

DURATION OF DUAL ANTIPLATELET THERAPY IN CORONARY ARTERY DISEASE: IS PHARMACIST INTERVENTION NECESSARY TO IMPROVE PATIENT SAFETY?

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BACKGROUND AND IMPORTANCE

According to 2017 Update European Society of Cardiology (ESC) on Dual Antiplatelet Therapy (DAPT) guidelines, optimal duration of DAPT remains a controversial topic. The decision must be dynamic and re-evaluated during the course. So it is essential that patients must be monitored in order to avoid coronary complications but also to prevent bleeding risk.

AIM AND OBJECTIVES

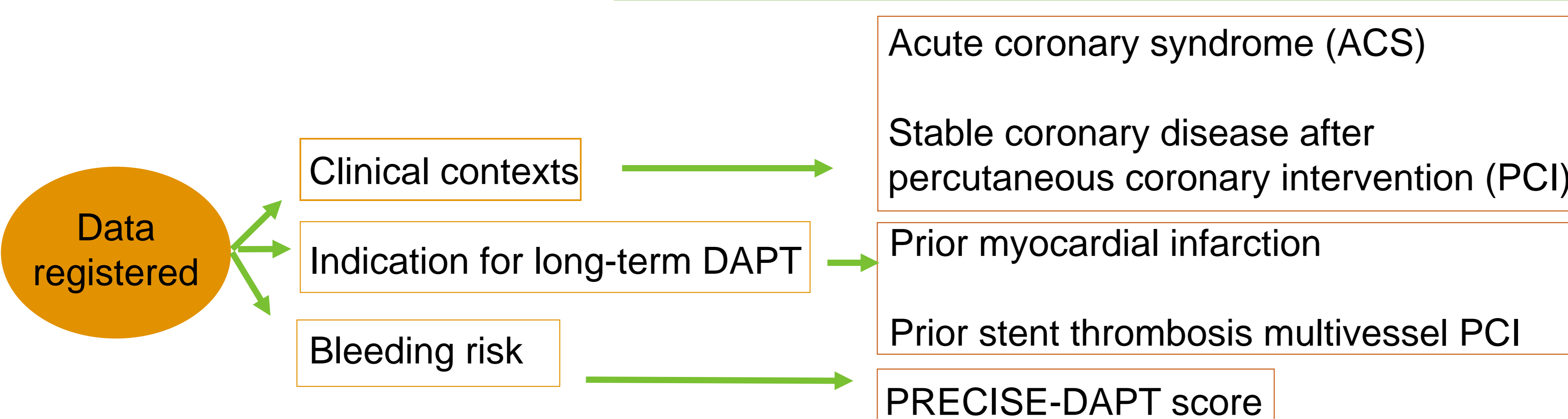
To identify patients with long-term DAPT, their indications, clinical conditions and to evaluate the bleeding risk. To explore if a pharmaceutical intervention, to adapt the therapy duration according to guidelines, is needed.

