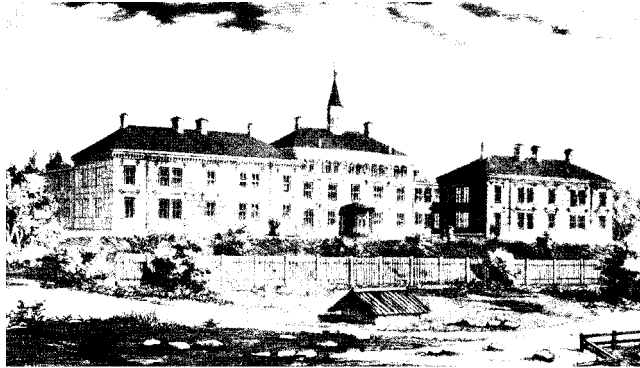


## DAPT 2017: How to implement the new Guidelines into clinical practice



Falu nya Länslasarett 1877. 124 vårdplatser

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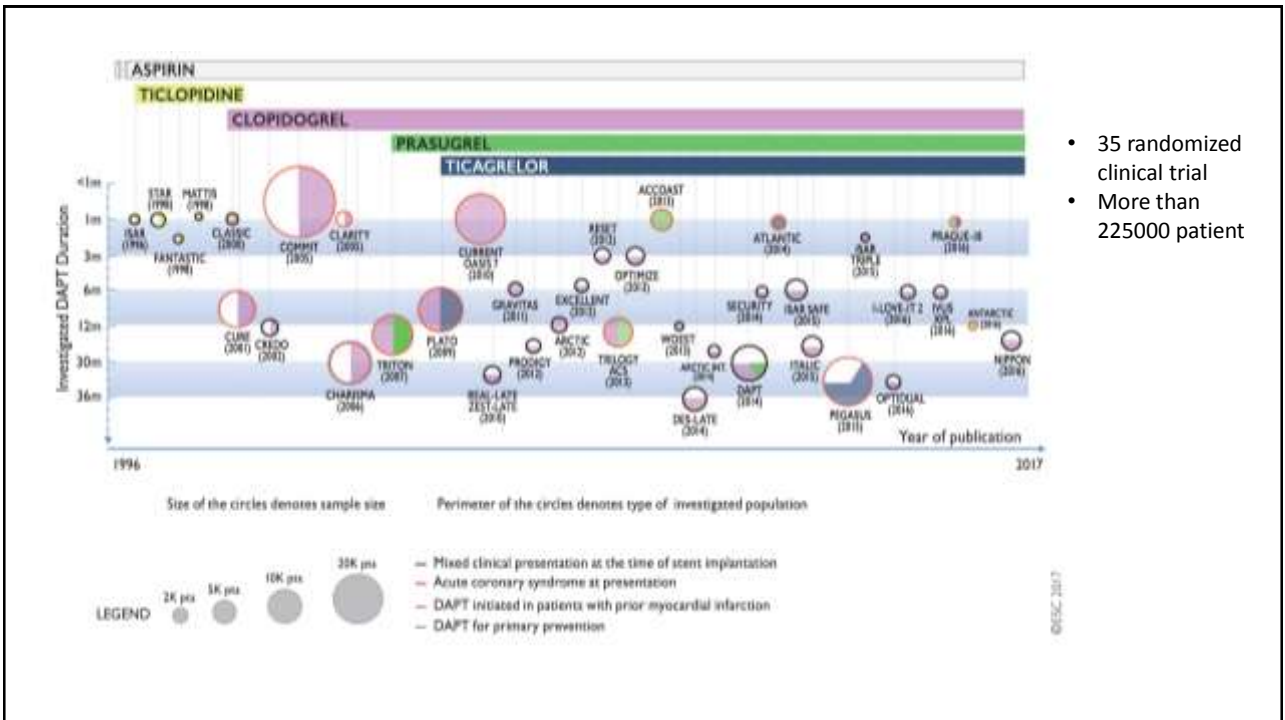
European Heart Journal (2018) 39, 213–254  
 doi:10.1093/eurheartj/ehx419

