KISS: Combined Antiplatelet and Oral Anticoagulant Therapy

BMJ2017;359:j3782 and ESC Guidelines on Atrial Fibrillation

- Combined antiplatelet (APL) and oral anticoagulant (OAC) significantly increases bleeding risk, from < 4% pa for warfarin alone to 16% for triple therapy of aspirin + clopidogrel + warfarin. APL & OAC are the drugs most commonly implicated in adverse drug reactions in primary care.
- Individualised risk/benefit decisions should be made, preferably with specialist advice, and every attempt made to reduce bleeding risk
- The main indications for combined APL & OAC are when there is a clear indication for OAC (e.g. AF, VTE etc.) PLUS unstable or high risk ischaemic heart disease. In these situations combined treatment may be beneficial, with the APL used for a limited time period and the OAC then continued as long as indicated.
- When APL + OAC are combined, the APL drug should be aspirin and/or clopidogrel. Ticagrelor and prasugrel are not recommended due to lack of evidence & increased bleeding risk. The OAC can be warfarin or DOAC, but if a DOAC the lower licensed dose should be used.
- APL + ***low dose*** rivaroxaban 2.5mg bd may be recommended as a secondary prevention option after acute coronary syndrome NICE TA335

Scenario	Recommendation
AF + CVD	• Combined OAC + APL justified if unstable or high risk IHD • If acute coronary syndrome +/- PCI, then 4 to 6 months of triple therapy aspirin + clopidogrel + OAC, followed by 6 months of aspirin + OAC, then continue long-term OAC alone • If a patient is on APL for secondary prevention of CVD and is stable but then develops AF, stop APL and continue OAC. If considered very high coronary risk, consider aspirin or clopidogrel + OAC • If patient with AF develops TIA or ischaemic stroke, once haemorrhage has been excluded continue OAC alone and APL not indicated
DVT and VTE	• Following DVT or PE patients need OAC. If they are on an APL drug this should stop for the duration of the OAC, unless there is an acute indication such as a recent coronary event or unstable IHD in which case APL + OAC is justified • Once OAC period has stopped, resume APL if indicated
Valvular heart disease	• Warfarin is the recommended OAC for true valvular heart disease & prosthetic valves. APL may be justified in addition on specialist advice in high risk patients to reduce the risk of valve thrombosis and arterial thromboembolism.
Myeloproliferative disease	• Patients with thrombocythaemia or polycythaemia have increased risk of CVD & VTE and may be prescribed APL + OAC on specialist advice