

DOBLE ANTIAGREGACIÓN

2017 Focused update on Dual Antiplatelet Therapy
ESC Clinical Practice Guidelines

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2017 [Valvular Heart Disease \(Management of\)](#)2017 [2017 Focused update on Dual Antiplatelet Therapy \(DAPT\)](#)2017 [Peripheral Arterial Diseases \(Diagnosis and Treatment of\)](#)2017 [Acute Myocardial Infarction in patients presenting with ST-segment elevation \(Management of\)](#)

2016

2016 [Cancer treatments & cardiovascular toxicity 2016 \(Position Paper\)](#)

10. Key messages 37

11. Evidenced-based 'to do and not to do' messages 37

REVISTA ESPAÑOLA DE
CARDIOLOGÍA Español  English

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COMITÉS



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Lo más leído

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Documentos

GUÍAS DE LA ESC AVALADAS POR LA SEC



Guía ESC/EAS 2016 sobre el tratamiento de las dislipemias

Grupo de Trabajo de la Sociedad Europea de Cardiología (ESC) y la European Atherosclerosis Society (EAS) sobre el Tratamiento de las Dislipemias

Rev Esp Cardiol. 2017;70:115.e1-e64

DOI: <http://dx.doi.org/10.1016/j.recesp.2016.11.052>

PDF

Contenido Relacionado



Comentarios a la guía ESC/EAS 2016 sobre el tratamiento de las dislipemias

Grupo de Trabajo de la SEC para la guía ESC 2016 sobre el tratamiento de las dislipemias, revisores expertos para la guía ESC 2016 sobre tratamiento de las dislipemias y Comité de Guías de la SEC

Rev Esp Cardiol. 2017;70:72-7

DOI: <http://dx.doi.org/10.1016/j.recesp.2016.11.051>

Texto Completo - PDF



Guía ESC 2016 sobre el diagnóstico y tratamiento de la fibrilación auricular, desarrollada en colaboración con la EACTS

Rev Esp Cardiol. 2017;70:50.e1-e84

DOI: <http://dx.doi.org/10.1016/j.recesp.2016.11.014>

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Usuario

Clave

Enviar

- Socios SEC: Use datos de acceso a SEC.

Olvidé la contraseña

Congresos



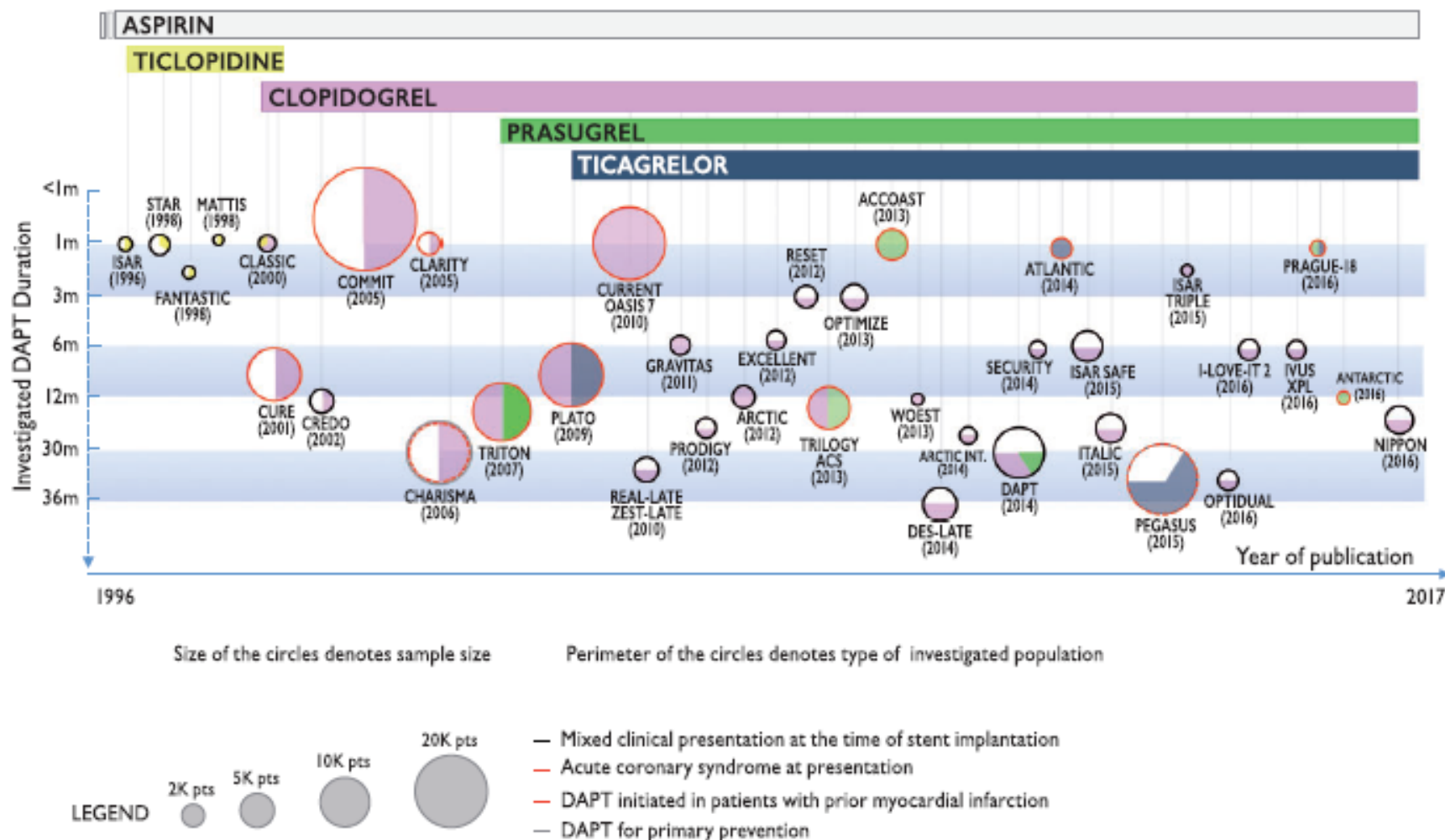
SEC 2017 - El Congreso de las Enfermedades Cardiovasculares

