American Heart Association | American Stroke Association

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DUAL ANTIPLATELET THERAPY

Quick Guide

2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease

Overriding Concepts and Updated Recommendations for DAPT and Duration

- Decisions about treatment with and duration of DAPT require a thoughtful assessment of the benefit/risk ratio (ischemic and bleeding risk), integration of study data, and consideration of patient preference.

- In general, shorter-duration DAPT can be considered for patients at lower ischemic risk with high bleeding risk, whereas longer-duration DAPT may be reasonable for patients at higher ischemic risk with lower bleeding risk.

- Prior recommendations for duration of DAPT for patients treated with DES were based on data from "first-generation" DES, which are rarely if ever used in current clinical practice. Compared with first generation stents, second-generation stents have an improved safety profile and lower risk of stent thrombosis. Recommendations in this focused update apply to second generation stents.

- Updated recommendations for duration of DAPT are now similar for patients with NSTE-ACS and STEMI, as both are part of the spectrum of acute coronary syndrome.

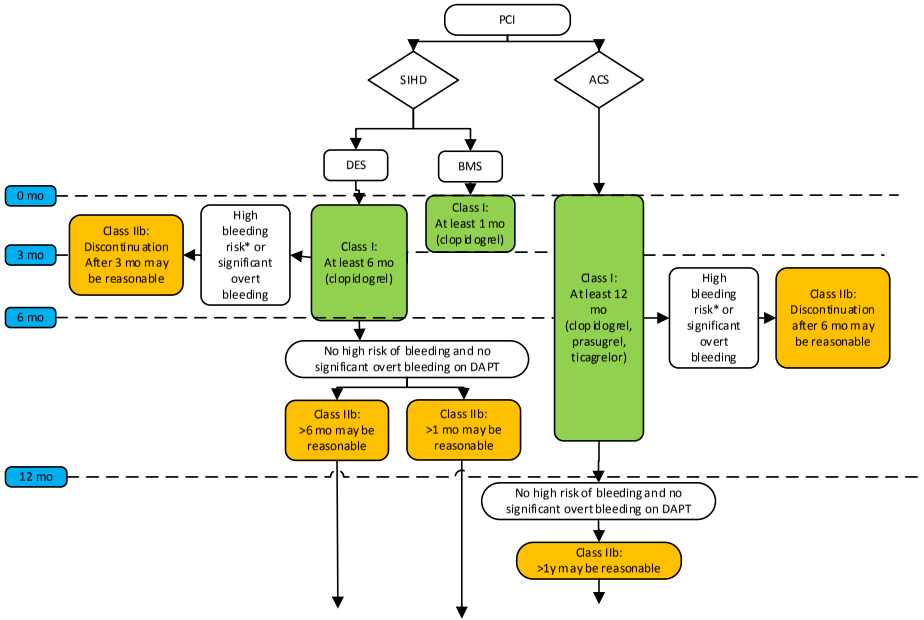
- A Class I recommendation ("should be given") in most clinical settings is made for at least 6–12 months of DAPT (depending on the setting), and a Class IIb recommendation ("may be reasonable") is made for prolonged DAPT beyond this initial 6- to 12-month period.

- In studies of prolonged DAPT after DES implantation or after MI, duration of therapy was limited to several years (akin to many other studied therapies). Thus, in patients for whom the benefit/risk ratio seemingly favors prolonged therapy, the true optimal duration of therapy is unknown.

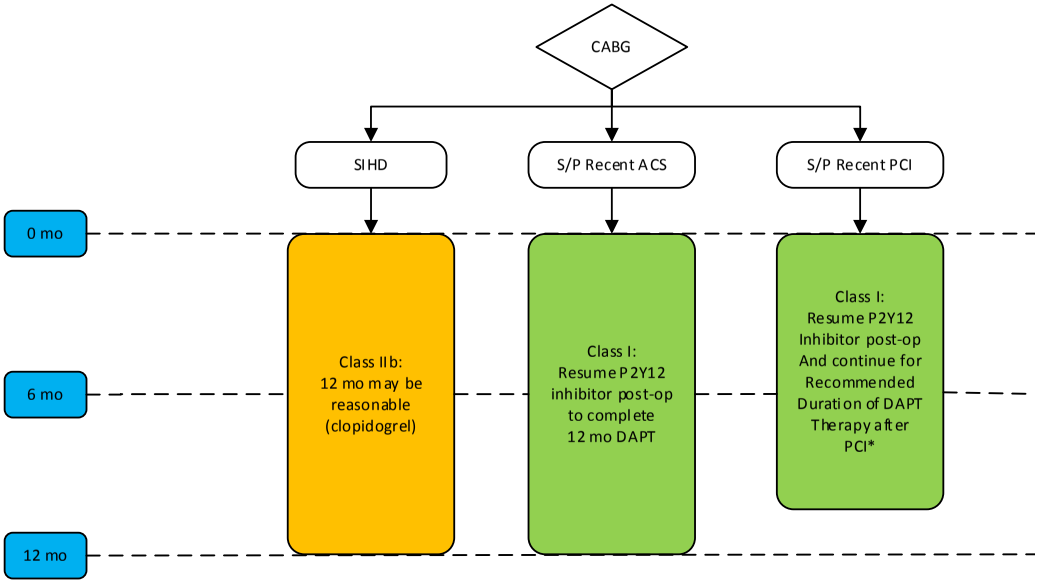
- Recommendations in the document apply specifically to duration of P2Y12 inhibitor therapy in patients with CAD treated with DAPT. Aspirin therapy should almost always be continued indefinitely in patients with CAD.