ESC GUIDELINES

### 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)

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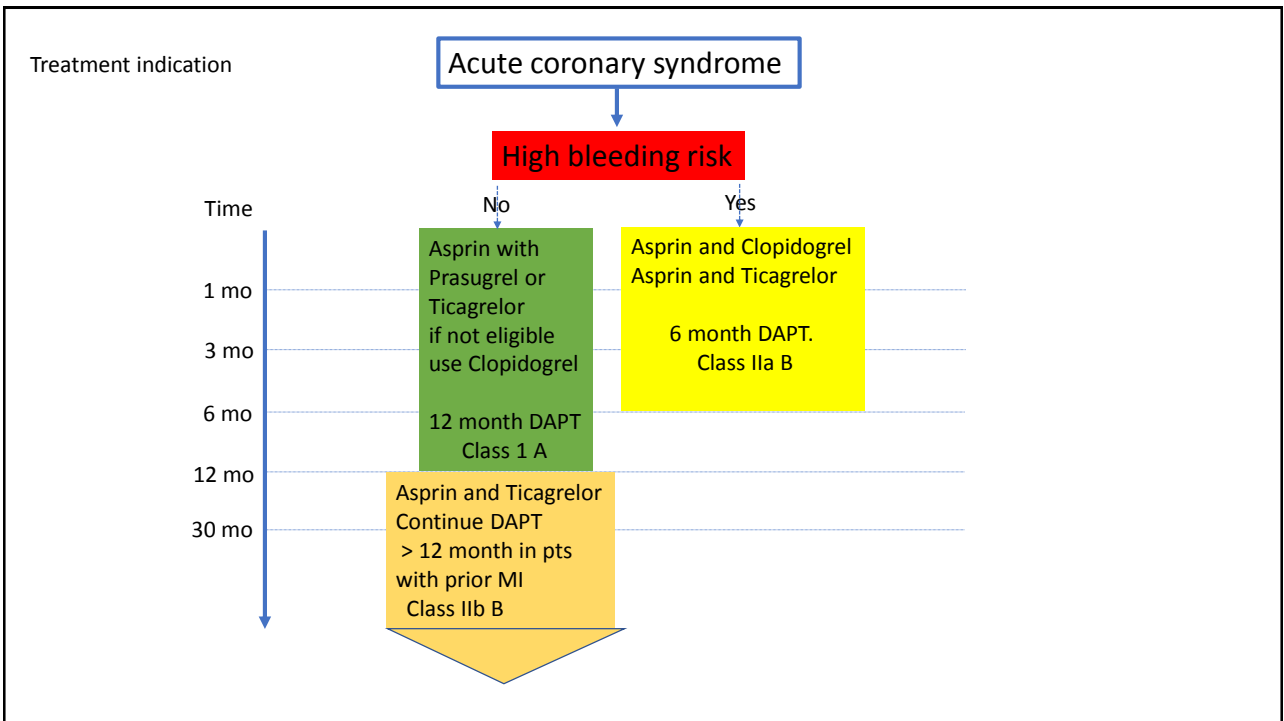
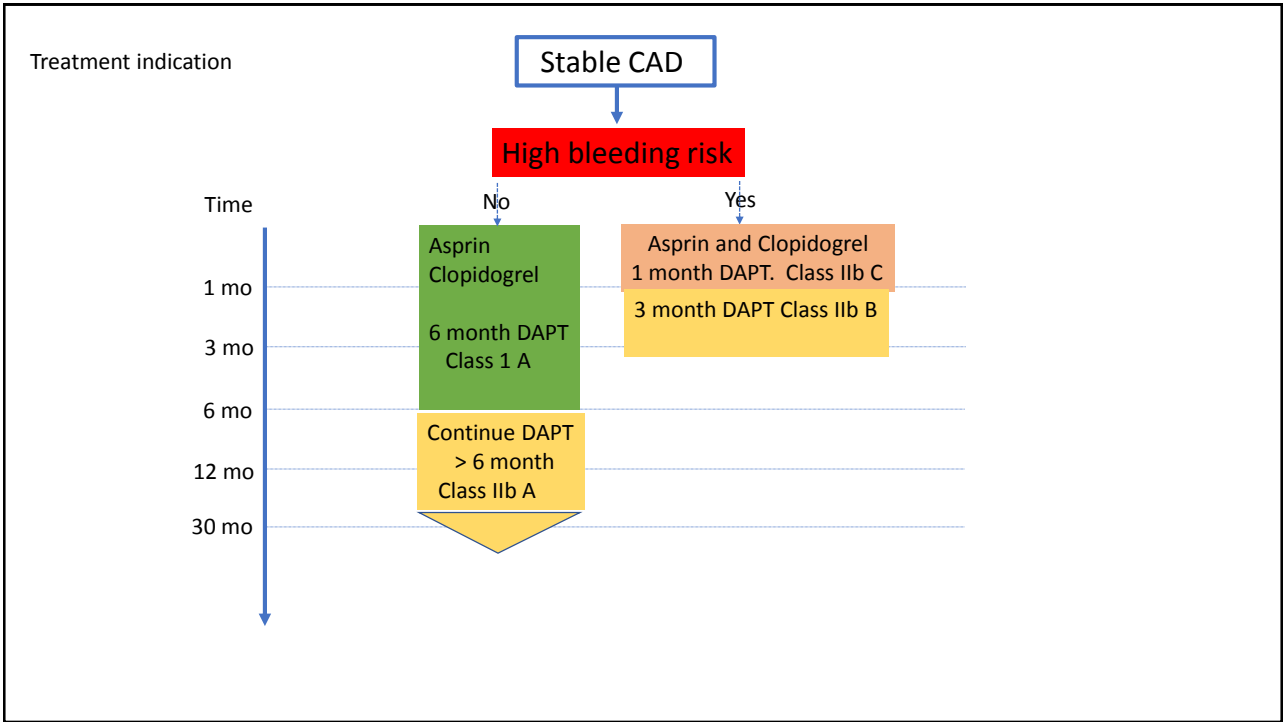
- PCI:
  - BMS, 1:st generation DES vs 3:de generation DES
    - DAPT duration should be guided on ischemic vs bleeding risk assessment not by the stent type
  - Stent thrombosis (acute vs late and very late )
    - Shift in strategy due to better stent. From local to systemic.
  - Access site
    - Femoral or Radial accesses to minimize bleeding
- DRUG:
  - Safer
  - More potent and predictable inhibition of platelet.
  - Duration:
    - Bleeding vs Ischemic benefit
  - Indication:
    - ACS
    - Stable angina

