



Triple therapy prescribing outcomes following acute coronary syndromes in patients requiring oral anticoagulation

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Background

There are a growing number of patients presenting with acute coronary syndromes (ACS) on pre-existing oral anticoagulation (OAC). Clinicians must consider ischaemic and bleeding risks to guide antithrombotic duration in this setting. The 2020 European Society of Cardiology (ESC) guideline recommends:

1. TT (triple therapy) – DAPT + OAC – for up to 4 weeks after ACS then,
2. SAPT (single antiplatelet therapy) + OAC for up to 12 months then,
3. OAC monotherapy thereafter.

Figure 1: 2020 ESC NSTEMI-ACS Guidelines¹

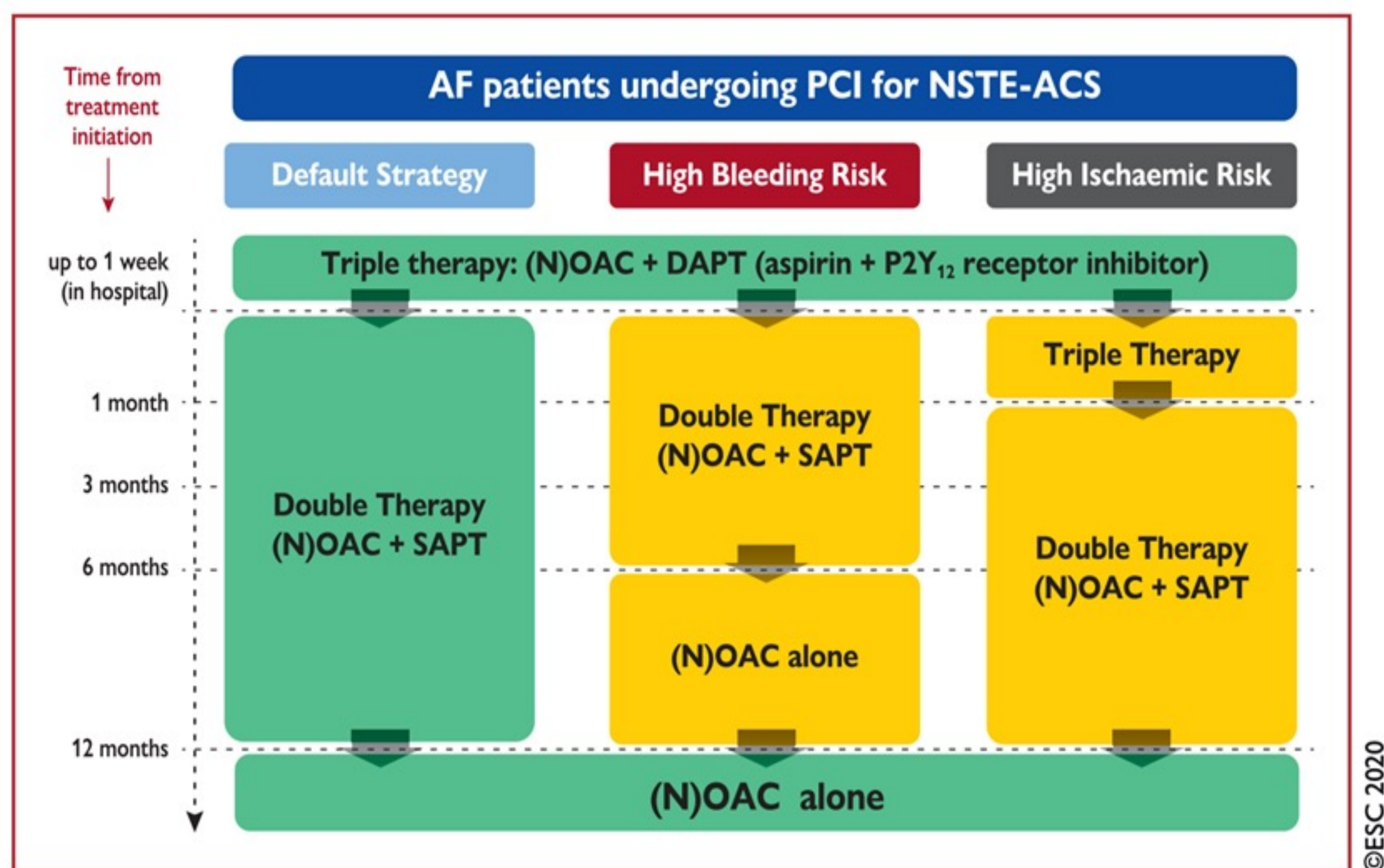