Ediciones anteriores

Table I Classes of recommendations

Classes of recommendations	Definition	Suggested wording to use
Class I	Evidence and/or general agreement that a given treatment or procedure is beneficial, useful, effective.	Is recommended/is indicated
Class II	Conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of the given treatment or procedure.	
<i>Class IIa</i>	<i>Weight of evidence/opinion is in favour of usefulness/efficacy.</i>	Should be considered
<i>Class IIb</i>	<i>Usefulness/efficacy is less well established by evidence/opinion.</i>	May be considered
Class III	Evidence or general agreement that the given treatment or procedure is not useful/effective, and in some cases may be harmful.	Is not recommended

Doble antiagregación: el tratamiento más investigado en cardiovascular



PARA IR ABRIENDO BOCA...

Mujer de 60 años con FA anticoagulada con Sintrom. Viene a la consulta con informe de alta tras IAM con colocación de 2 stents farmacoactivos.

“Me han dicho que tengo que tomar Clopidogrel 75mg/24h, ASS 75mg/24h y continuar con el Sintrom... ¿esto es para siempre? Porque vaya tralla...”

- a) Pues sí la verdad. Suspende el clopidogrel y la aspirina que con el Sintrom te llega de sobra.
- b) Es muy importante que continúes con los tres al menos un año, luego ya seguirás sólo con el Sintrom.
- c) Si ya llevas un mes tomándolos, suspende el Clopidogrel y quédate con la aspirina y el Sintrom.
- d) Tienes que continuar con los tres al menos 6 meses, luego ya te quitaremos alguno.

Las joyas de la corona

- **CLOPIDOGREL**: (600 mg carga; 75mg/24h)
 - Menor sangrado.
 - De elección si **fibrinolisis (300mg carga)** , **enfermedad coronaria estable**, **indicación de ACO o contraindicación de los otros**.
- **PRASUGREL**: (60mg carga; 10mg/24h)
 - Más rápido y efectivo.
 - Hay que **conocer la anatomía coronaria**.
 - Contraindicación: sangrado activo, antecedentes de hemorragia intracraneal o de evento isquémico. No recomendado en >75 años o con <60kg.
- **TICAGRELOR**: (180mg carga; 90mg/12h)
 - Superior a Clopidogrel. **De elección, incluso si previamente tratado con clopidogrel**.
 - Contraindicación: sangrado activo o antecedentes de hemorragia intracraneal.

