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DAPT for more than 12 months: why not?

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Vigo, Spain

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74 anni

NSTEMI

Priore AMI

Insufficienza renale cronica

Malattia multivasale

Complesso PCI

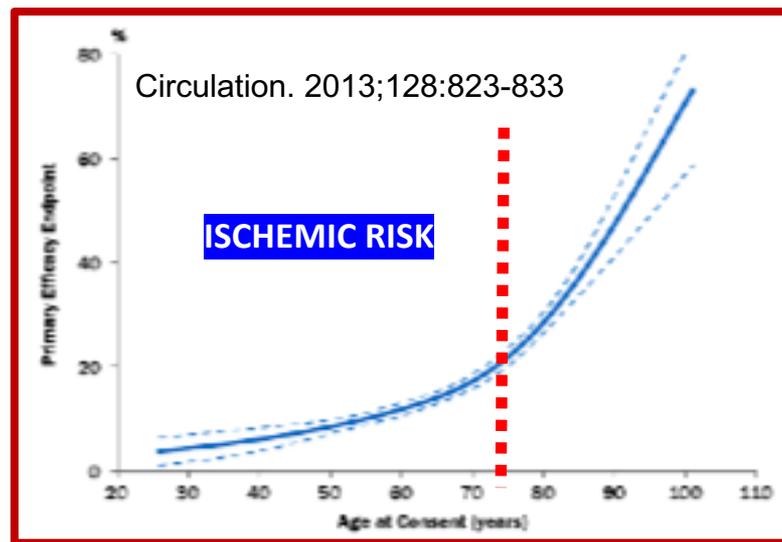
