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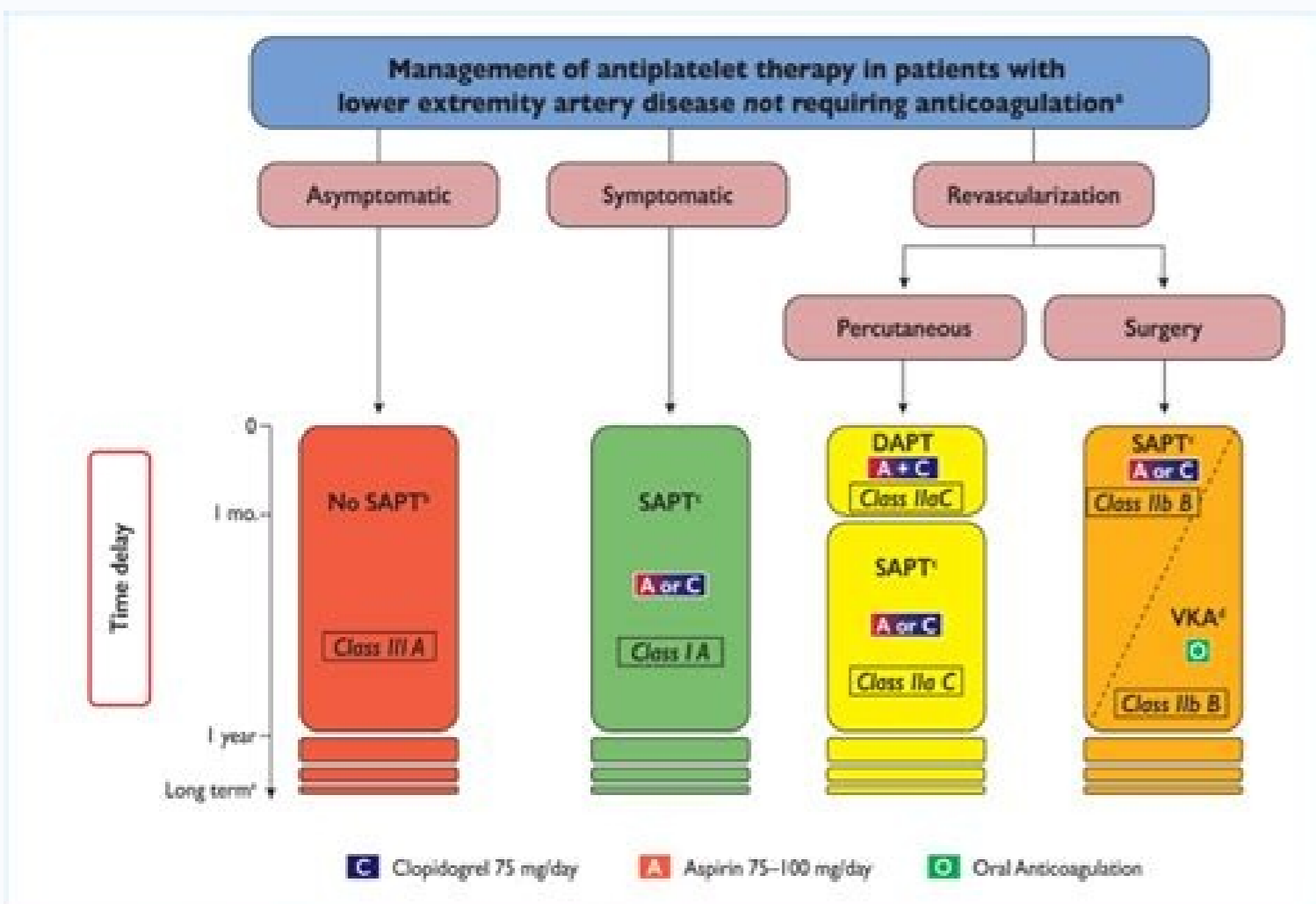
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# Dual antiplatelet therapy guidelines 2018 ppt

