Combining antiplatelets and anticoagulants

**Example clinical scenarios**

1. **Cardiovascular disease**
   - **Primary prevention**
     - Antiplatelets are not licensed for the primary prevention of cardiovascular disease. However, there is weak evidence that aspirin may confer some benefit in patients who are hypertensive and have impaired renal function or elevated risk of CVD.
     - If a patient develops an indication for an OAC, this should replace the antiplatelet agent.
   - **Secondary prevention**
     - Antiplatelet therapy is recommended for the secondary prevention of cardiovascular disease.
     - If a patient develops an indication for an OAC:
       - **Stable coronary artery disease**
         - OAC monotherapy is recommended instead of antiplatelet.
       - **Very high risk for coronary events**
         - Consider adding aspirin or clopidogrel to OAC.

2. **Non-valvular atrial fibrillation**
   - Generally, patients who have an acute coronary syndrome and/or undergo percutaneous coronary intervention could benefit from:
     - **4-6 months**
       - **Triple therapy**
         - OAC + ASP + CLO
     - **To complete 12 months**
       - **Dual therapy**
         - APL + OAC
     - **After 12 months**
       - As per secondary prevention of CVD
   - Combination and duration depends on stroke risk, bleeding risk, and clinical setting.

3. **Deep vein thrombosis**
   - DVT in patients prescribed antiplatelets should be treated with OACs for a minimum of three months.
   - In patients with intermediate-to-high bleeding risk, consider stopping any antiplatelet for the duration of the treatment unless there is an acute indication (such as a recent cardiac event).

4. **Valvular heart disease**
   - Warfarin is recommended for all patients with native valvular heart disease and atrial fibrillation.
   - Clinical trials for direct oral anticoagulants (DOACs) in valvular heart disease have not been undertaken.
   - Oral anticoagulants are recommended lifelong for patients with a mechanical prosthesis.
   - Bioprosthetic valves might not require oral anticoagulants beyond three months after insertion.

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