## Bleeding vs Ischemic benefit Risk score

**Table 3** Risk scores validated for dual antiplatelet therapy duration decision-making

	PRECISE-DAPT score <sup>a</sup>	DAPT score <sup>b</sup>						
Time of use	At the time of coronary stenting	After 12 months of at least one DAPT						
DAPT duration strategy selected	Short DAPT (3–6 months) vs. Standard/long DAPT (≥12–24 months)	Standard DAPT (12 months) vs. Long DAPT (≥24 months)						
Score calculator <sup>c</sup>	<p><b>Use of risk scores as guidance for the duration of dual antiplatelet therapy</b></p> <table border="1"> <thead> <tr> <th>Recommendations</th> <th>Class<sup>d</sup></th> <th>Level<sup>e</sup></th> </tr> </thead> <tbody> <tr> <td>The use of risk scores designed to evaluate the benefits and risks of different DAPT durations<sup>f</sup> may be considered.<sup>15,16</sup></td> <td style="background-color: #f4a460;">IIIb</td> <td style="background-color: #0056b3; color: white;">A</td> </tr> </tbody> </table>		Recommendations	Class <sup>d</sup>	Level <sup>e</sup>	The use of risk scores designed to evaluate the benefits and risks of different DAPT durations <sup>f</sup> may be considered. <sup>15,16</sup>	IIIb	A
Recommendations	Class <sup>d</sup>	Level <sup>e</sup>						
The use of risk scores designed to evaluate the benefits and risks of different DAPT durations <sup>f</sup> may be considered. <sup>15,16</sup>	IIIb	A						
Score Points	0 to 100 points	0 to 10 points						
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	<a href="http://www.precisedapt.com">www.precisedapt.com</a>	<a href="http://www.daptstudy.org">www.daptstudy.org</a>						

