Update Sheet - PLT CVD event, November 2012

1. Guidelines for anti-platelet prescribing following acute ischaemic stroke or TIA

The fourth edition of the National Clinical Guidelines for Stroke was published by the Royal College of Physicians in September 2012.

This advice for anti-platelet prescribing as secondary prevention following an acute ischaemic stroke or TIA is:

- Offer Clopidogrel 75 mg once daily
- If unable to tolerate Clopidogrel, offer Aspirin 75mg in combination with Dipyridamole MR 200mg bd
- If both Clopidogrel and Dipyridamole are contra-indicated offer Aspirin 75mg
- If both Clopidogrel and Aspirin are contra-indicated offer Dipyridamole MR 200mg bd

Information from the Cardiac and Stroke Networks in Lancashire & Cumbria is that most stroke physicians are now using Clopidogrel 75 mg daily in preference to Aspirin 75mg plus Dipyridamole MR 200mg bd for secondary prevention following ischaemic stroke or TIA.

Having reviewed the evidence, East Lancashire Medicines Management Board recommends that the National Guidelines for Stroke, published by the Royal College of Physicians, be followed in preference to NICE guidance TAG210 with reference to the use of Clopidogrel for the prevention of occlusive vascular events after TIA based on:

- The same disease process is involved in stroke and TIA
- Clopidogrel is better tolerated than Dipyridamole, therefore likely to have better compliance
- Clopidogrel is the most cost effective option, compared to Dipyridamole
- NICE states that evidence shows Clopidogrel to be neither inferior nor superior to Dipyridamole in TIA.

2. Clarification of place of new oral anticoagulants (dabigatran/rivaroxaban) for the prevention of stroke in atrial fibrillation

Warfarin remains the drug of choice for the prevention of stroke in atrial fibrillation.

Where Warfarin is not tolerated, or the patient meets the criteria set out in NICE guidance, Dabigatran or Rivaroxaban may be suitable alternatives. However, prescribers should remember that these new agents are still black triangle drugs (i.e. - still under MHRA surveillance for ADRs), there is no standardised easy way of measuring their effectiveness and whilst they have a shorter half-life than Warfarin, there is no simple antidote. Conversely, Warfarin has been in use for over 60 years, its effects are measureable and it can be rapidly reversed in the event of major bleeding.

The new agents have been designated an amber traffic light by the East Lancashire MMB and as such should be initiated by a specialist. Clinicians should refer eligible patients to Dr Ninans' Arrhythmia clinic for discussion and initiation.