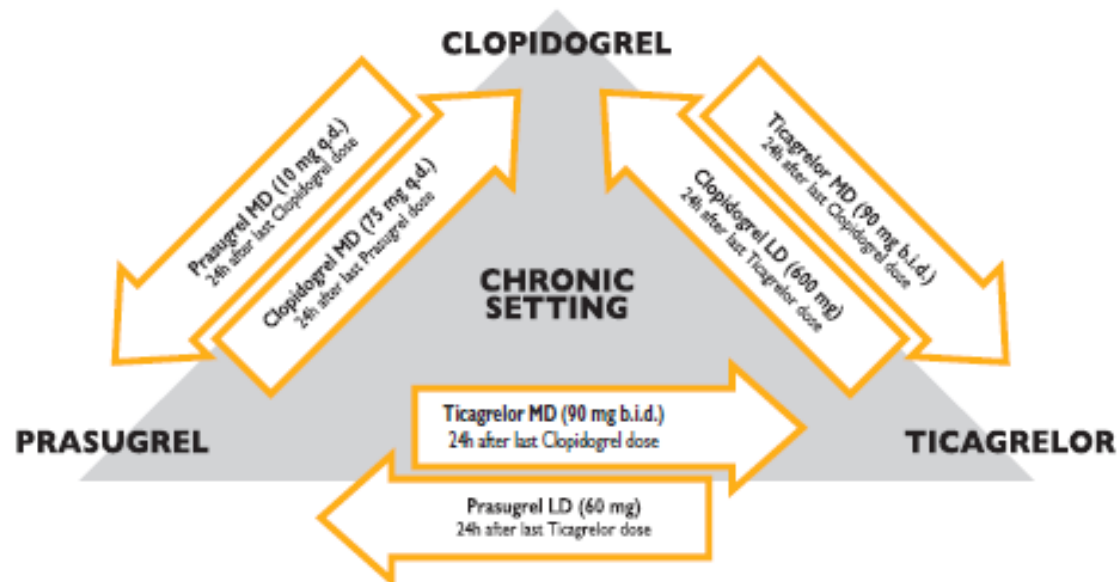
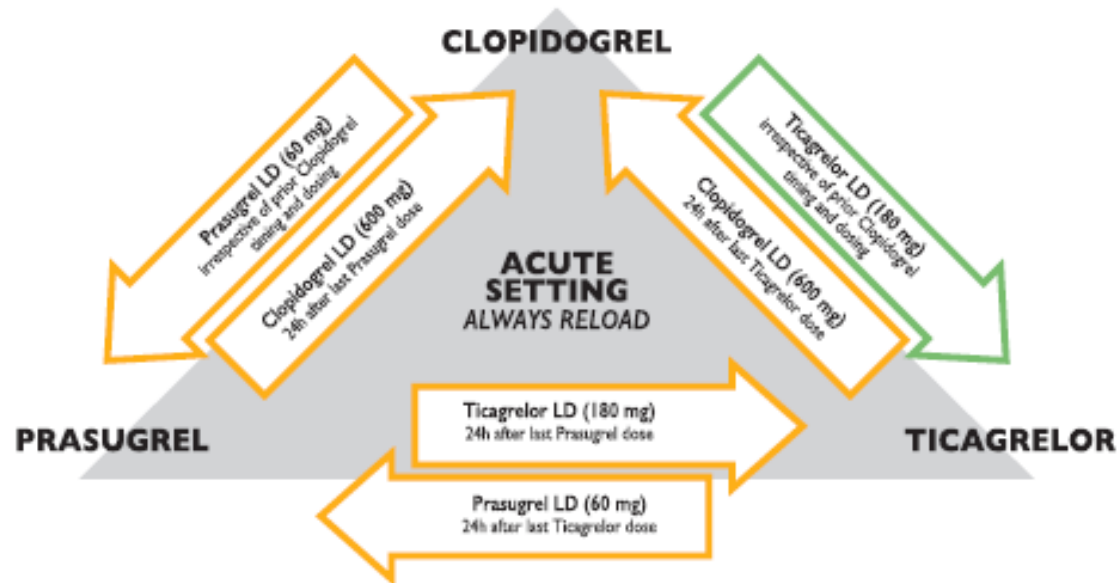
La archiconocida

