

Evaluation of the duration of dual-antiplatelet therapy after percutaneous coronary intervention

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Introduction

- Clinical guidelines recommend dual antiplatelet therapy (DAPT) as standard therapy post-percutaneous coronary intervention (PCI) for Acute Coronary Syndrome for a duration of 12 months or less. On occasion cardiologists may recommend DAPT for greater than 12 months for specific patients.

Aim

- The aim of this study was to determine the proportion of patients taking DAPT post-PCI for more or less than the duration recommended by treating cardiologist, at a large tertiary hospital in Brisbane.

Methods

- Retrospective review of the electronic records of 105 patients, who were first admitted to Princess Alexandra Hospital (PAH) for PCI and were subsequently readmitted at least 12 months later, were audited.
- The appropriateness of continuation or cessation of DAPT was determined by comparing actual duration with the duration planned by the cardiologist and/or the duration recommended by clinical guidelines.

Results

- 66% (70/105) of patients were found to be still taking DAPT on readmission.
- 32% (34/105) of patients DAPT duration was compliant with the recommendations of guidelines or treating cardiologist,
- 10% (11/105) had a shorter DAPT duration than recommended by guidelines or treating cardiologist.
- 57% (60/105) had a longer DAPT duration than recommended by guidelines or treating cardiologist.

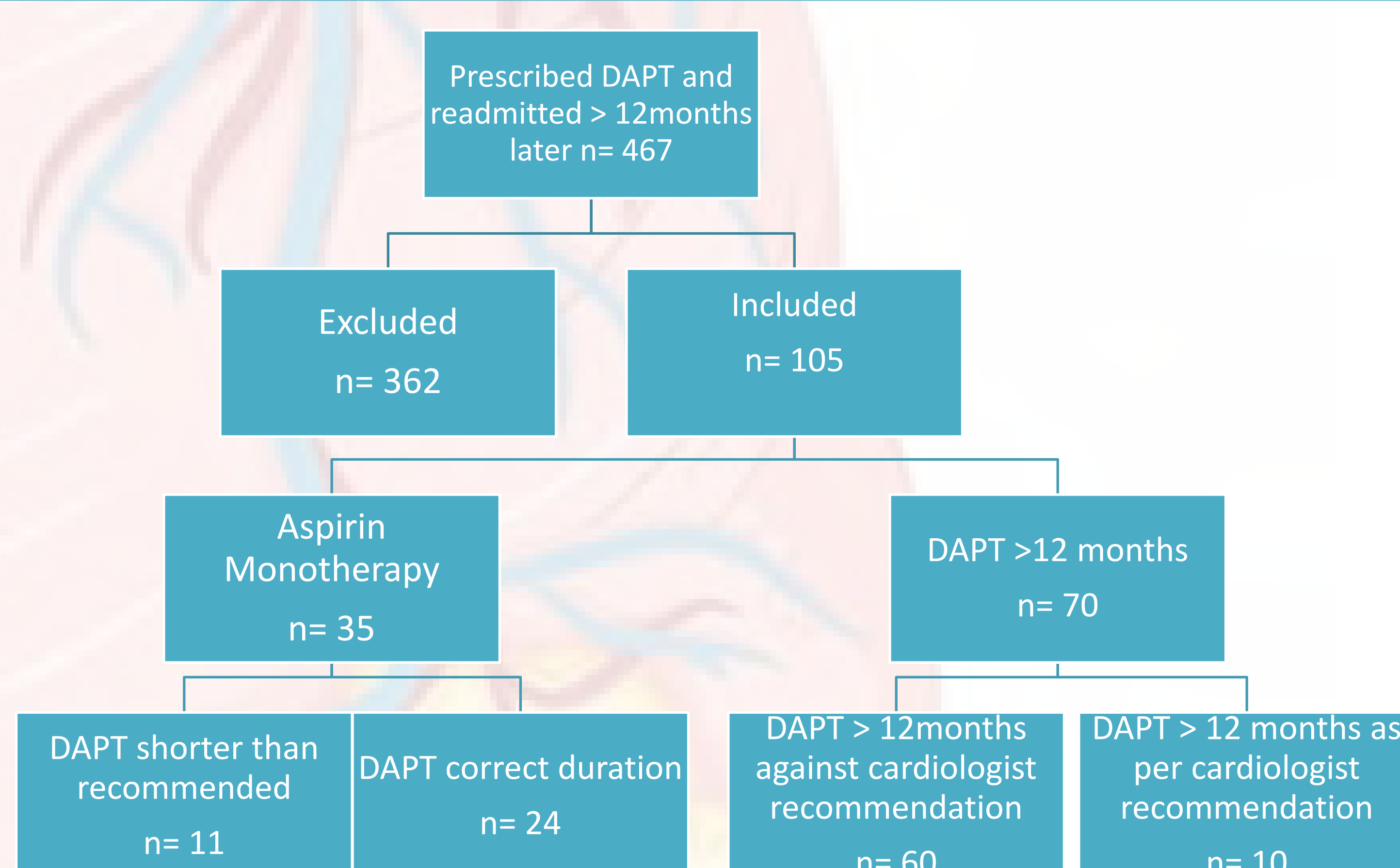


Figure 1: DAPT duration

Conclusion

- Despite clear documentation of planned DAPT duration on discharge, extended use of DAPT is highly prevalent at the Princess Alexandra Hospital
- Post discharge interventions to cease DAPT at appropriate timepoints are required to ensure patients' risk of bleeding is not unnecessarily increased.