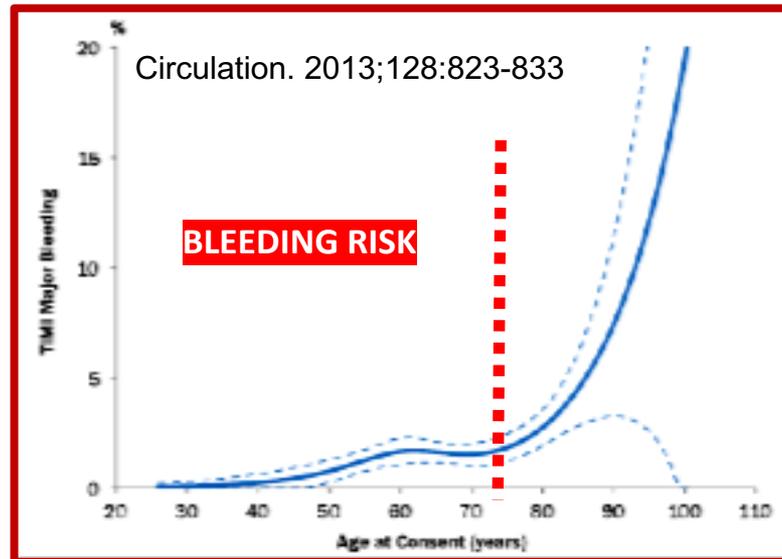
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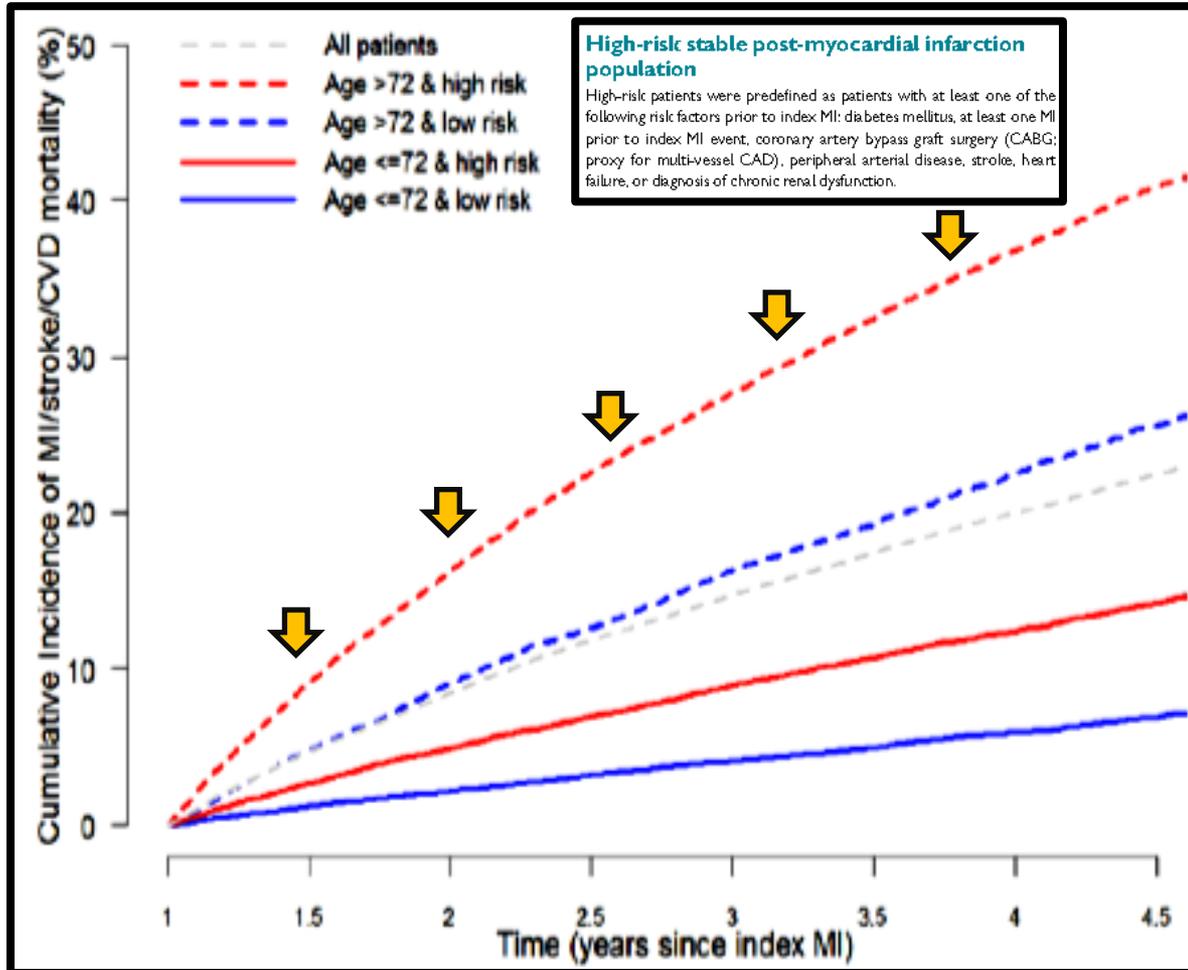
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Mentre il **rischio trombotico** aumenta progressivamente con l'età, il **rischio emorragico** si comporta in plateau fino a 75 anni, e dopo 80 anni il suo aumento è esponenziale