- *ASPIRINA*

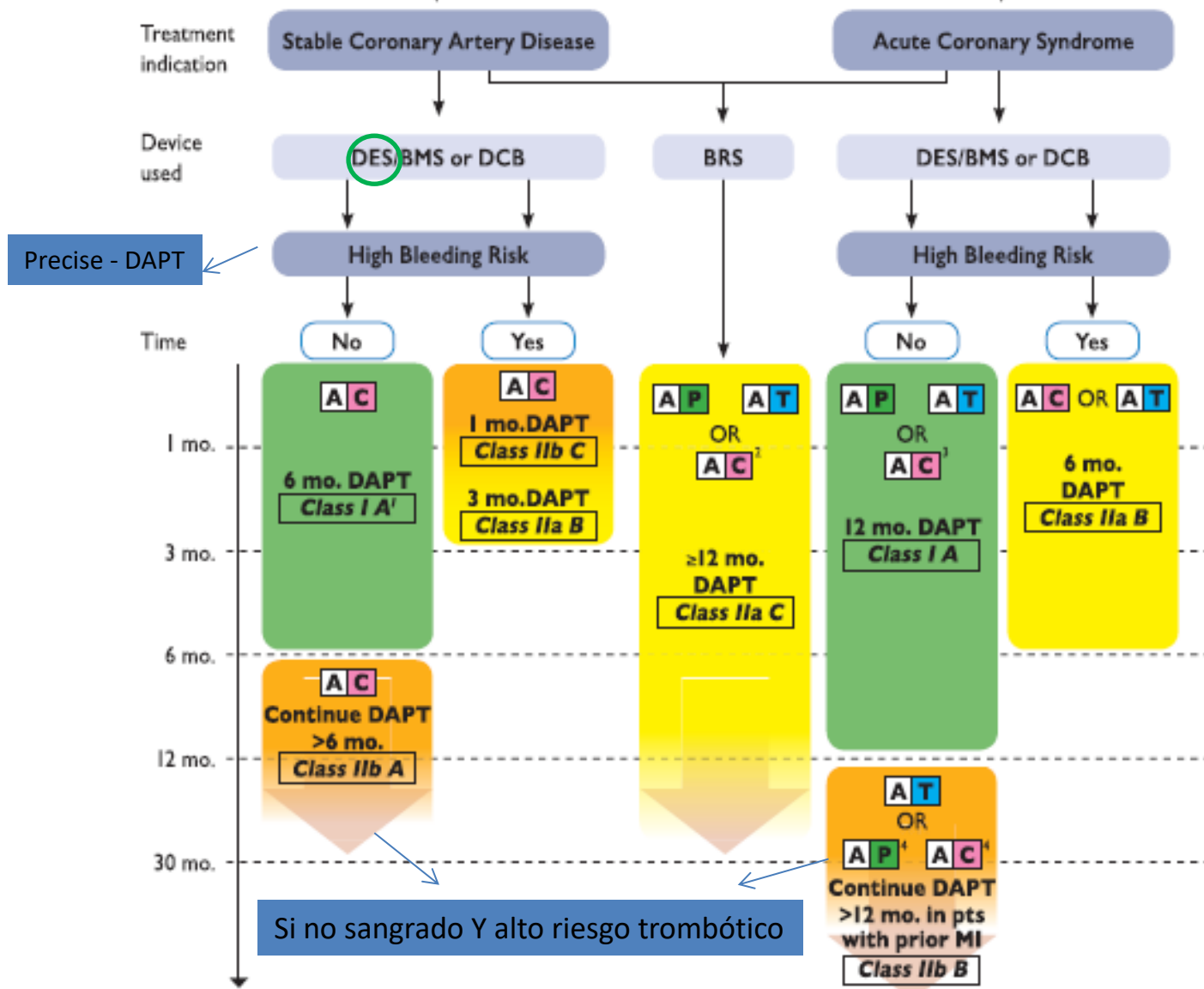
- En paciente con doble antiagregación 75-100mg/24h
- Se recomienda el uso de IBP junto con ella.
- No es necesario realizar test de función plaquetaria



Cambios entre antiagregantes



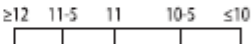
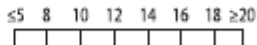
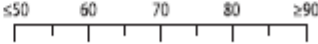
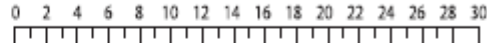
Percutaneous Coronary Intervention



