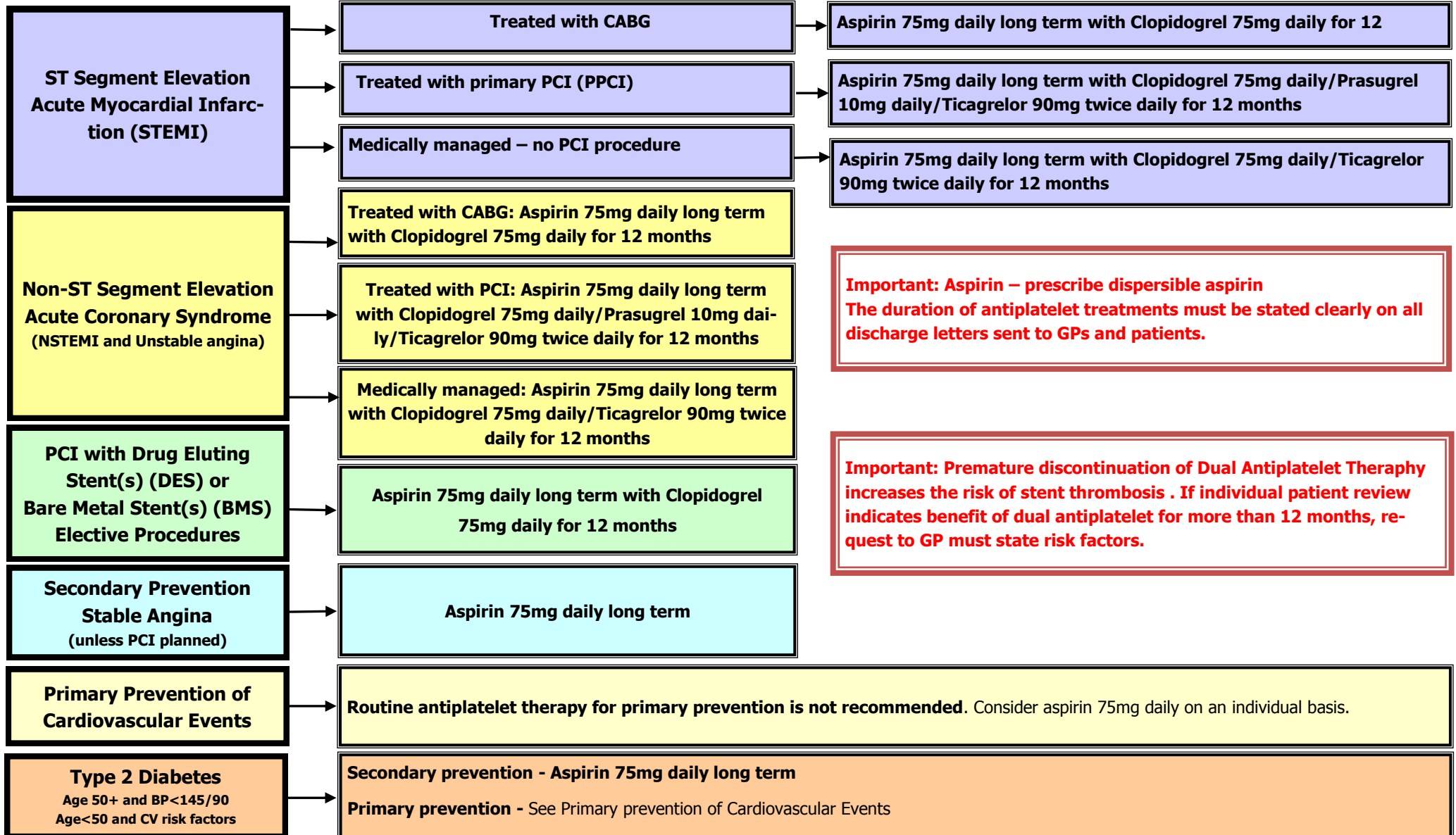


Antiplatelet Prescribing Guideline



Antiplatelet Prescribing Guideline

Secondary Prevention:

◆ Ischaemic Stroke

Does not include:

- Stroke associated with AF (warfarinisation)

Aspirin 300mg daily for 14 days (N.B. Continue only until discharge if patient discharged within 14 days)

THEN: Clopidogrel 75mg daily long term

- If clopidogrel contraindicated or not tolerated **aspirin 75mg daily plus dipyridamole MR 200mg twice daily long term**
- If both clopidogrel and aspirin contraindicated or not tolerated* **dipyridamole MR 200mg twice daily long term**
- If both clopidogrel and dipyridamole contraindicated or not tolerated **aspirin 75mg daily monotherapy long term**

Secondary Prevention:

◆ TIA

Does not include:

- TIA associated with AF (warfarinisation)

Aspirin 300mg or Clopidogrel 300mg stat then

Clopidogrel 75mg daily long term (unlicensed use recommended 1st line option- RCP National Clinical Guideline for Stroke 4th Ed. 2012) or if Clopidogrel is contraindicated or not tolerated **aspirin 75mg daily plus dipyridamole MR 200mg twice daily long term**

Secondary Prevention:

◆ Symptomatic Peripheral Arterial Disease or multi-vascular disease

Clopidogrel 75mg daily long term

- If clopidogrel contraindicated or not tolerated **aspirin 75mg daily monotherapy long term**

For patients at high risk of gastro-intestinal bleeding

For all indications where aspirin or clopidogrel is prescribed

Add proton pump inhibitor or H₂-receptor antagonist

For patients with dyspepsia or for patients that develop dyspepsia

For all indications where aspirin or clopidogrel is prescribed

Add proton pump inhibitor or H₂-receptor antagonist