



## 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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### 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

## 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**
- ◆ 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 ischaemic stroke or TIA should receive antiplatelet therapy as outlined above life-long
- ◆ Dual antiplatelet therapy (DAPT) with aspirin and clopidogrel 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) in the past 24 hours, if the diagnosis is confirmed by a stroke specialist and brain imaging has excluded ICH. DAPT is usually used for 21 days then the patient is changed to clopidogrel 75mg daily for long-term treatment.

## 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