Precise - DAPT

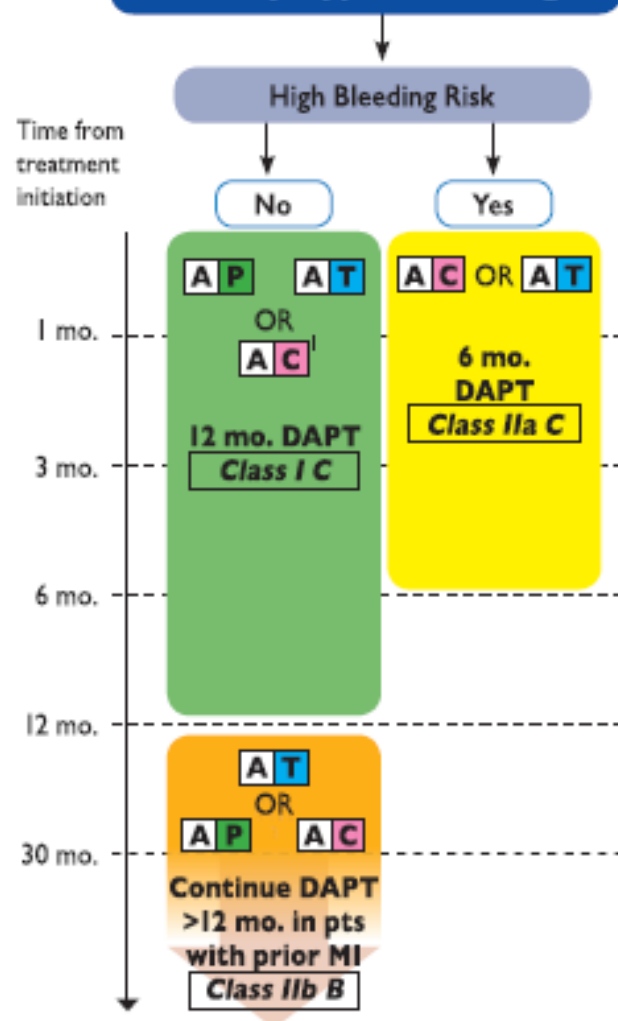
Si no sangrado Y alto riesgo trombótico

A = Aspirin **C** = Clopidogrel **P** = Prasugrel **T** = Ticagrelor

	PRECISE-DAPT score¹⁸	DAPT score¹⁵
Time of use	At the time of coronary stenting	After 12 months of uneventful DAPT
DAPT duration strategies assessed	Short DAPT (3–6 months) vs. Standard/long DAPT (12–24 months)	Standard DAPT (12 months) vs. Long DAPT (30 months)
Score calculation ^a	HB  WBC  Age  CrCl  Prior Bleeding  Score Points 	Age ≥75 -2 pt 65 to <75 -1 pt <65 0 pt Cigarette smoking +1 pt Diabetes mellitus +1 pt MI at presentation +1 pt Prior PCI or prior MI +1 pt Paclitaxel-eluting stent +1 pt Stent diameter <3 mm +1 pt CHF or LVEF <30% +2 pt Vein graft stent +2 pt
Score range	0 to 100 points	-2 to 10 points
Decision making cut-off suggested	Score ≥25 → Short DAPT Score <25 → Standard/long DAPT	Score ≥2 → Long DAPT Score <2 → Standard DAPT
Calculator	www.precisedaptscore.com	www.daptstudy.org

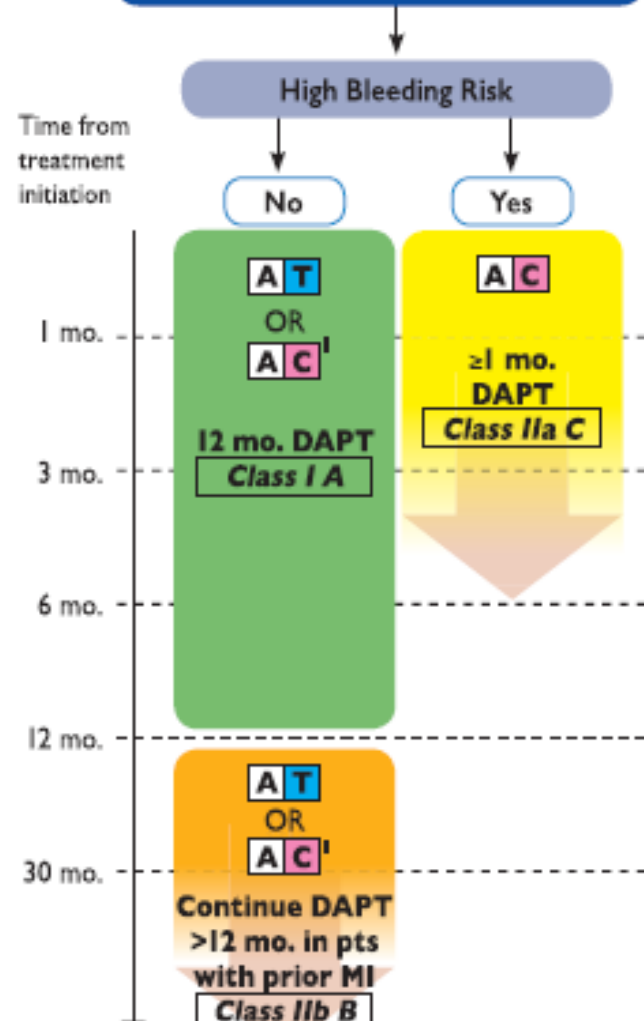
CHF = congestive heart failure; CrCl = creatinine clearance; DAPT = dual antiplatelet therapy; Hb = haemoglobin; LVEF = left ventricular ejection fraction; MI = myocardial infarction; PCI = percutaneous coronary intervention; PRECISE-DAPT = PREdicting bleeding Complications In patients undergoing Stent implantation and subsequent Dual Anti Platelet Therapy; WBC = white blood cell count.

