

Guidelines updated on duration of dual antiplatelet Tx in CAD

31 March 2016



absolute decrease in late stent thrombosis and ischemic complications (about 1 to 2 percent) and an increase in bleeding complications (about 1 percent). Prolonged DAPT seems more favorable for patients with prior myocardial infarction, with a decrease in ischemic events of about 1 to 3 percent and increase in bleeding events of about 1 percent. Prolonged DAPT does not appear to result in increased mortality after [stent implantation](#).

"Treatment with more intensive antiplatelet therapy and treatment for a longer duration of time with antiplatelet medicines in general involves a fundamental trade-off between a decreased risk of future heart attack and an increased risk of bleeding complications," Levine said in a statement.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—The American College of Cardiology and the American Heart Association Task Force on Clinical Practice Guidelines has updated the recommendations regarding duration of dual antiplatelet therapy (DAPT) for patients with coronary artery disease (CAD). The updated practice guideline was published online March 29 in the *Journal of the American College of Cardiology*.

Glenn N. Levine, M.D., from the Baylor College of Medicine in Houston, and colleagues issued a focused update to revise existing guideline recommendations on the duration of DAPT in patients with CAD.

According to the authors, after stent implantation, there is no increased risk of [stent thrombosis](#) with shorter-duration DAPT, and bleeding complications are fewer; shorter-duration DAPT may be most appropriate for patients treated with newer generation drug-eluting stents. Longer-duration DAPT after stent implantation is associated with an

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