



# ACUTE CORONARY SYNDROME: USE OF THE NEW ANTIPLATELET DRUGS IN CLINICAL PRACTICE

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# **BACKGROUND**

Prasugrel and ticagrelor are new antiplatelet agents developed for patients with Acute Coronary Syndrome (ACS) and high risk of thrombosis. Their benefits in terms of mortality and major cardiovascular events have been well established, but some concerns remain regarding their safety.

### **PURPOSE**

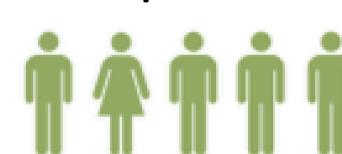
To analyse antiplatelet prescriptions focusing on new drugs and with a subgroup analysis (diabetes, renal function, age, weight, haemorrhage risk).

### MATERIALS AND METHODS

A retrospective observational study was carried out in our healthcare area from January to June 2013. Patients included had ACS and required antiplatelet therapy. Demographic and clinical data were obtained from electronic medical records (Historia de Salud®, PowerChart-Millenium® and Intensive Care Unit programme). CRUSADE scale was used to calculate the bleeding risk.

# RESULTS

## 379 patients



72.8% male mean age 64.9±12.8 years

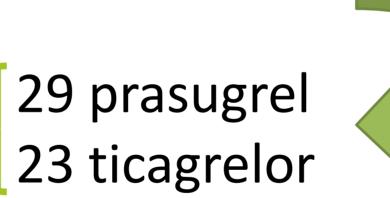


134 with ST-Segment Elevation Myocardial Infarction245 with Non-ST Elevation Myocardial Infarction



350 patients received clopidogrel

52 were treated with new drugs





37 switched to new drugs

9 hospital deaths

Clopidogrel Prasugrel Ticagrelor

# At discharge:

280 with dual antiplatelet therapy



239 clopidogrel + AAS27 prasugrel + AAS15 ticagrelor + AAS

81 with single therapy

64 AAS

9 interrupted treatment

17 clopidogrel

Table 1. Subgroup analysis on patients with dual therapy at discharge.

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Diabetic (n= 98)	79	16	3
ClCr<60 ml/min at admission (n=46)	44	2	0
Age >75years (n=60)	58	0	2
Weight <60Kg (n=25)	25	0	0
Risk of haemorrahge:			
- High (CRUSADE≥41points) (n=35)	33	2	0
- Low/moderate (CRUSADE≤30points) (n=212)	172	25	15

# CONCLUSIONS



Use of new antiplatelet drugs in our healthcare area is still moderate.



They are prescribed only in selected cases with low bleeding risk.



The results show only a disposition towards prescribing prasugrel for diabetic patients according to the clinical trials results, but not in other subgroups that can benefit from new drugs.