Patients with Acute Coronary Syndrome Undergoing Coronary Artery Bypass Grafting



A = Aspirin **C** = Clopidogrel
P = Prasugrel **T** = Ticagrelor

Patients with Acute Coronary Syndrome Undergoing Medical Treatment Alone



A = Aspirin **C** = Clopidogrel **T** = Ticagrelor

Patients with an indication for oral anticoagulation undergoing PCI¹

Concerns about ischaemic risk² prevailing

Concerns about bleeding risk³ prevailing

Time from treatment initiation

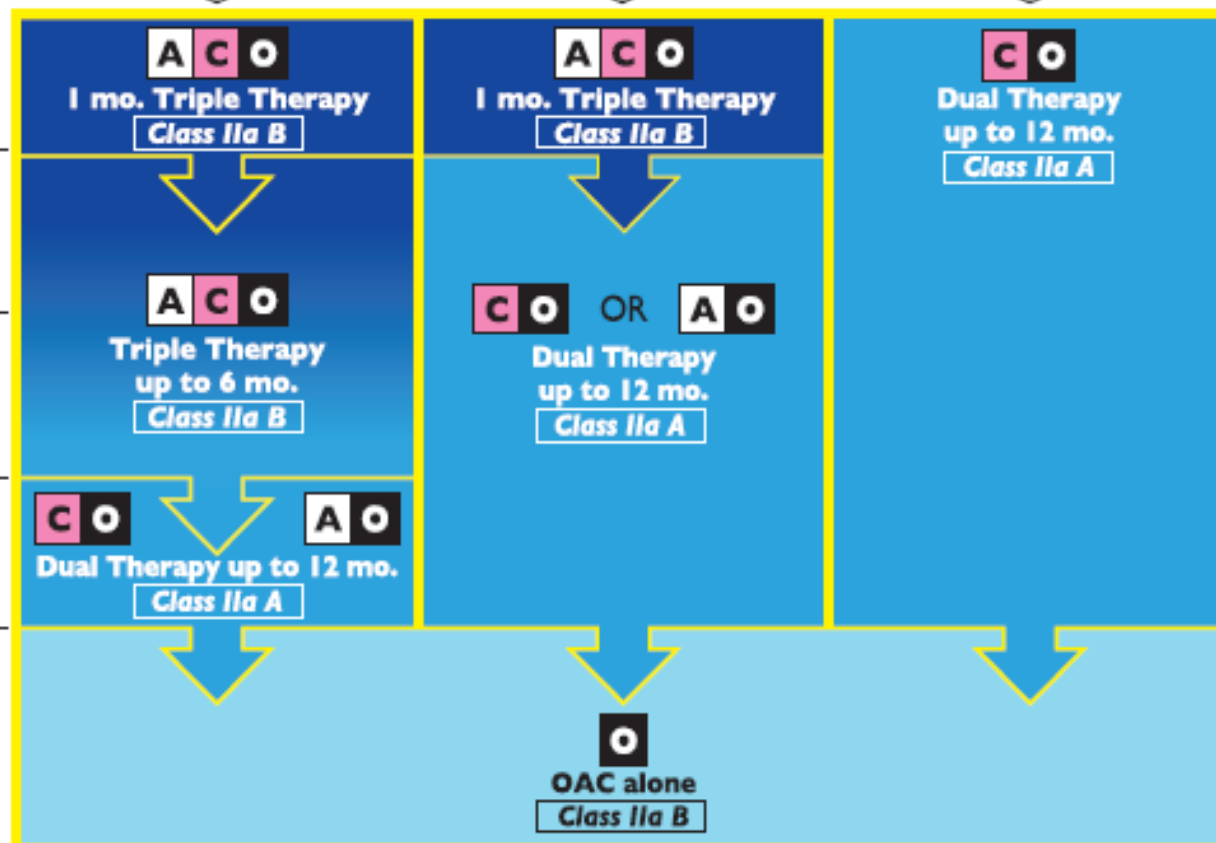
1 mo.