MATERIALS AND METHODS

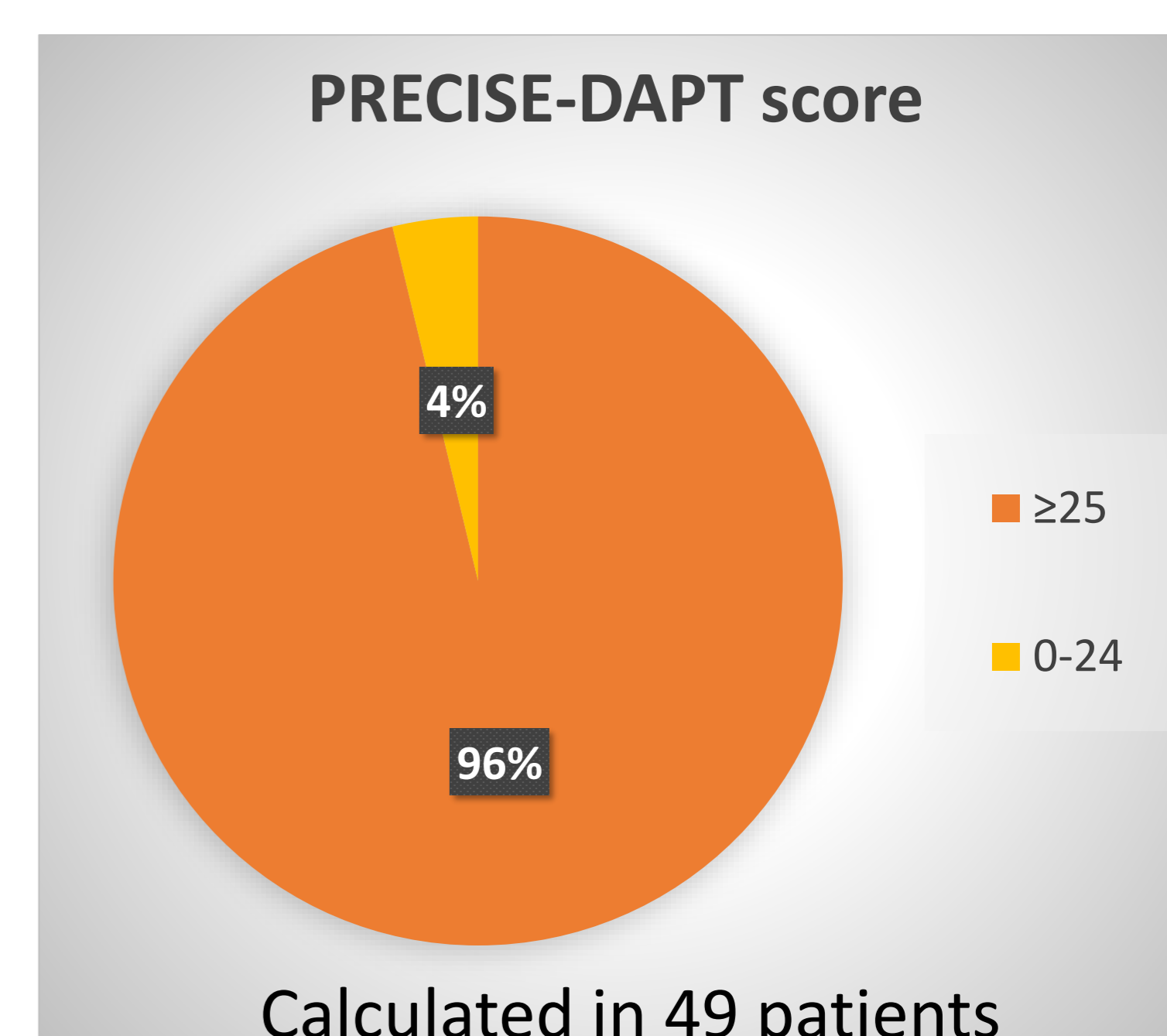
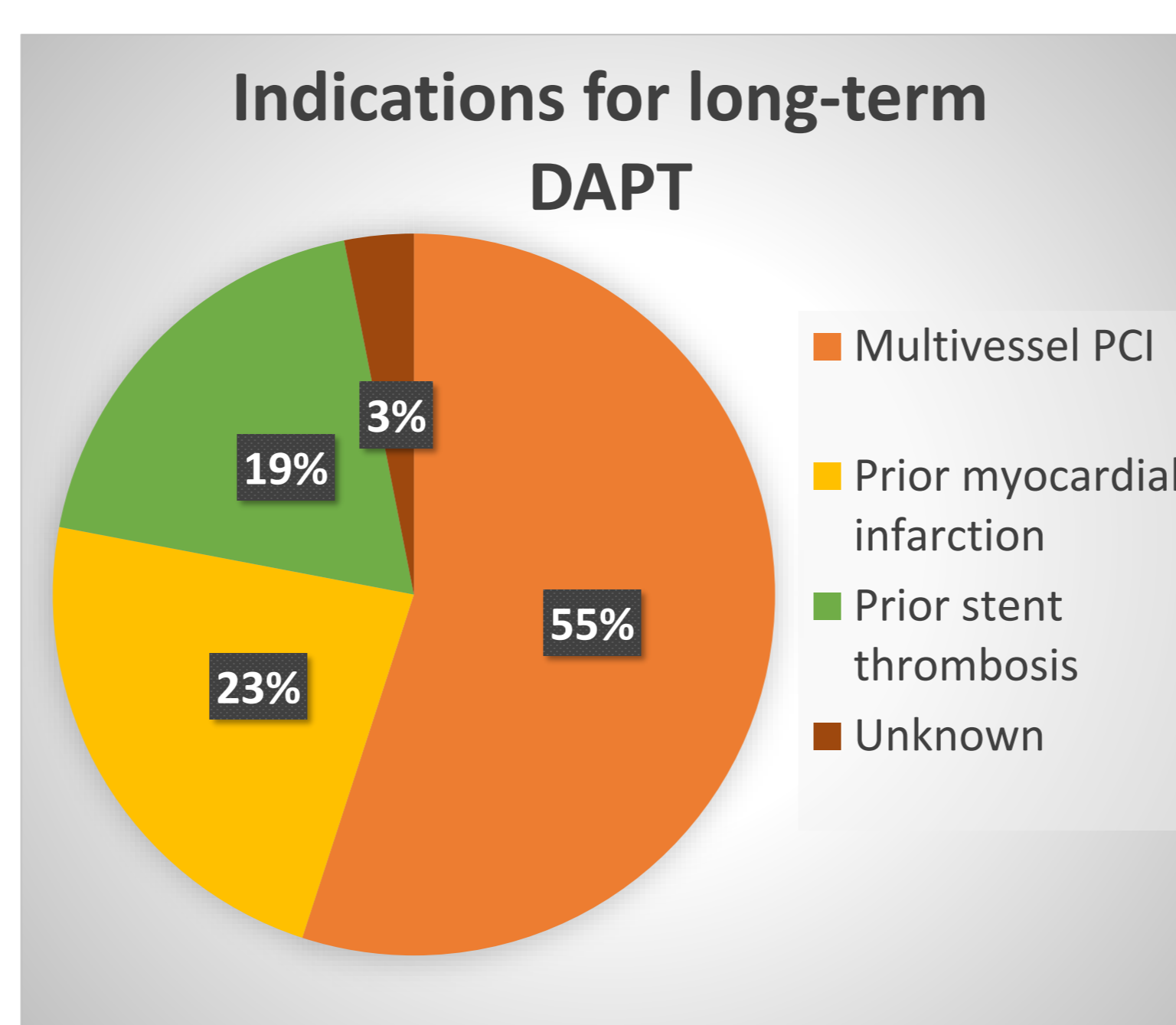
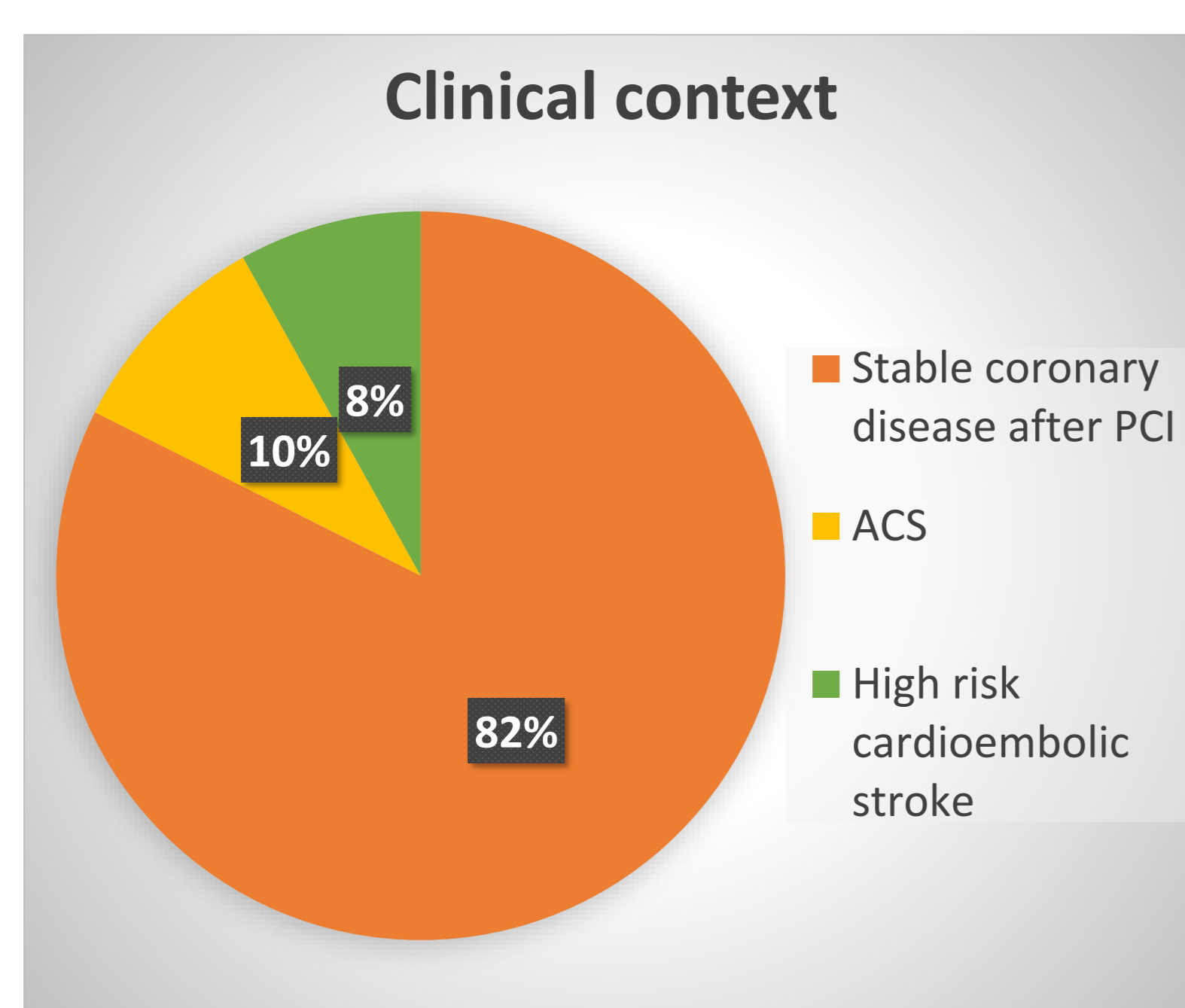
Business intelligence tool

Patients ≥ 75 years on active prescriptions of DAPT >3 years without cardiological monitoring during the last year

74 patients



RESULTS



CONCLUSION AND RELEVANCE

- The duration of DAPT is longer than the recommendations of guidelines in a considerable number of patients.
- Most patients received DAPT after PCI with stent implantation. The value of the PRECISE DAPT score was over the recommended cut-point.
- It seems necessary a pharmacist intervention according to cardiologists and GPs to avoid long-term DAPT if not necessary improving the patient safety.

