The dual antiplatelet therapy (DAPT) acetylsalicylic acid + one P2Y12 platelet receptor inhibitor represents the first line to treat patients with acute coronary syndrome (ACS).

AIM AND OBJECTIVES

To review the DAPT prescribed to patients with ACS admitted in a third level hospital and to assess their adequacy grade to the European guidelines of cardiology (ESC).

MATERIALS AND METHODS

Observacional AND retrospective study

JAN–JUN 2022

DX

<table>
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<tr>
<th>Unstable angina</th>
<th>NSTEMI</th>
<th>STEMI</th>
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<td>7,37% (7)</td>
<td>44,21% (42)</td>
<td>48,42% (46)</td>
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For each patient ischemic and hemorrhagic risk have been calculated (using GRACE and CRUSADE score)

ESC guidelines established the appropriate DAPT for each patient according to the ACS's type and patient’s ischemic-hemorrhagic risk. Adequacy was assessed in terms of compliance or non-compliance with these recommendations.

HOW?

Data were exported from medical history thanks to SAP® informatics' tool and Silicon® electronic prescription program. Statistic analysis was made by Stata.v.15.0®.

RESULTS

95 patients

74,74% (71) ♂ 64,38±12,77 years

Non-adequacy of prescribed DAPT with ESC guidelines → 37,89% (36)

CONCLUSION AND RELEVANCE

Of non-adequacy of prescribed DAPT to recent published ESC guidelines is considerable, leading to disparity of criteria with guidelines and between professionals and possible treatment’s inequity between patients

Future studies could explore the importance of pharmacist integration and validation to avoid reported discrepancies.

Abstract Number: 4CPS-193

B01- ANTITHROMBOTIC AGENTS