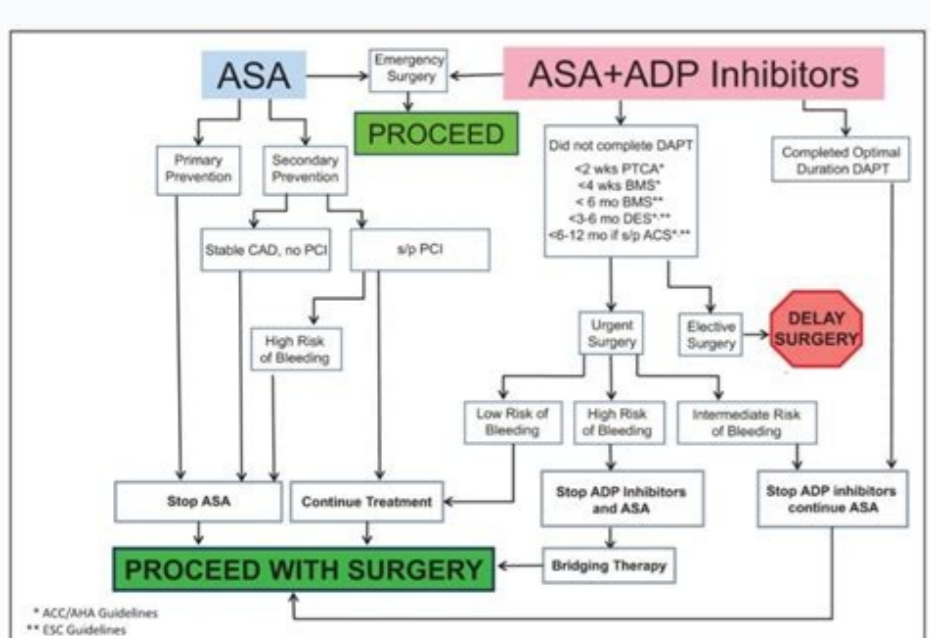
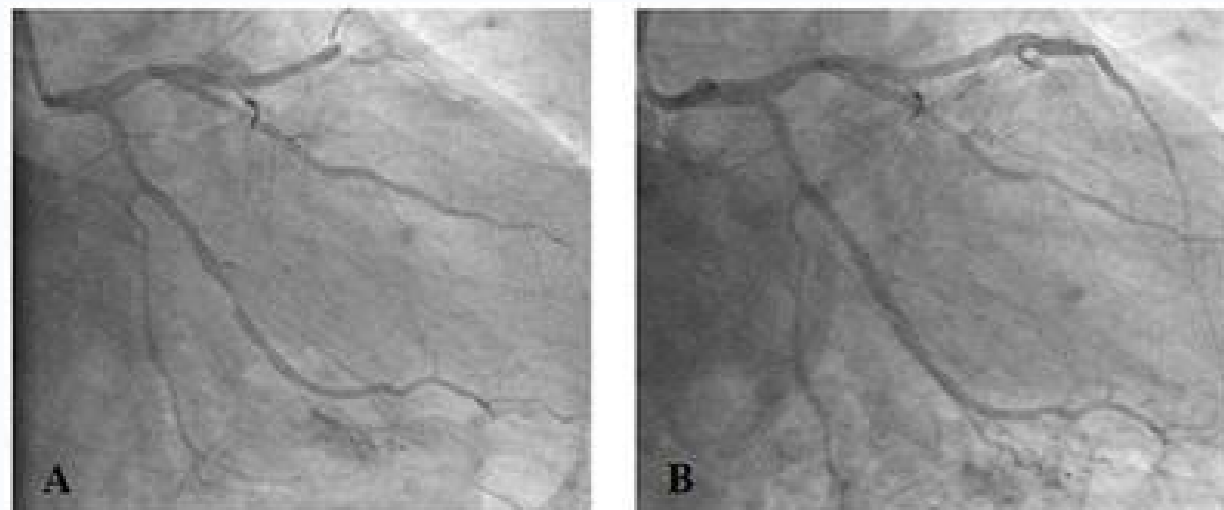
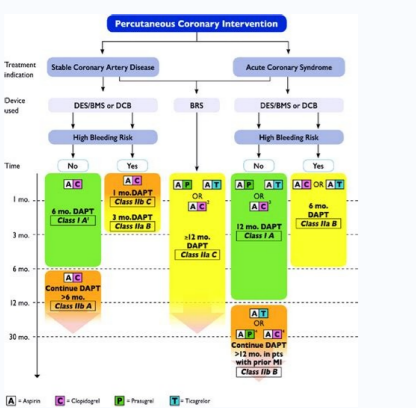
Table 1: Characteristics of Antiplatelet Drugs

