

## NHS Grampian Guidelines For The Use Of Clopidogrel

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Across NHS Boards	Organisation Wide	Directorate	Clinical Service	Sub Department Area
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**Subject (as per document registration categories):** Prescribing Policy

**Key word(s):** Aspirin, clopidogrel, stent, stroke, MI, TIA, STEMI

**Policy application:** NHS Grampian

**Purpose:** This guidance provides information on the use of clopidogrel both alone and in combination with aspirin

**Responsibilities for implementation:**

**Organisational:** Management Team  
**Corporate:** Senior Managers  
**Departmental:** Heads of Service/Clinical Leads  
**Area:** Line Managers  
**Operational Management Unit:** Unit Operational Managers

**Policy statement:** It is the responsibility of individual healthcare professionals and their line managers to ensure that they work with the terms laid down in this guidance and to ensure that staff are working to the most up to date guidance. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced.

**Review:** This policy will be reviewed every two years or sooner if current treatment recommendations change.

**This policy is also available in large print and on computer disk. Other formats can be supplied on request.**

**Please call 01224 556088 for a copy.**

**Responsible for review of this document:** Lead Clinical Pharmacist, Cardiology  
**Responsible for ensuring registration of this document on the NHS Grampian Information/ Document Silo:** Pharmacy Medicines Unit

**Physical location of the original of this document:** Pharmacy Medicines Unit

**Job/group title of those who have control over this document:** Medicine Guidelines and Policies Group

**Responsibilities for disseminating document as per distribution list:** Pharmacy Medicines Unit

**Revision History:**

<b>Revision Date</b>	<b>Previous version Date</b>	<b>Summary of Changes (Descriptive summary of the changes made)</b>	<b>Changes Marked* (Identify page numbers and section heading )</b>
Sept 2007	Jan 2005	Updated in accordance with new SIGN guidelines 96 and 93 re: stents	Page 2

## Guidelines for the use of clopidogrel

Antiplatelet therapy: cautions and contra-indications			
Clinical situation	Can use aspirin 75mg?	Can use clopidogrel?	Comments
Active pathological bleeding (e.g. active peptic ulcer).	No.	No.	
Patients at increased risk of bleeding but no active bleed.	With caution, advice and monitoring.	With caution, advice and monitoring.	From the SPCs for dispersible aspirin 75mg and clopidogrel. <i>Both</i> drugs can cause bleeding and <i>both</i> should be used with caution in patients with any pre-existing risk of bleeding or when combined with other drugs such as NSAIDs. Patients should be advised of the risk and monitored.
True GI intolerance to aspirin i.e. severe dyspepsia from small dose aspirin.	Could use. Ensure that patient takes the aspirin with food. If symptoms persist, consider the addition of preventative medication such as a maintenance dose of a PPI (e.g. omeprazole 10mg or 20mg daily).	Could use. Clopidogrel may cause less GI side effects than aspirin.	<b>Both drugs can cause a variety of GI side effects.</b> Clopidogrel have been shown to cause similar but slightly less GI side effects when compared to 325mg aspirin (1,2). Previous GI intolerance of NSAIDs is not a contra-indication to low-dose aspirin and does not necessarily mean that GI intolerance will occur with low-dose aspirin taken with food.
Allergy to aspirin (e.g. rash).	No.	Yes.	True allergy i.e. rash, bronchospasm or asthma exacerbation to NSAIDS would also contra-indicate low-dose aspirin.
Bronchospasm or asthma exacerbation due to aspirin.	No.	Yes.	
Other uses of clopidogrel			
As a single agent in place of aspirin following ischaemic stroke, TIA or MI or in symptomatic PVD.	<ul style="list-style-type: none"> <li><b>Not justified</b> on currently available data, largely from the CAPRIE study (1) – <b>200 patients would need to be treated for 1 year with clopidogrel instead of aspirin to prevent one additional ischaemic event.</b></li> <li>Clinical Evidence states “systematic reviews have found no good evidence that any antiplatelet is superior to aspirin for long term secondary prevention of serious vascular events” (3).</li> <li><u>NICE interim report agrees (4) suggesting that clopidogrel is only used if there is either <b>proven</b> hypersensitivity to aspirin-containing medicines or a history of <b>severe</b> dyspepsia induced by low-dose aspirin.</u></li> </ul>		

Use of Clopidogrel in combination with Aspirin	
<b>Ischaemic stroke or TIA.</b>	<p>It is <u>not licensed</u> and there is currently <b>no published evidence</b> to support the <i>addition</i> to aspirin in secondary prevention of stroke or TIA. Data presented from MATCH indicates a doubling of the risk of life-threatening haemorrhage with the combination with no significant reduction in ischaemic events (5).</p> <p>There is some evidence to support the addition of dipyridamole 200mg MR twice daily to aspirin (6) and this is <u>supported by interim NICE guidance</u> (4).</p>
<b>For unstable angina, non ST elevation MI (NSTEMI) or Non Q wave MI with or without PCI and stenting with Bare Metal Stent</b>	<p>75mg aspirin daily for life, plus 75mg clopidogrel daily for THREE months (2, 7). Loading dose of clopidogrel is 300mg (2). If aspirin is contra-indicated (see above), clopidogrel would remain life-long.</p> <p>Emergency loading dose of clopidogrel: 300mg at least 6 hours prior to PCI (8) 600mg 2-6 hours prior to PCI (9).</p>
<b>For STEMI with or without stenting with Bare Metal Stent and for Elective stenting with Bare Metal Stent</b>	<p>75mg aspirin daily for life, plus 75mg clopidogrel daily for ONE month (2, 7).</p> <p>No loading dose is required if patient started on clopidogrel 75mg daily for 5 days prior to PCI.</p>
<b>Drug Eluting Stent</b>	<p>75mg aspirin daily for life, plus clopidogrel 75mg daily for a minimum of ONE year (13).</p>

#### NB

- Although clopidogrel is not licensed for use in percutaneous coronary intervention its use is mandatory as it reduces the risk of cardiovascular events including ACS and death as shown in clinical trials supporting its use (10,11).
- The licensed loading dose for clopidogrel is 300mg but there is published clinical trials supporting the use of 600mg in emergency cases i.e. PCI (9). No safety data for comparing 300mg and 600mg dosages.
- For more information, please consult the relevant Summaries of Product Characteristics.

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