- Lower daily doses of aspirin, including in patients treated with DAPT, are associated with lower bleeding complications and comparable ischemic protection than are higher doses of aspirin. The recommended daily dose of aspirin in patients treated with DAPT is 81 mg (range, 75 mg to 100 mg).

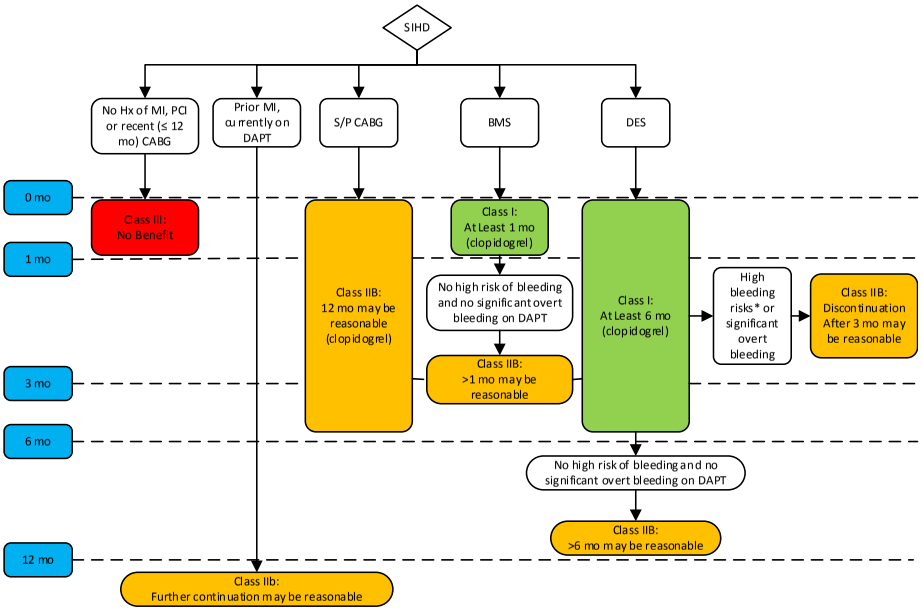
Treatment Algorithm for Duration of $P2Y_{12}$ Inhibitor Therapy in Patients Treated With PCI



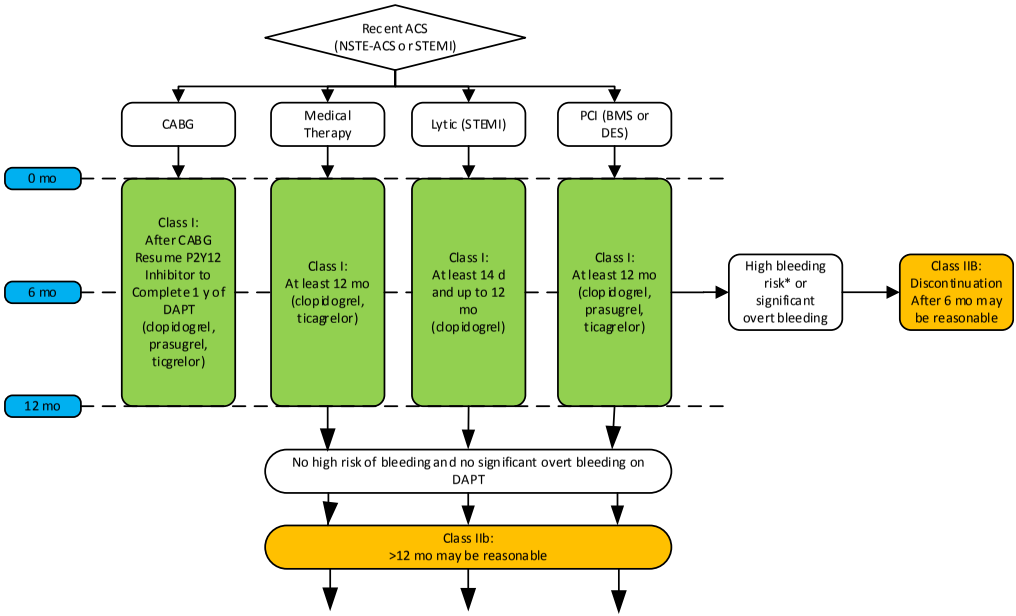
Treatment Algorithm for Management and Duration of $P2Y_{12}$ Inhibitor Therapy in Patients Undergoing CABG



