ANTIPLATELET THERAPY IN SECONDARY PREVENTION OF STROKE AND TIA

NHS Greater Glasgow and Clyde

APPLICABILITY:

This guidance is aimed at prescribers working within both the acute setting and primary care to guide antiplatelet therapy in patients who have had a ischaemic stroke or transient ischaemic attack (TIA).

KEY RECOMMENDATIONS:

- For patients in sinus rhythm who have had an ischaemic stroke or transient ischaemic attack (TIA), the standard long-term antithrombotic treatment should be clopidogrel 75mg once daily[1]
- Patients who cannot tolerate clopidogrel should receive aspirin dispersible 75mg once daily and dipyridamole modified-release (MR) 200mg twice daily
- Aspirin dispersible 75mg once daily should be used if both clopidogrel and dipyridamole MR are contraindicated or not tolerated
- If both clopidogrel and aspirin are contraindicated or not tolerated, then dipyridamole MR 200mg twice daily should be used
- All patients with a diagnosis of stroke or TIA should receive antiplatelet therapy as outlined above life-long
- The combination of aspirin and clopidogrel is not recommended for long-term prevention following a stroke or TIA stroke unless there is another indication to consider, such as acute coronary syndrome or recent coronary stent procedure

CAUTIONS AND SUPPORTING INFORMATION:

- Ideally, blood pressure should be controlled prior to the commencement of any antiplatelet agent
- When consideration is being given to prescribing antiplatelets, a GI risk assessment should be undertaken

NOTES:

1. Clopidogrel is not licensed for secondary prevention following a TIA. However, it is a recommended treatment option according to *SIGN 129: Antithrombotics: Indications and Management* (August 2012). The NHSGGC Stroke Managed Clinical Network consider TIA and ischaemic stroke to be the same condition organically, therefore support the off-label use of clopidogrel monotherapy as secondary prevention following a TIA

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