CLINICAL GUIDELINE

Antiplatelet Therapy in Secondary Prevention of Stroke and TIA

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Lead Authors:	Sarah Hill & Frances McGrane
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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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 an 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.
- Where clopidogrel is not appropriate * patients should receive an alternative antiplatelet decided by a specialist. Options include aspirin dispersible 75mg once daily and dipyridamole modified-release (MR) 200mg twice daily (as monotherapy or in combination) at the discretion of the stroke consultant.
- All patients with a diagnosis of ischaemic stroke or TIA should receive antiplatelet therapy lifelong.
- Dual antiplatelet therapy (DAPT) with aspirin 75mg once daily AND clopidogrel 75mg once daily can be used in people with non-cardioembolic minor ischaemic stroke (NIHSS score of 3 or less) or high-risk TIA (ABCD score of 4 or more), if the diagnosis is confirmed by a stroke specialist and brain imaging has excluded ICH. Where clopidogrel is not appropriate * ticagrelor 90mg twice daily (+/- loading dose of 180mg at the discretion of the stroke consultant) may be used (off-label).
- DAPT is usually used for 21 days and then the patient is changed to a long-term antiplatelet option decided by a specialist (usually clopidogrel 75mg OD).
- A proton pump inhibitor should be considered alongside DAPT.

*Clopidogrel may be inappropriate due to allergy, intolerance, or if the patient is a poor or intermediate metaboliser of the drug identified by pharmacogenetic testing (conducted at the request of a stroke specialist).

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
- Ticagrelor is not licensed for stroke and TIA and should only be initiated following specialist advice

Guideline author: Sarah Hill, Advanced Pharmacist Older People and Stroke Services and Frances McGrane, Clinical Lead for Stroke (North)

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