PCI treatment

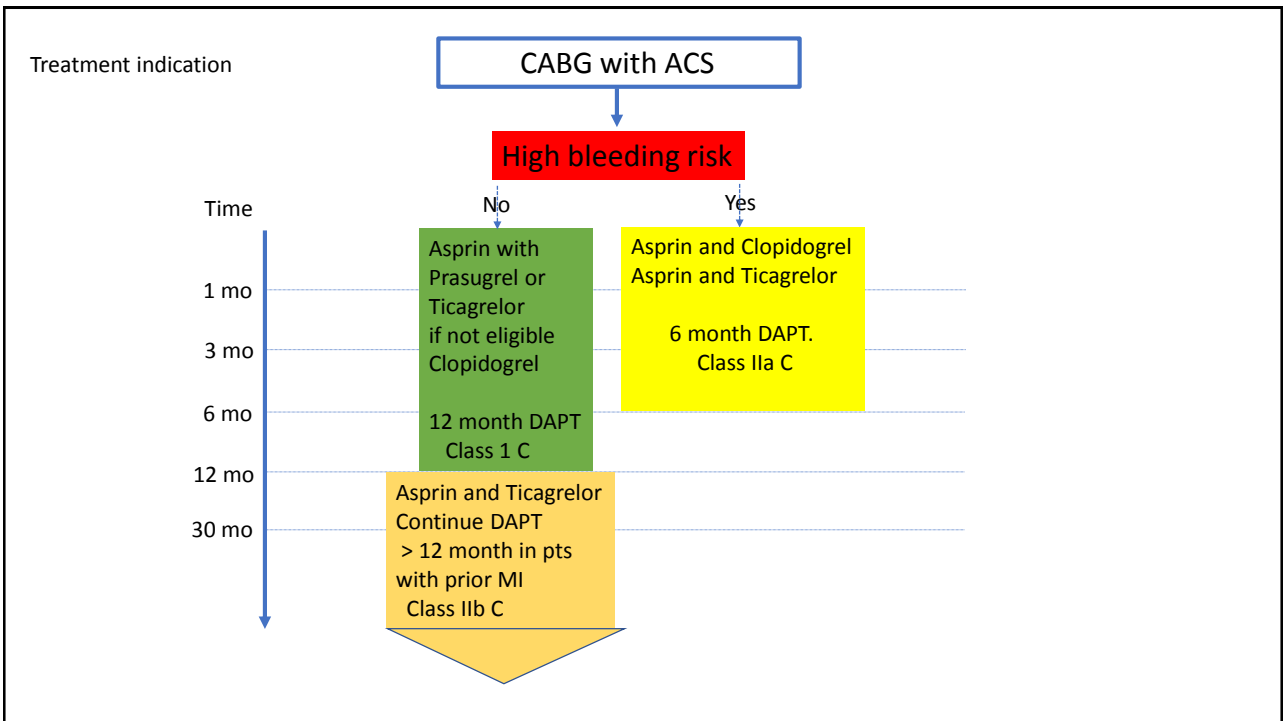
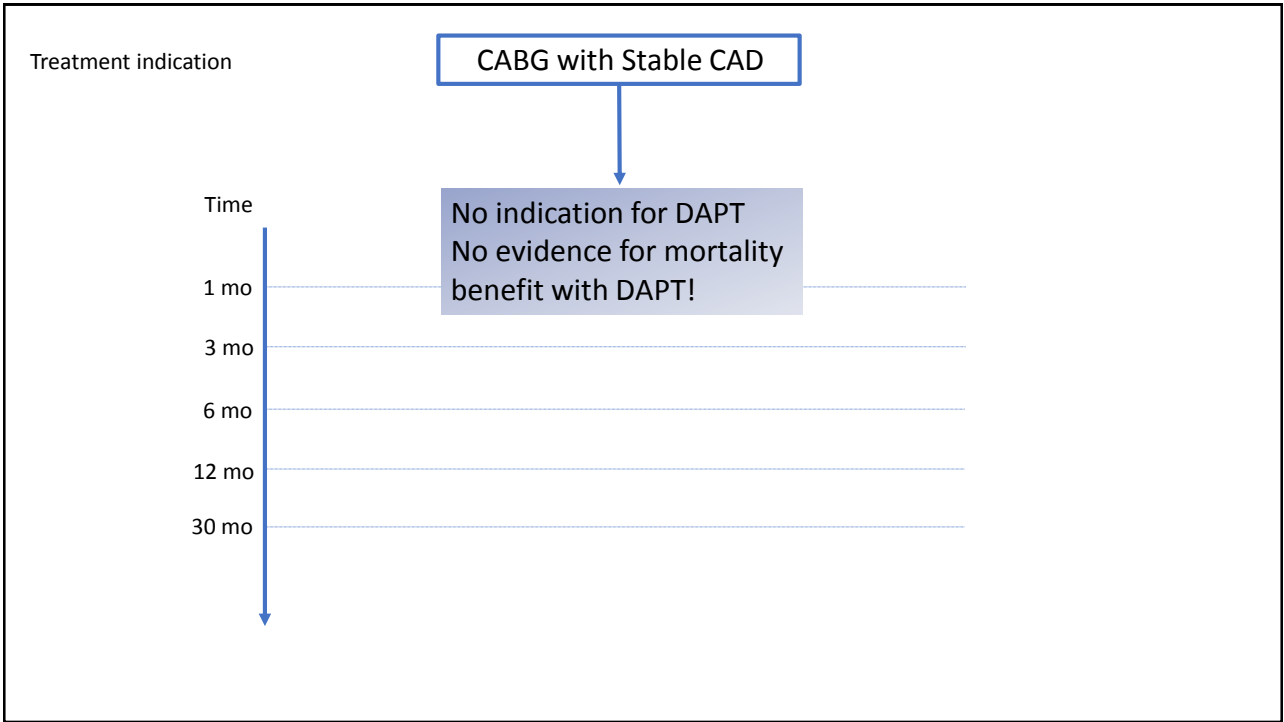