3 mo.

6 mo.

12 mo.

Beyond 12 mo.



[A] = Aspirin [C] = Clopidogrel [O] = Oral anticoagulation

PARA IR ABRIENDO BOCA...

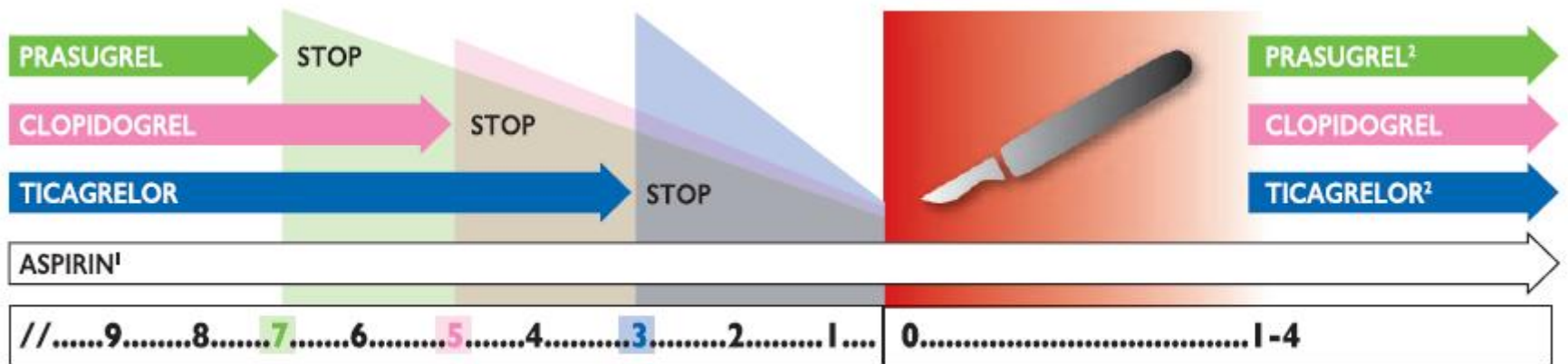
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- d) Tienes que continuar con los tres al menos 6 meses, luego ya te quitaremos alguno.

Intervenciones quirúrgicas programadas

CARDIACAS	NO CARDIACAS
AAS en dosis baja hasta el perioperatorio	Igual
Después, continuar con la terapia antiplaquetaria tan pronto como sea posible	Igual
Considerar test de función plaquetas en pacientes que hayan tomado antiagregantes recientemente	Después de la colocación de un stent, esperar al menos 1 mes para las operaciones que requieran suspensión de los antiagregantes.
	En pacientes con infarto de miocardio o eventos isquémicos graves que requieran doble antiagregación, postponer 6 meses.



Minimal delay for P2Y₁₂ interruption

Days after surgery

Bleeding during treatment with dual antiplatelet therapy ± OAC

TRIVIAL BLEEDING

Any bleeding not requiring medical intervention or further evaluation

e.g. skin bruising or ecchymosis, self-resolving epistaxis, minimal conjunctival bleeding

• Continue DAPT

• Consider OAC continuation or skip one single next pill

• Reassure the patient
• Identify and discuss with the patient possible preventive strategies
• Counsel patient on the importance of drug-adherence

MILD BLEEDING

Any bleeding that requires medical attention without requiring hospitalization

e.g. not self-resolving epistaxis, moderate conjunctival bleeding, genitourinary or upper/lower gastrointestinal bleeding without significant blood loss, mild haemoptysis

• Continue DAPT
• Consider shortening DAPT duration or switching to less potent P2Y₁₂ inhibitor (i.e. from ticagrelor/prasugrel to clopidogrel), especially if recurrent bleeding occurs

• In case of triple therapy consider downgrading to dual therapy, preferably with clopidogrel and OAC

