

NOVEL ORAL ANTIPLATELET AGENTS IN ACUTE CORONARY SYNDROME. PRESCRIPTION PROFILE IN A TERTIARY HOSPITAL

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BACKGROUND

Current clinical practice guidelines for acute coronary syndrome recommend that patients should receive dual antiplatelet treatment with acetylsalicylic acid and an ADP receptor inhibitor for 12 months.

Today two novel P2Y₁₂-receptor inhibitors, prasugrel and ticagrelor, have been developed that offer more effective and faster platelet inhibition than clopidogrel so current guidelines recommends that these compounds should be used in preference to clopidogrel in a wide range of patients.

OBJECTIVES.

- To assess the prescription profile of novel oral antiplatelet agents for acute coronary syndrome in the cardiology department of a tertiary hospital.
- Correlation with present guidelines of European Society of Cardiology.

METHODS.

Retrospective descriptive study in a five year period (January 2010 to April 2015).

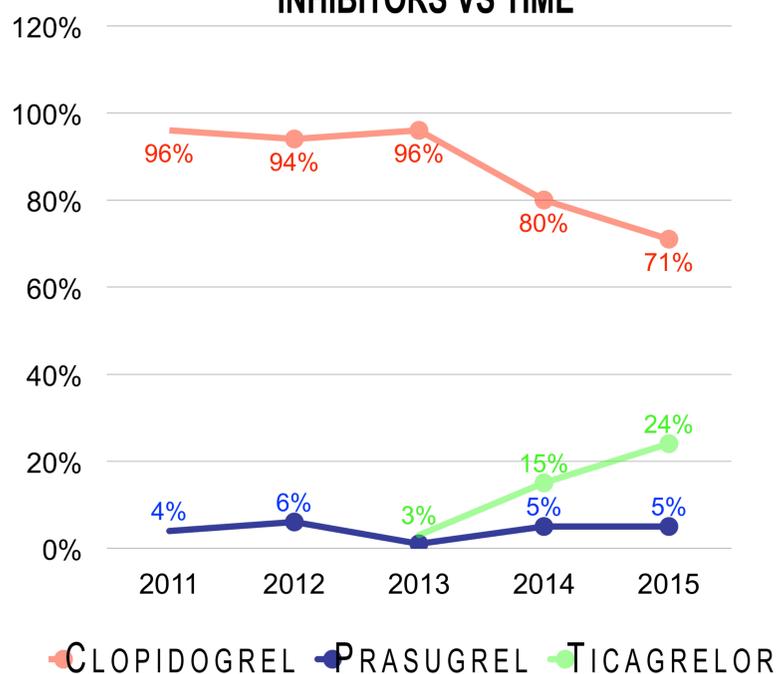
The Percentage of patients treated with clopidogrel, prasugrel or ticagrelor was calculated respect total patients in treatment with any P2Y₁₂-receptor inhibitor.

RESULTS.

Prescription profile has been changing from new antiplatelet agents were authorized (Prasugrel 2009, Ticagrelor 2011).

- A progressive increase in Ticagrelor prescription in detriment of clopidogrel was observed.
- Prasugrel prescription is low and constant.
- Clopidogrel is the most prescribed antiplatelet in this unit although guidelines recommend use it only in patients cannot receive ticagrelor or prasugrel or who require oral anticoagulation (IB) and patients who receive fibrinolytic therapy.

PRESCRIPTION PROFILE OF P2Y₁₂ RECEPTOR INHIBITORS VS TIME



CONCLUSIONS.

- Paradoxically new oral antiplatelet agents are used infrequently.
- Is expected an increase in Ticagrelor prescription so it is recommended like first option for all patients at moderate-to-high risk of ischaemic events regardless of initial treatment strategy and including those pretreated with clopidogrel (IB).
- Prasugrel has been shown greater clinical benefits than clopidogrel in patients who have undergone percutaneous coronary interventions (IB) but several restrictions limit its use compared with ticagrelor.
- The development of standard clinical protocols would help improve the quality of care.

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