Surrey Heartlands HEALTH AND CARE PARTNERSHIP

SURREY NHS

Aide memoire for Prescribers: Hospital Requests for prescribing of Dual Antiplatelets or Antiplatelet(s) with an Anticoagulant

There are a number of scenarios where a specialist may request co-prescription of an oral anticoagulant with antiplatelet therapy. This requires careful consideration of antithrombotic therapy, balancing bleeding risk, stroke risk, and risk of acute coronary syndromes (ACS). Co-prescription of an oral anticoagulant with antiplatelet therapy, in particular triple therapy, increases the absolute risk of major haemorrhage. 2021 European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist oral anticoagulants in patients with atrial fibrillation | European Heart Journal | Oxford Academic (oup.com)

An oral anticoagulant (warfarin or a direct oral anticoagulant (DOAC)) and an anti-platelet prescribed together without a gastro-protective medicine may increase the risk of a gastro-intestinal bleed. NICE CKS lists people at high risk of GI adverse effects and assessment of these factors must be individualised. See also "Oral Anticoagulant Selection Tool" on the PAD.

All patients initiated on dual antiplatelet therapy (DAPT), antiplatelet plus anticoagulant or dual antiplatelet therapy and anticoagulation (triple therapy) **must** have a clearly documented plan that includes the following information

- Indication for each medication
- Rationale for use
- Duration of treatment with **STOP** date
- Information regarding the risks associated with treatment options has been discussed with the patient via a shared decision-making process where the patient's values and preferences guide the final decision, particularly in determining which risk (avoidance of stroke or avoidance of bleeding) is of greater personal significance. This patient centered approach gives patients greater autonomy in evaluating and prioritising the risks relevant to their care.
- Consideration of gastroprotection

This information should be readily available for the primary care clinician and if not, should be requested from the hospital (or other initiating clinician)

For examples of good practice when prescribing DAPT, please see the article 'Prescribing Reminder: DUAL Antiplatelets' FINAL Medicines Safety Matters January 2025.pdf