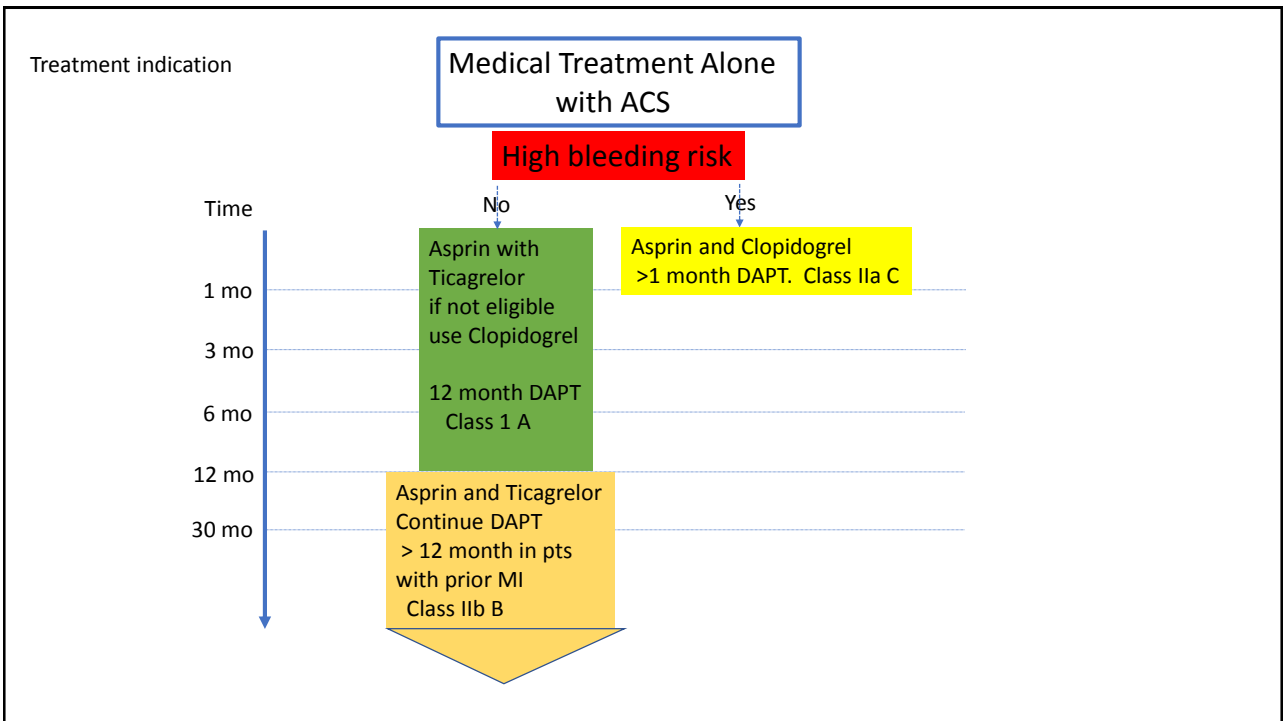
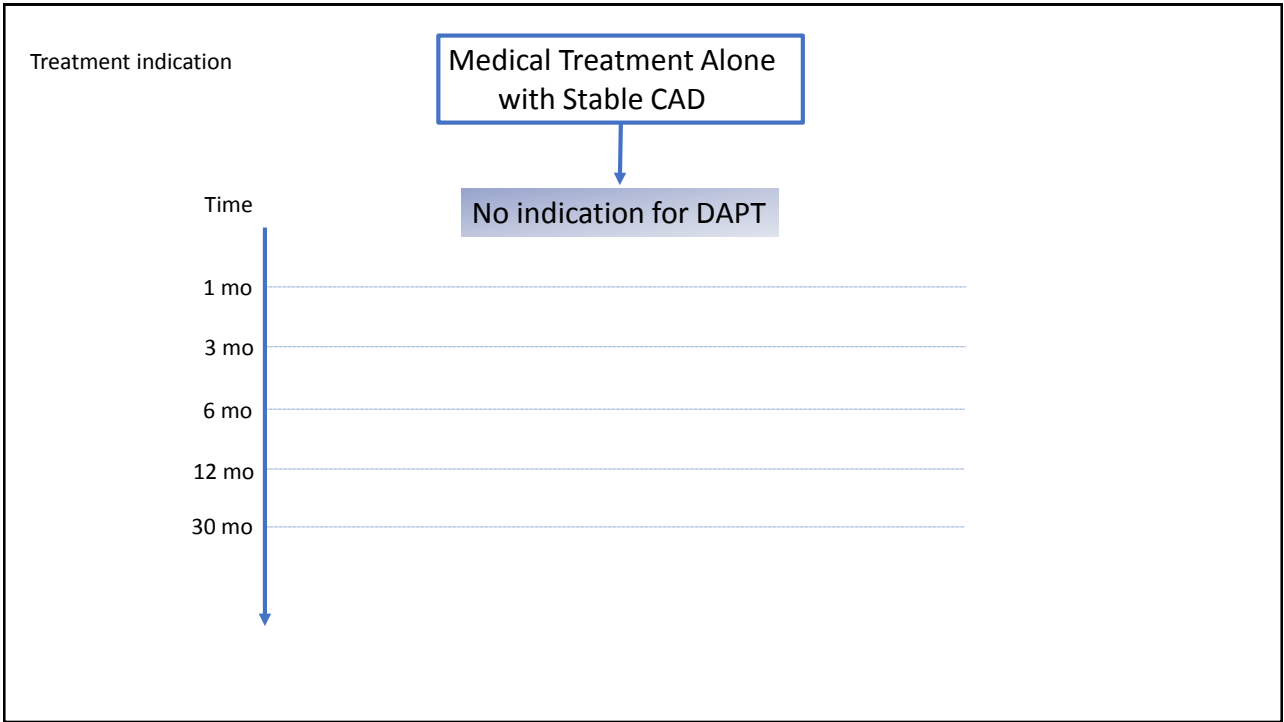
## Change in recommendations