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HIGH RISK POST-AMI PATIENTS

- Diabetes
- Prior AMI
- CABG
- Multivessel CAD
- PAD
- Stroke
- HF
- CKD

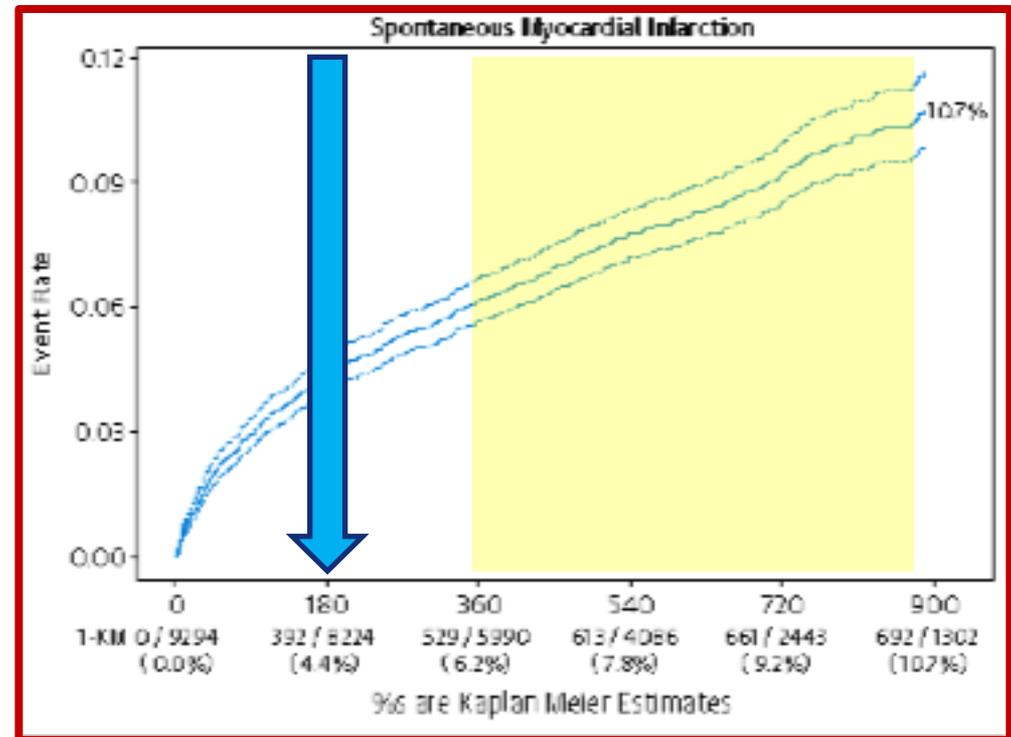
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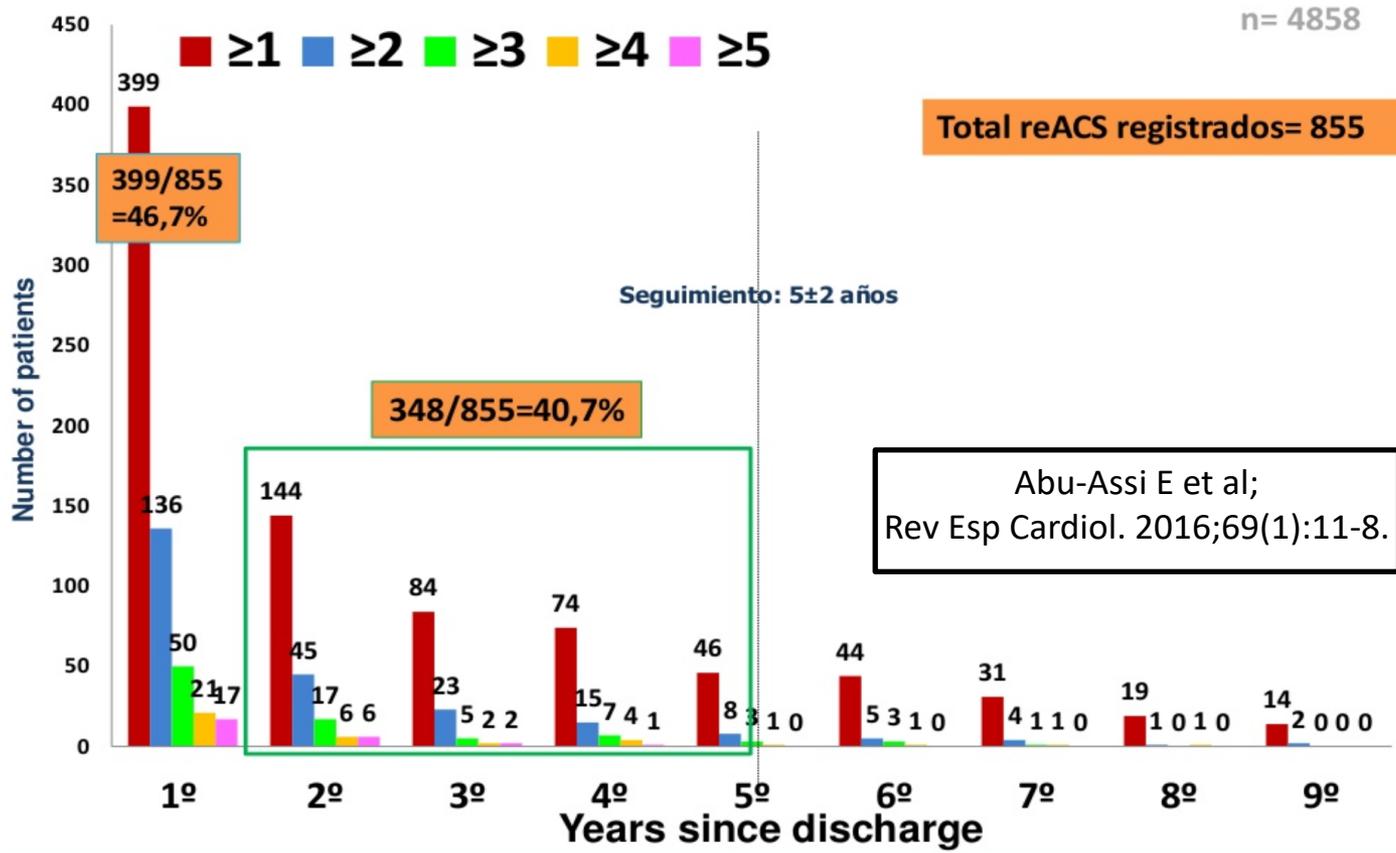
Il rischio ischemico, sebbene stabilizzato intorno al sesto mese post-SCA, continua ad aumentare in modo lineare, anche oltre il primo anno



