Northern Ireland Ambulance Service
Health and Social Care Trust

INTERNAL MEMO

From: Dr Nigel Ruddell
Medical Director

To:
- ASAMs & Station Officers FAO all A&E/RRV Staff
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- CSOs
- CSD
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COMBINATION ANTI-PLATELET THERAPY FOR PATIENTS WHO HAVE HAD CARDIAC PROCEDURES

Dear all,

Frontline NIAS staff will on occasion attend patients who have previously undergone cardiac procedures such as the insertion of stents following a myocardial infarction. These patients are typically treated with anti-platelet drugs (e.g. aspirin, clopidogrel and ticagrelor) which must be continued for a set period after the procedure. It is vital that these drugs are not stopped without due consideration and NIAS clinicians should never advise such patients to cease taking these drugs because of perceived side effects etc. Instead, if there is any concern about a patient remaining on such drugs, they should be referred back to their GP for further consideration, but should remain on the treatment in the interim.

Yours sincerely,

Nigel J. Ruddell

Dr Nigel Ruddell
MEDICAL DIRECTOR

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Post-Coronary Stenting: Dual Antiplatelet Therapy Discharge Information for Professional staff

Patients are started on dual anti-platelet therapy (DAPT) as part of treatment following Percutaneous Coronary Intervention (PCI). DAPT is designed to reduce platelet aggregation and inhibit thrombus formation in the arterial circulation. The most common combinations of DAPT are 1) aspirin with clopidogrel; or 2) aspirin with ticagrelor; or 3) aspirin with prasugrel.

Indication & Duration

- DAPT is recommended for use in the management of all patients with a diagnosis of acute coronary syndrome (ACS), and it is typically recommended that treatment is continued for 12 months after the most recent ACS event. Some patients will have this modified for clinical reasons, and this will be indicated in the discharge letter
- DAPT is also required following elective stent insertion, though typically the duration of DAPT in this situation is for less than 12 months (3-6 months range most commonly). The precise duration will be indicated in the discharge letter
- For patients who require oral anticoagulation (OAC) for another indication such as atrial fibrillation, antiplatelet therapy may be combined with OAC for a specified period of time
- Note: In certain high-risk patients, ticagrelor may be continued with aspirin for a further 3 years (after the initial 12 months period of 90mg BD) at a dose of 60mg BD. If this prolonged treatment is required, it will be stated on the discharge letter
- **Each patient will have clear individualised instructions on DAPT duration, depending on the clinical indication. The duration will be stated on the discharge letter. Please ensure that DAPT does not continue for longer than recommended by the patient's cardiologist in discharge and/or clinic letters available on NIECR.**

It is vitally important that the DAPT medication is **NOT stopped early**, unless there is a serious complication (e.g. life-threatening GI bleed). Early discontinuation will increase the risk of stent thrombosis, heart attack, and death

Adverse effects

- Rash following PCI is rarely attributable to DAPT. It is more likely to be secondary to the contrast agent used during the procedure (up to 1/50 cases), and would be best treated with antihistamines and rarely, a short course of steroids. Rash may also be secondary to other recently initiated medications, but is rare with DAPT
- If a patient presents with any gastric disturbance, this could be due to the combination of aspirin and other anti-platelet agent, and could be treated with a proton-pump inhibitor
- Some patients develop dyspnoea during treatment with ticagrelor (≤14%) which is usually mild, occasionally moderate in severity and may either be transient or lasts until treatment is discontinued. If mild, patients should be encouraged that this is not serious, and should be told of the importance of continuing with the treatment. If dyspnoea is unacceptable to the patient, it is very important that the patient should **remain on treatment** until the hospital cardiologist is contacted.

Advice to non-cardiologists considering pausing or changing anti-platelet medication

- Cardiac stent thrombosis is a known complication of premature withdrawal of antiplatelet treatment regimes. Patients will have been informed of the importance of remaining on treatment until advised to stop by their cardiology team.
- Clinicians in other specialties who are deciding whether to undertake an elective procedure for a patient on combination anti-platelet therapy should refer to guidance from their professional organisations on whether and how to pause anti-platelet medication, or whether to postpone the procedure. Cardiology advice should be sought if required.
- Staff running pre-operative assessment clinics should identify patients on anti-platelet medications and seek advice from the consultant undertaking the procedure on whether the procedure is to go ahead, and if so the timing of any planned changes to their treatment.
- Other prescribers should not stop this treatment, other than in the event of serious complications, unless prior advice has been received from a cardiologist.
- Patients who have come to the end of their planned treatment course, which can range from 3 months to a year or longer, should not remain on treatment for longer than is indicated by the patient's cardiologist in discharge and/or clinic letters available on NIECR.