



## What is Dual Antiplatelet Therapy?

Platelets are small particles in the blood that clump together to form blood clots. These blood clots can lead to the sudden clotting of a coronary stent and to a heart attack. Antiplatelet agents are a class of drugs that stop the platelets from clumping together and forming blood clots.

Many heart attack and stroke patients – and people seeking to avoid these events – are treated with two types of antiplatelet agents. This is called dual antiplatelet therapy (DAPT).



### Why have I been prescribed DAPT?

You may be prescribed DAPT if you had a heart attack, were treated with stents in your coronary arteries or had coronary artery bypass graft (CABG) surgery. DAPT decreases the risk of future blood clots, heart attack and stroke.

### What antiplatelet medications will I need to take?

One medication is aspirin. Almost everyone with coronary artery disease, including those who've had a heart attack, stent or CABG, are treated with aspirin for the rest of their lives.

A second medication, called a P2Y<sub>12</sub> inhibitor, is usually prescribed for months or years in addition to the aspirin therapy. You may be prescribed one of the following: clopidogrel, ticlopidine, prasugrel, ticagrelor or cangrelor.

### Which P2Y<sub>12</sub> inhibitor will I be prescribed?

Your health care team will prescribe the medication they think is best for you, based on your risk of blood clots and bleeding. Over time, they may switch you from one to another for various reasons, such as the treatment not working, side effects or cost.

### How long do I have to take the P2Y<sub>12</sub> inhibitor?

How long you need to take this medicine depends on why it's being prescribed and your future risk of blood clots and bleeding.

- If you had a heart attack, it is recommended that you be on it for at least a year. If you don't have a high bleeding risk, taking it longer may lower your risk of future heart attack.
- If you received a "bare metal" stent and you are a high bleeding risk, your health care professional may decide to give you a P2Y<sub>12</sub> inhibitor for a shorter period to decrease the chances of bleeding. However, if you are at a lower risk of bleeding, you may have been treated with a drug-eluting stent, and you may be on DAPT for 6-12 months or longer. If you don't have a high bleeding risk, a longer duration may lower your risk of future heart attack and clotting of the stent. It's important for you to take the medication as prescribed. Stopping it on your own can lead to increased risk of clots forming inside the stent, particularly in the first few months.
- If you had CABG, you may be treated with a P2Y<sub>12</sub> inhibitor for a year after the surgery.

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If you have questions about your treatment, talk to your primary health care professional.

### Are there risks with DAPT?

People on DAPT are at increased risk for bleeding problems. Bleeding within the digestive system (stomach and intestines) is the most common. People on DAPT also bruise easily and can bleed more than usual after a fall or a cut.

Those most at risk of bleeding problems are people over 75 and those with:

- Prior history of bleeding problems
- High blood pressure
- Heart failure
- Prior stroke
- Peripheral artery disease
- Abnormal liver or renal function

### Should I wear an emergency medical ID?

Yes, always keep it with you. Wear it on your person or keep it in your purse or wallet. It should include:

- The name of the drug(s) you're taking.
- Your name, phone number and address.
- The name, address and phone number of your doctor.



## HOW CAN I LEARN MORE?

- 1 Call 1-800-AHA-USA1 (1-800-242-8721) or visit [heart.org](http://heart.org) to learn more about heart disease and stroke.
- 2 Sign up for our monthly *Heart Insight* e-news for heart patients and their families at [HeartInsight.org](http://HeartInsight.org).
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at [heart.org/SupportNetwork](http://heart.org/SupportNetwork).

### Do you have questions for your doctor or nurse?

Take a few minutes to write down questions for the next time you see your health care professional.

For example:

**What dose of aspirin should I take?**

## MY QUESTIONS:

We have many other fact sheets to help you make healthier choices to reduce your risk for heart disease, manage your condition or care for a loved one. Visit [heart.org/AnswersByHeart](http://heart.org/AnswersByHeart) to learn more.