From TRILOGY-ACS trial. Lopes RD et al; J Am Coll Cardiol 2016;67:1289-97

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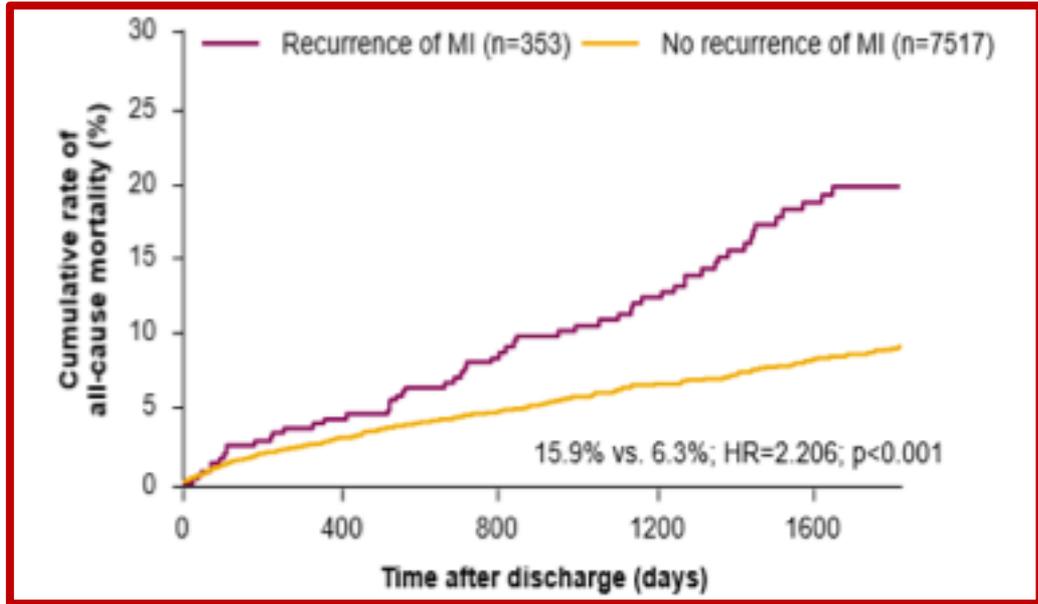
Più della metà dei ricoveri per la sindrome coronarica acuta (SCA) si verifica oltre il primo anno, in particolare tra il secondo e il quinto anno

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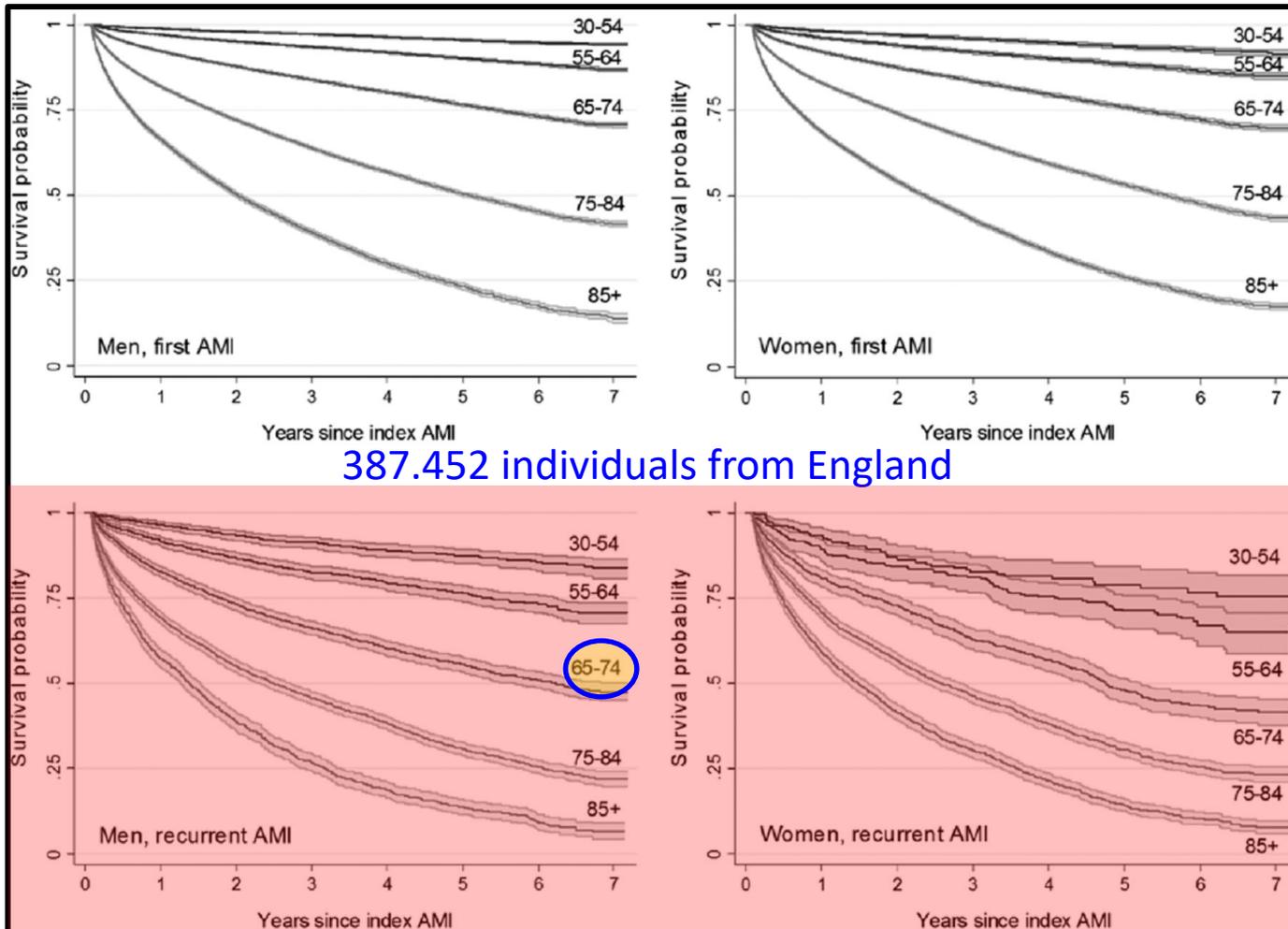
I pazienti con IMA ricorrente hanno più della doppia mortalità a 5 anni



