Stroke events per 1000 patients			
Major bleeding			
Stroke events per 1000 patients			

Benefits can cause permanent damage, cause a weakness of the heart that sometimes may require hospital (cardiac surgery), and cause death.

Step 3: What have I learned about my priorities and the pros and cons of aspirin for primary prevention?

Please indicate whether you think that taking aspirin or not taking aspirin is the best choice for you. You can also choose that they are too close to call.

Question	Yes	No	Too close to call
1. Which option has the lowest risk of a heart attack or a stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Which option has the lowest risk of bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Which option has the highest chance of improving my quality of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do I choose?

Thinking about and following these:

1. What are the benefits and how much?
2. What matters most to you?
3. How do your priorities affect your choice?
4. What are your next steps?

How much aspirin lowers your risk that might increase with age bleeding?

How comfortable do you feel about deciding on whether or not to take aspirin?

Do you appreciate the benefits and harms of each option?

Are you clear about which benefits and harms matter most to you?

Do you have enough support to make a choice?

Do you feel sure about the best choice for you?

Funded by: No Funding

Last reviewed: May 19, 2023.

Content Editors: Brian J. Patten, Marie Landrum, Rachel Bailey-Gird, Rocky Targum, Guillaume Marquis-Guay, Kevin Bailey.

Bailey 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.

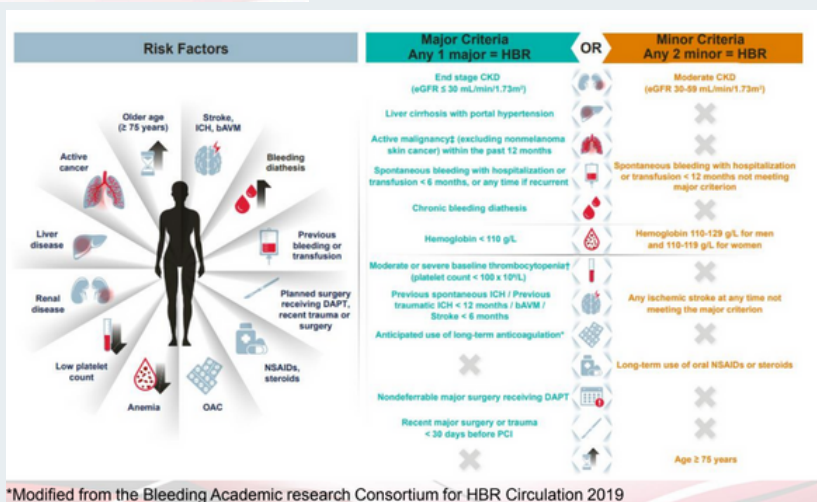
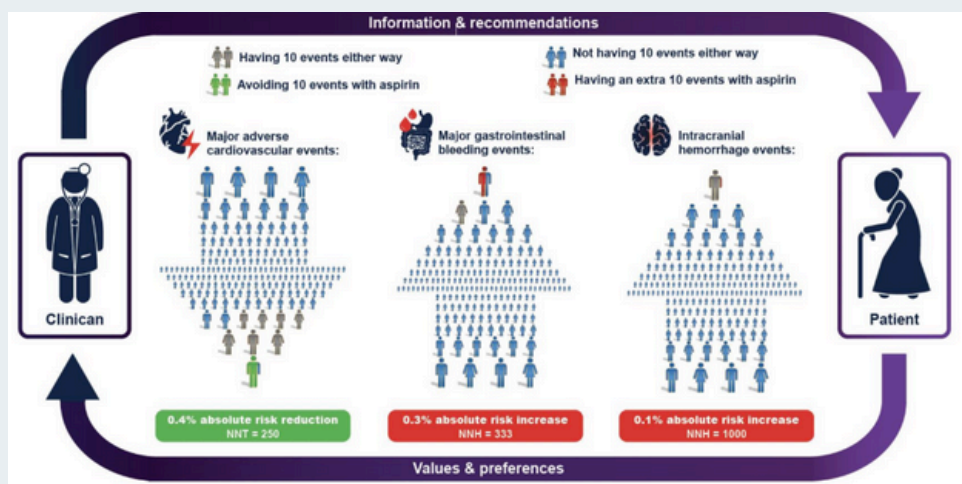
Cardiovascular Issues in Primary Care

Platelets Be Gone! Navigating the Latest in Antiplatelet Therapy

Dr. Kevin Bailey

- 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



Consider using [MyL3Plan](#), a free online tool developed by the Office of Lifelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits. by completing the following cycles:

- Practice-driven quality improvement using objective data (CQI)
- Personal Development (PD)
- Standards of Practice Quality Improvement (SOP)

[Learn more here!](#)

[Click here!](#)