- Pretreatment with P2Y<sub>12</sub> inhibitors when PCI is planned (class II – I)
- Liberal use of PPI to mitigate GI bleeding risk (class 1)
- Elective surgery requiring discontinuation of the P2Y<sub>12</sub> inhibitors after 1 month (class IIA)
- Ticagrelor interruption of 3 days prior elective surgery (class IIA)
- Routine platelet function testing to adjust therapy (class III)

## New recommendation 2017

- The occurrence of actionable bleeding while on DAPT should prompt reconsideration of type and duration of DAPT regimen. (class I)
- The decision for DAPT duration should be dynamic and reassessed during the course of initially selected DAPT regimen. (class I)
- Early administration of ticagrelor/clopidogrel in NSTEMI-ACS with invasive approach (class IIA)
- Ticagrelor 60mg preferred over other oral P2Y<sub>12</sub> inhibitors for DAPT continuation over >12 months in post MI. (class IIB)

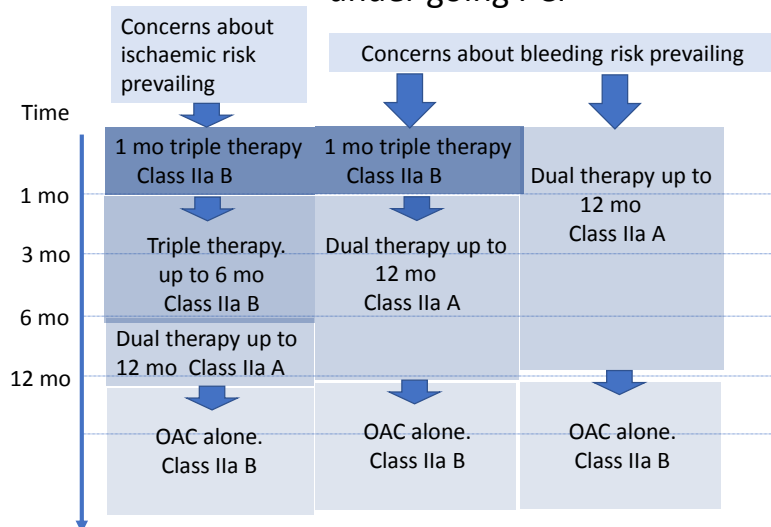




## DAPT for patients with indication for oral anticoagulation

- 6-8% of patients undergoing PCI have an indication for anticoagulation
- Two- to threefold increase in bleeding complications
- These patients should be considered as a “high risk of bleeding”
- Reassessed anticoagulation and minimize risk using validated risk predictors (CHA<sub>2</sub>DS<sub>2</sub>-VASc, ABC, HAS-BLED)
- Duration of triple therapy should be limit
- NOAC (lower regime) instead of VKA (INR)
- Clopidogrel drug of choice
- Aspirin <100mg daily
- PPI treatment

## DAPT for patient with indication for oral anticoagulation (OAC) under going PCI



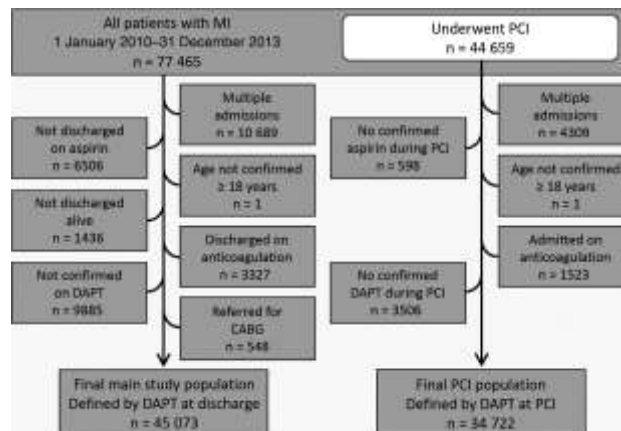


## My conflicting experience of bleeding vs ischemic event in ACS population

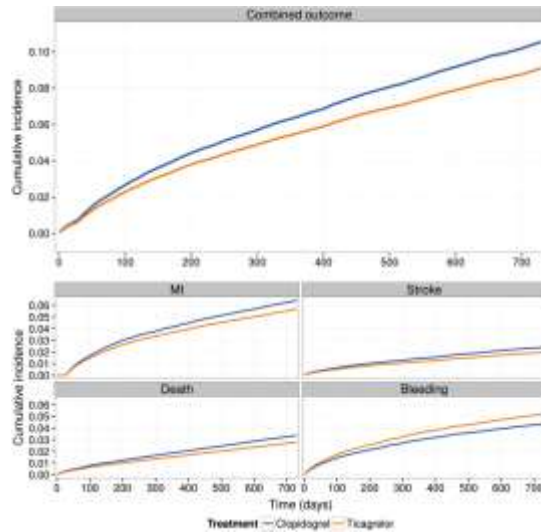
- Daily we have a lot of ischemic patient.
  - The patient “previously treated” is one of all ACS patient that day
- Historically we had problem with a low, but not uncommon, incidence of subacute stent thrombosis. Very often with a poor outcome.
  - That’s why I remember him/her
- Bleeding is not every day patient
  - That is why I remember him/her.
- It is more difficult to see the benefit than the harm with a potent drug!
- SWEADHEART registry

## Outcomes in patients treated with ticagrelor or clopidogrel after acute myocardial infarction: experiences from SWEDEHEART registry.

A.Sahle'n et al, Eur Heart J. 2016;37(44):3335-3342. doi:10.1093/eurheartj/ehw284



Adjusted cumulative primary incident curves for primary and secondary outcomes in patient on patient ticagrelor or clopidogrel



## Take home messages

- Duration
- Bleeding
- Drug
- Indication
- With a potent drug it difficult to see the benefit.
- Much easier to see the harm