From OACSIS registry. Nakatani D et al; Circulation Journal 2013;77:439-446

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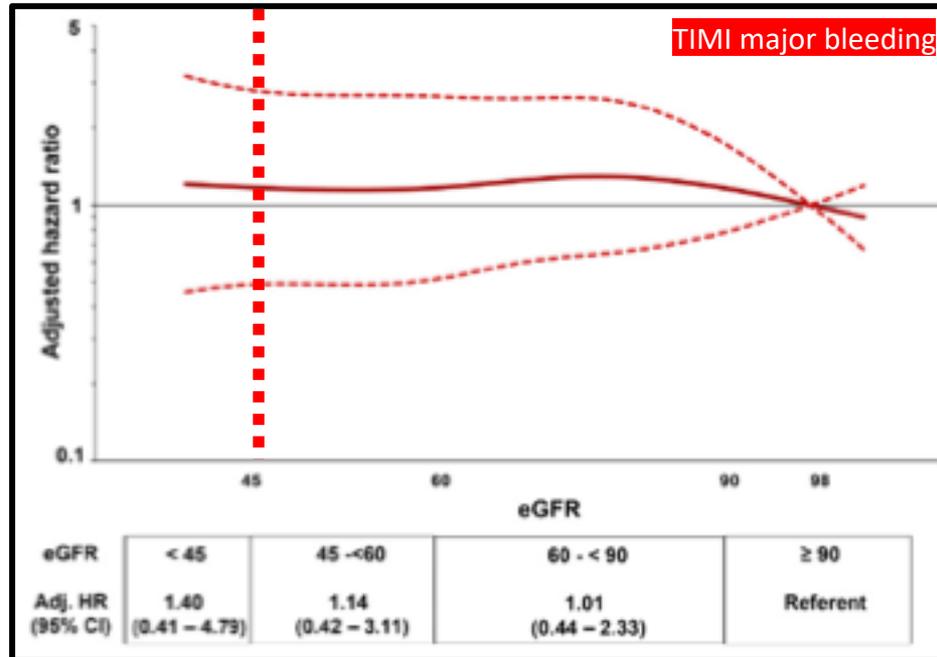
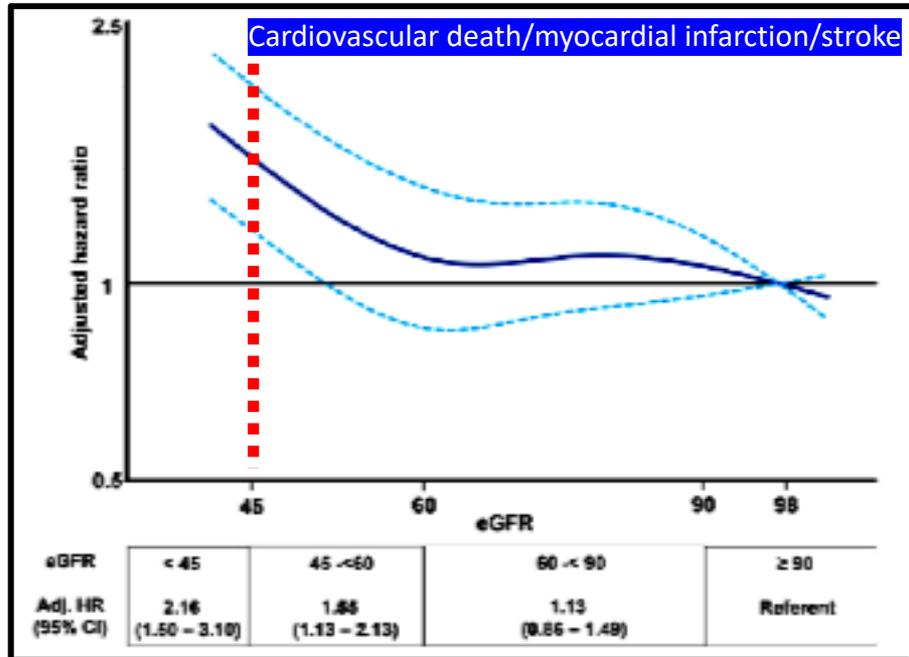
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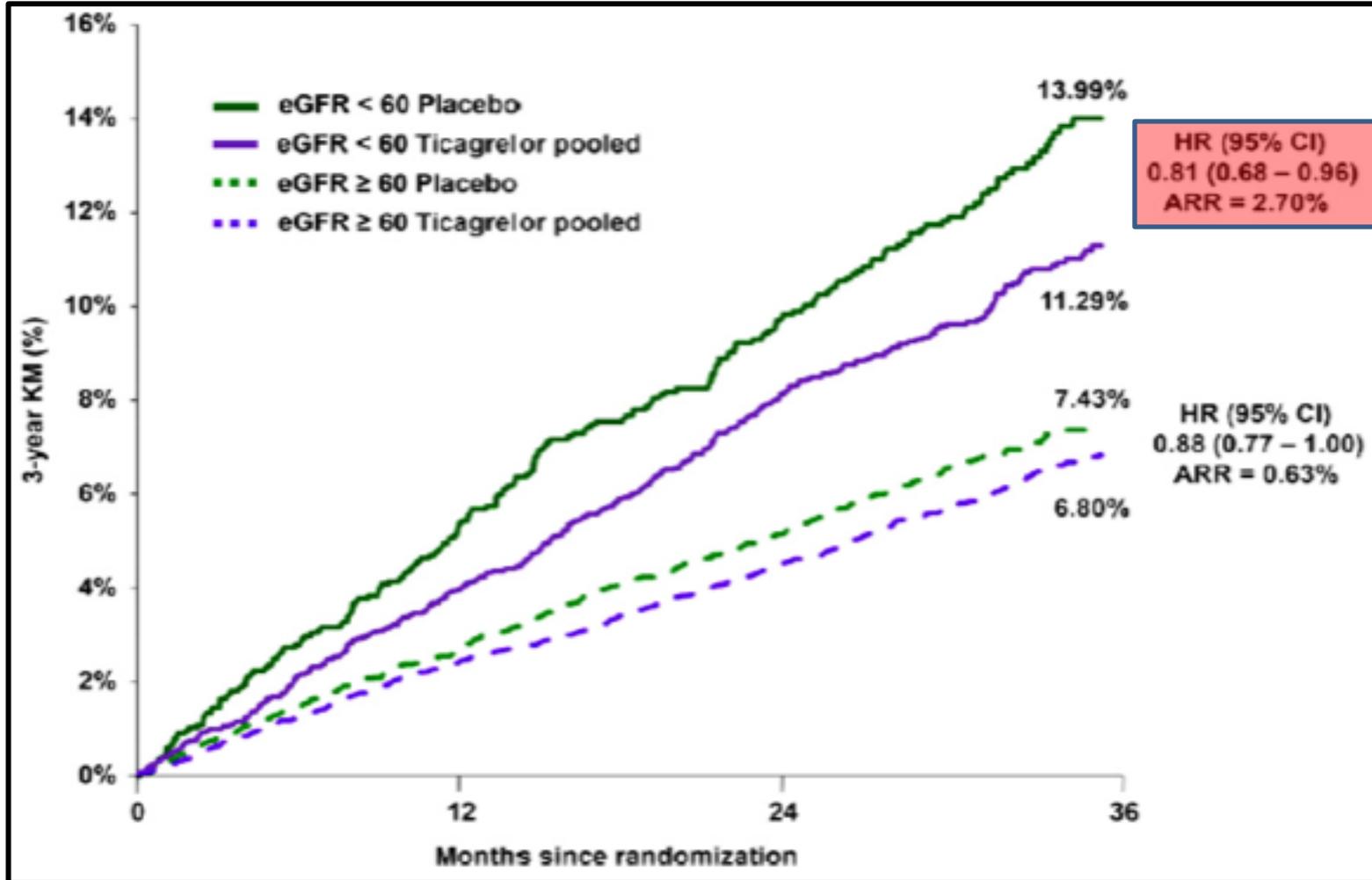


Con una filtrazione glomerulare inferiore a 60 ml / min / 1,73 m2 il rischio ischemico aumenta molto al di sopra del rischio emorragico

From PEGASUS-TIMI 54 trial Magnani G et al; Eur Heart J. 2016;37:400-8

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From PEGASUS PEGASUS-TIMI 54 trial Magnani G et al; Eur Heart J. 2016;37:400-8