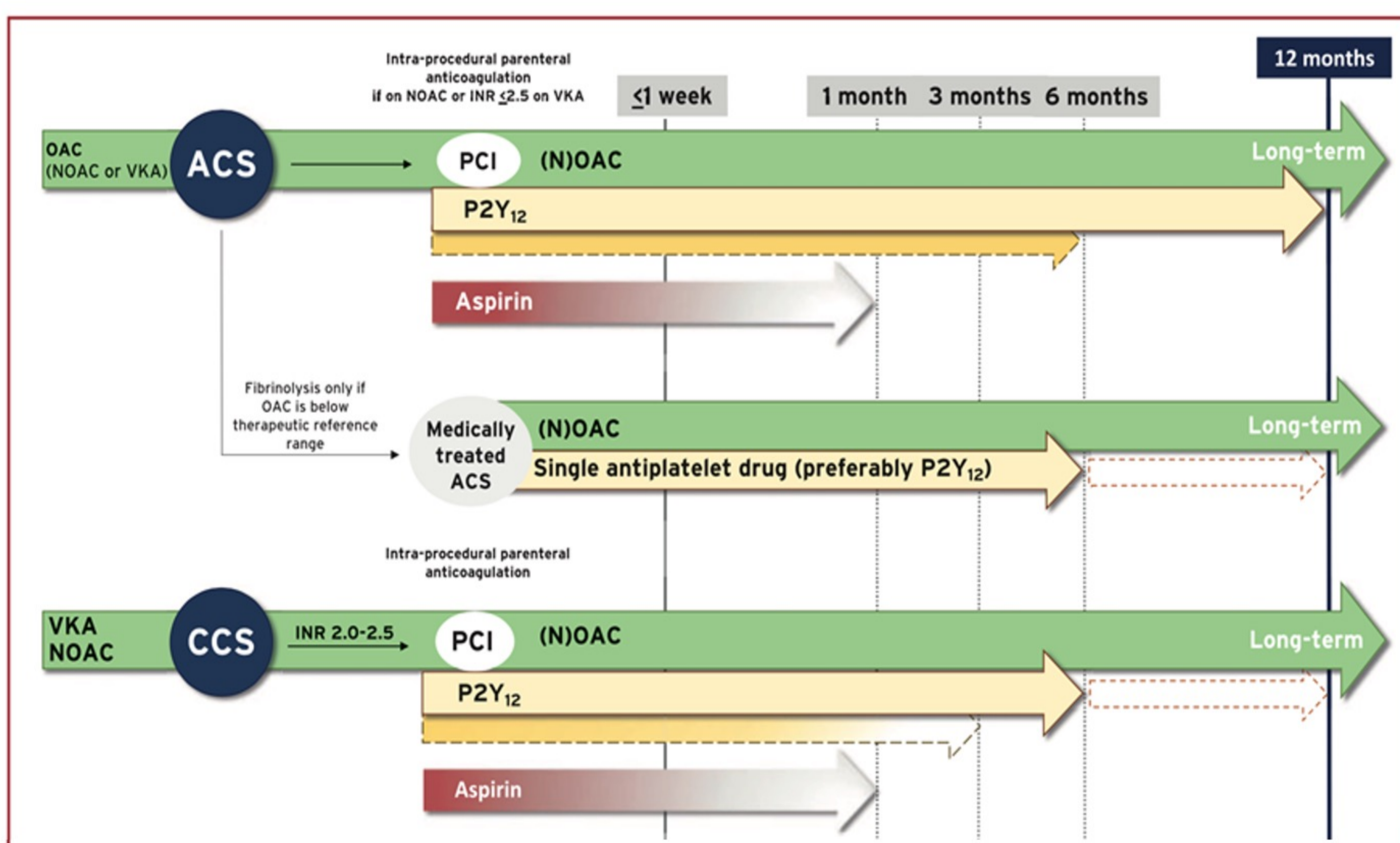


Figure 2: 2020 ESC Atrial Fibrillation Guidelines²



Methods

Patients presenting with ACS and administered TT were identified from electronic medication dispensing between August and October 2020 and retrospectively reviewed. Indication and duration of TT were obtained from medical records and angiography reports. Bleeding risk was calculated using HAS-BLED score. Ischaemic risk was calculated using DAPT score. Those with incomplete records were excluded.

Aims

Compare TT prescribing practices in our cardiology unit to the 2020 ESC recommendations and identify opportunity for improvement.

Results

Forty-one patients were identified: 28 received coronary stenting, 13 medically managed.