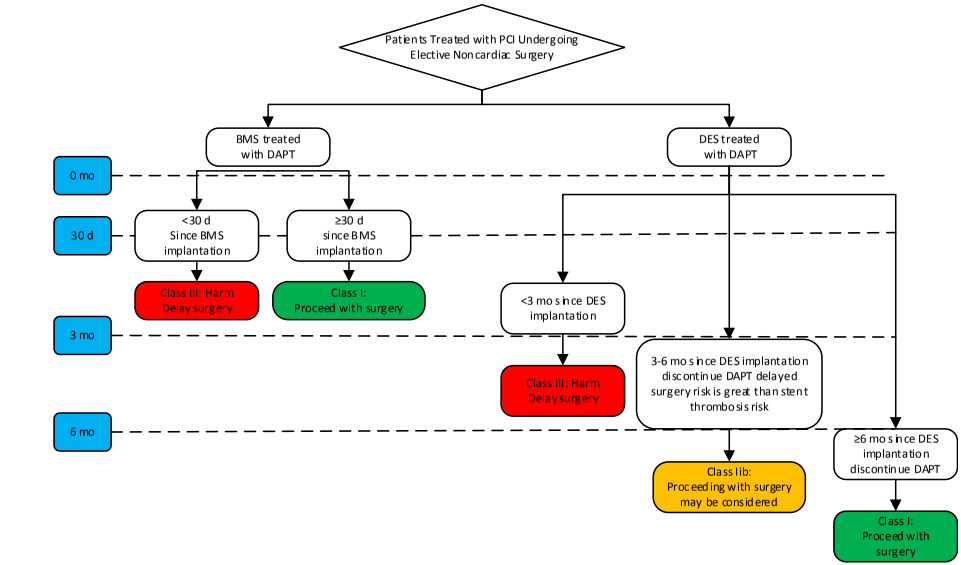
Treatment Algorithm for Duration of $P2Y_{12}$ Inhibitor Therapy in Patients with SIHD (Without ACS Within the Past Several Years)



Treatment Algorithm for Duration of $P2Y_{12}$ Inhibitor Therapy in Patients with Recent ACS (NSTE-ACS or STEMI)



Treatment Algorithm for the Timing of Elective Noncardiac Surgery in Patients with Coronary Stents



Aspirin Dosing in Patients Treated with DAPT		
COR	**LOE**	**Recommendation**
I	B-NR	In patients treated with DAPT, a daily aspirin dose of 81 mg (range, 75 mg to 100 mg) is recommended.
Specific $P2Y_{12}$ Inhibitors		
COR	**LOE**	**Recommendation**
IIa	B-R	In patients with ACS (NSTE-ACS or STEMI) treated with DAPT after coronary stent implantation and in patients with NSTE-ACS treated with medical therapy alone (without revascularization), it is reasonable to use ticagrelor in preference to clopidogrel for maintenance P2Y12 inhibitor therapy.
IIa	B-R	In patients with ACS (NSTE-ACS or STEMI) treated with DAPT after coronary stent implantation who are not at high risk for bleeding complications and who do not have a history of stroke or TIA, it is reasonable to choose prasugrel over clopidogrel for maintenance P2Y12 inhibitor therapy.
III: Harm	B-R	Prasugrel should not be administered to patients with a prior history of stroke or TIA.

P2Y12 Medication Dosing

	Loading Does	Maintenance Dose
Clopidogrel	300-600 mg	75 mg QD
Prasugrel	60 mg	10 mg QD
Ticagrelor	180 mg	90 mg BID

Abbreviations

ACS	Acute Coronary Syndrome
BMS	Bare Metal Stent
CABG	Coronary Artery Bypass Graft Surgery
DAPT	Dual Antiplatelet Therapy
DES	Drug-eluting Stent
HX	History
LYTIC	Fibrinolytic Therapy
MI	Myocardial Infarction
NSTE-ACS	Non-ST Elevation Acute Coronary Syndrome
PCI	Percutaneous Coronary Intervention
SIHD	Stable Ischemic Heart Disease
STEMI	ST-Elevation Myocardial Infarction
TIA	Transient Ischemic Attack

The American Heart Association requests that this document be cited as follows: Levine GN, Bates ER, Bittl JA, Brindis RG, Fihn SD, Fleisher LA, Granger CB, Lange RA, Mack MJ, Mauri L, Mehran R, Mukherjee D, Newby LK, O'Gara PT, Sabatine MS, Smith PK, Smith SC Jr. 2016 ACC/AHA guideline focused update on duration of dual antiplatelet therapy in patients with coronary artery disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines: an update of the 2011 ACCF/AHA/SCAI guideline for percutaneous coronary intervention, 2011 ACCF/AHA guideline for coronary artery bypass graft surgery, 2012 ACC/AHA/ACP/AATS/PCNA/SCAI/STS guideline for the diagnosis and management of patients with stable ischemic heart disease, 2013 ACCF/AHA guideline for the management of ST-elevation myocardial infarction, 2014 ACC/AHA guideline for the management of patients with non–ST-elevation acute coronary syndromes, and 2014 ACC/AHA guideline on perioperative cardiovascular evaluation and management of patients undergoing noncardiac surgery. *Circulation*. 2016;133:••••-••••. DOI: 10.1161/CTR.0000000000000404

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