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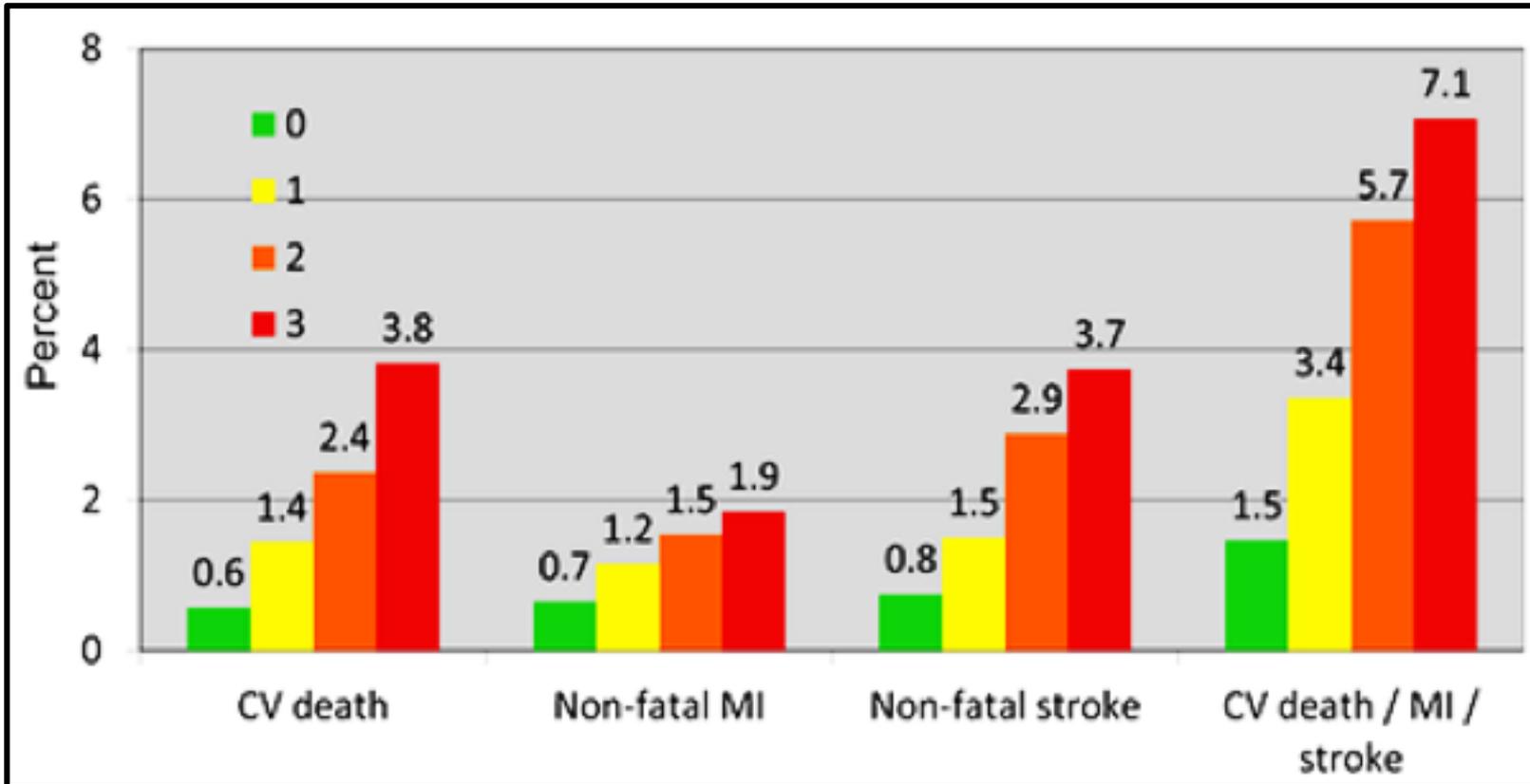
Priore AMI