The most common OAC indication was atrial fibrillation (75.6%).

In those stented, antithrombotic therapy complied with recommendations in 50% of patients.

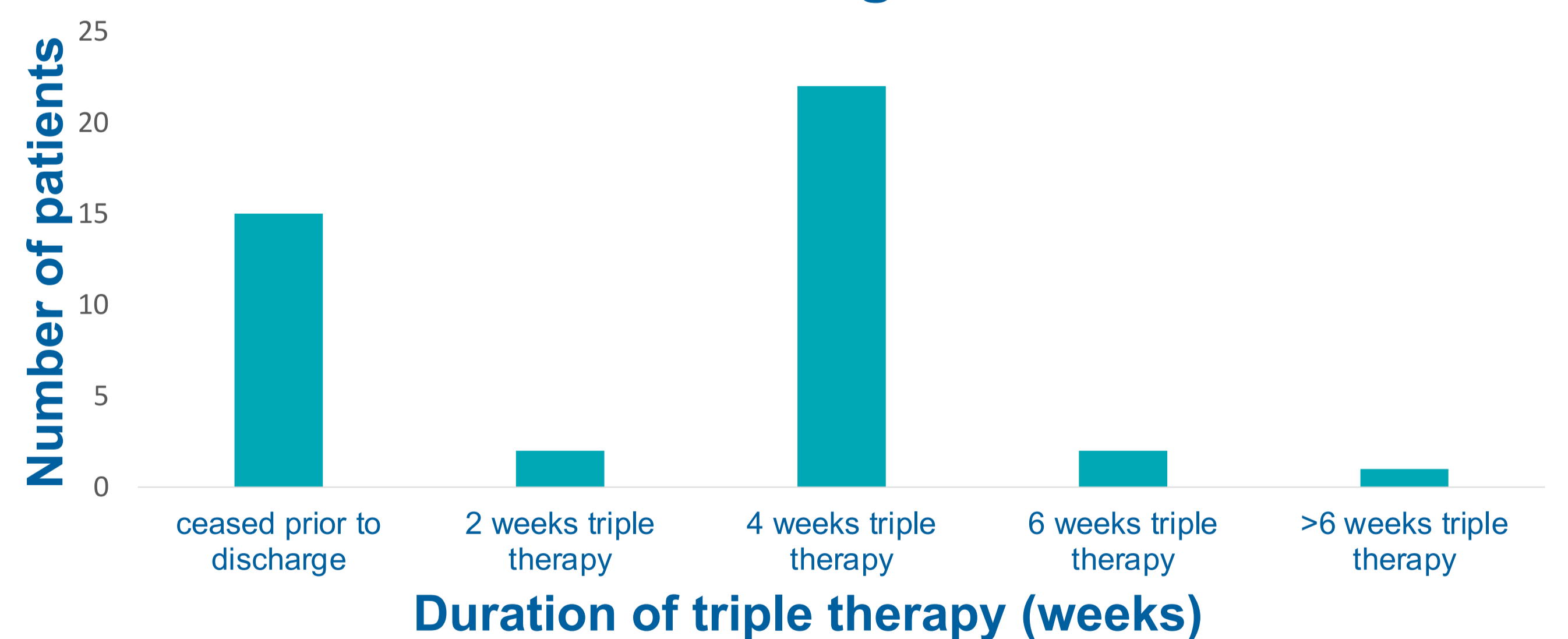
No patients (0%) with low ischaemic and/or high bleeding risk complied with recommendations for TT duration of 1 week.

Those with high ischaemic risk were compliant with 4 weeks TT in 87.5% of patients.

In those medically managed, antithrombotic therapy complied with recommendations in 92% of patients.

Only 24% of patients with atrial fibrillation had documented plan for OAC monotherapy after 12 months.

Triple Therapy Duration Plan on Discharge



Conclusion

- Patients with ACS on OAC with high ischaemic risk and those medically managed complied to recommendations.
- Recommendations were not followed for patients with low ischaemic risk and/or high bleeding risk, highlighting opportunity for intervention.
- We provided pharmacist-led education for cardiologists and developed a hybrid DAPT/HAS-BLED tool to guide clinicians on formulating antithrombotic plans.

References

1. Collet JP et al. "2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation." European heart journal vol. 42,14 (2021): 1289-1367. doi:10.1093/eurheartj/ehaa575
2. Hindricks G et al. "2020 ESC Guidelines for the diagnosis and management of atrial fibrillation [...]" European heart journal vol. 42,5 (2021): 373-498. doi:10.1093/eurheartj/ehaa612