• Identify and possibly treat concomitant conditions associated with bleeding (e.g. peptic ulcer, haemorrhoidal plexus, neoplasm)
• Add PPI if not previously implemented
• Counsel patient on the importance of drug-adherence

MODERATE BLEEDING

Any bleeding associated with a significant blood loss (>3 g/dL HB) and/or requiring hospitalization, which is haemodynamically stable and not rapidly evolving

e.g. genitourinary, respiratory or upper/lower gastrointestinal bleeding with significant blood loss or requiring transfusion

• Consider stopping DAPT and continue with SAPT, preferably with the P2Y₁₂ inhibitor especially in case of upper GI bleeding
• Reinitiate DAPT as soon as deemed safe
• Consider shortening DAPT duration or switching to less potent P2Y₁₂ inhibitor (i.e. from ticagrelor/prasugrel to clopidogrel), especially if recurrent bleeding occurs

• Consider OAC discontinuation or even reversal until bleeding is controlled, unless very high thrombotic risk (i.e. mechanical heart valves, cardiac assist device, CHA₂DS₂-VASc ≥4)
• Reinitiate treatment within one week if clinically indicated. For Vitamin-K antagonist consider a target INR of 2.0–2.5 unless overriding indication (i.e. mechanical heart valves or cardiac assist device) for NOAC consider the lowest effective dose
• In case of triple therapy consider downgrading to dual therapy, preferably with clopidogrel and OAC
• If patients on dual therapy, consider stopping antiplatelet therapy if deemed safe

• Consider i.v. PPI if GI bleeding occurred
• Identify and possibly treat concomitant conditions associated with bleeding (e.g. peptic ulcer, haemorrhoidal plexus, neoplasm)
• Counsel patient on the importance of drug-adherence

Legend

DAPT management

OAC management

General recommendations

Bleeding during treatment with dual antiplatelet therapy $\pm$ OAC

SEVERE BLEEDING

Any bleeding requiring hospitalisation, associated with a severe blood loss (>5 g/dL HB) which is haemodynamically stable and not rapidly evolving

e.g. severe genitourinary, respiratory or upper/lower gastrointestinal bleeding

- Consider stopping DAPT and continue with SAPT, preferably with the P2Y₁₂ inhibitor especially in case of upper GI bleeding
- If bleeding persists despite treatment or treatment is not possible, consider stopping all antithrombotic medications
- Once bleeding has ceased, re-evaluate the need for DAPT or SAPT, preferably with the P2Y₁₂ inhibitor especially in case of upper GI bleeding
- If DAPT is re-started, consider shortening DAPT duration or switching to less potent P2Y₁₂ inhibitor (i.e. from ticagrelor/prasugrel to clopidogrel), especially if recurrent bleeding occurs

- Consider stopping and reversing OAC until bleeding is controlled unless prohibitive thrombotic risk (i.e. mechanical heart valve in mitral position, cardiac assist device)
- Reinitiate treatment within one week if clinically indicated. For vitamin-K antagonists consider a target INR of 2.0–2.5 unless overriding indication (i.e. mechanical heart valves or cardiac assist device) for NOAC consider the lowest effective dose
- If patient on triple therapy consider downgrading to dual therapy with clopidogrel and OAC. If patients on dual therapy, consider stopping antiplatelet therapy if deemed safe

- Consider i.v. PPI if GI bleeding occurred
- RBC transfusion if HB $<7-8$ g/dL
- Consider platelet transfusion
- Urgent surgical or endoscopic treatment of bleeding source if deemed possible

LIFE-THREATENING BLEEDING

Any severe active bleeding putting patient's life immediately at risk

e.g. massive overt genitourinary, respiratory or upper/lower gastrointestinal bleeding, active intracranial, spinal or intraocular haemorrhage, or any bleeding causing haemodynamic instability

- Immediately discontinue all antithrombotic medications
- Once bleeding has ceased, re-evaluate the need for DAPT or SAPT, preferably with the P2Y₁₂ inhibitor especially in case of upper GI bleeding

• Stop and reverse OAC

- Fluid replacement if hypotension
- Consider RBC transfusion irrespective of HB values
- Platelet transfusion
- Consider i.v. PPI if GI bleeding occurred
- Urgent surgical or endoscopic treatment of bleeding source if deemed possible

Legend

DAPT management

OAC management

General recommendations

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No olvidéis que esta noche tenéis una cita...
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