Drug	Site of Action	Time to Peak Action	Half-life	Typical Dose Administered	Route/Dosing Interval
Aspirin	Inhibition of COX enzyme	1-2 hours	15-20 min	In Europe loading dose 300 mg, maintenance dose 75 mg	Oral OO
Clopidogrel	Thienopyridine prodrug irreversibly binds to the P2Y <sub>12</sub> receptor	45 min	6 hours	Loading dose 300-600 mg, maintenance dose 75 mg	Oral OO
Prasugrel	Thienopyridine prodrug, irreversibly binds to the P2Y <sub>12</sub> receptor	30 min	7 hours	Loading dose 60 mg, maintenance dose 10 mg	Oral OO
Ticagrelor	Cyclopentyl-triazolo-pyrimidine drug, reversibly binds to P2Y <sub>12</sub> receptor	1.5 hours	7 hours	Loading dose 180 mg, maintenance dose 90 mg	Oral BO
Cangrelor	Adenosine triphosphate analogue, reversibly binds to P2Y <sub>12</sub> receptor	2 min	3-6 min	Bolus 30 mcg/kg injection then 4 mcg/kg/min infusion	Intravenous One-off treatment
Abciximab	Glycoprotein IIb/IIIa receptor inhibitor	30 min	30 min	Bolus 0.25 mg/kg injection then 0.125 mcg/kg/min infusion	Intravenous One-off treatment

Table showing pharmacological properties of the antiplatelet drugs discussed in this review. BO = twice daily; COX = cyclooxygenase; OO = once daily; OOS = four times daily; TOS = three times daily



DAPT = dual antiplatelet therapy; SAPT = single antiplatelet therapy; VKA = vitamin K antagonist.  
 \*e.g. concomitant AF or mechanical valve prosthesis.  
 \*SAPT should be considered if there is another concomitant atherosclerotic disease (e.g. coronary artery disease).  
 \*DAPT may be considered in patients with recent acute coronary syndrome and/or percutaneous coronary intervention (<1 year), stenting of the last patent coronary artery, multiple coronary vessel disease in diabetic patients with incomplete revascularization.  
 \*Evidence is weak and bleeding doubles as compared to SAPT.  
 \*Stands for as long as it is well tolerated.



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3 Oct 2017 therapeutic medical strategies; however, the ESC Guidelines do not anticoagulant • Triple therapy • DAPT score • PRECISE-DAPT score 8 Sep 2017 Citation: 2017 ESC Focused Update on Dual Antiplatelet Therapy in The duration of triple therapy (DAPT + oral anticoagulation) should be 30 Jul 2018 BLEEDING RISK: The updated ESC guidelines on dual ... 2017 ESC focused update on dual antiplatelet therapy in coronary artery disease developed in collaboration with EACTS: The Task Force for dual antiplatelet therapy in coronary artery disease of the European Society of Cardiology (ESC) and of the European Association for Cardio-Thoracic Surgery (EACTS) 8/12/2021 • Neurologic Complications Associated With Regional Anesthesia and Pain Medicine. 1. 2. The recommendations contained herein do not define standard of care. They are not intended to replace clinical judgment. In the imperfect setting of heterogeneity of the data, limited data, controversial topics, and bias inherent to expert opinion, compliance ... 15/9/2019 - Dual antiplatelet therapy after stroke has not previously been shown to improve outcomes over a single agent. Based on a recent randomized controlled trial followed by a systematic review, the BMJ ...

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