Insufficienza renale cronica

Malattia multivasale

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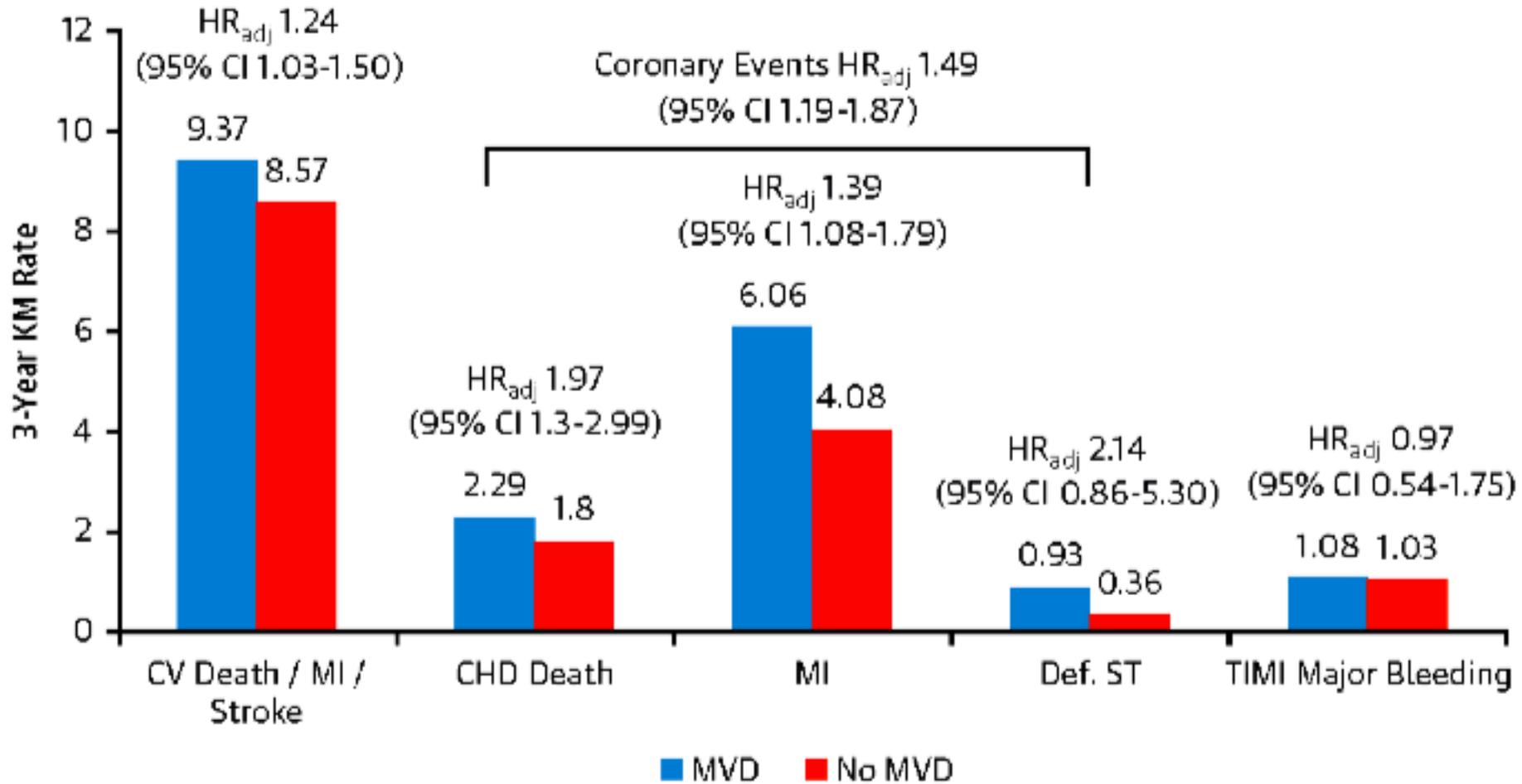
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I pazienti con malattia multivasiva non sono solo più a rischio di reIAM, ma anche di ictus e mortalità cardiovascolare

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From PEGASUS-TIMI trial. Bansilal S et al; J Am Coll Cardiol 2018;71:489-96

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Chronic kidney disease

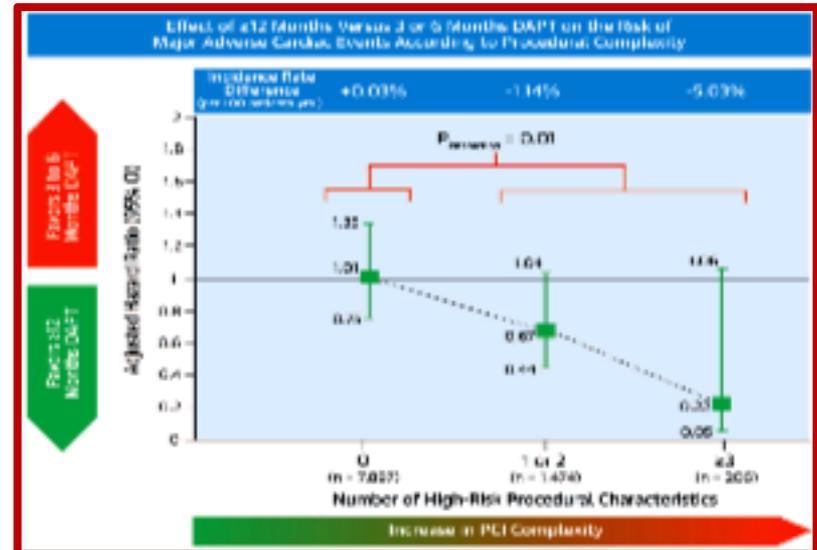
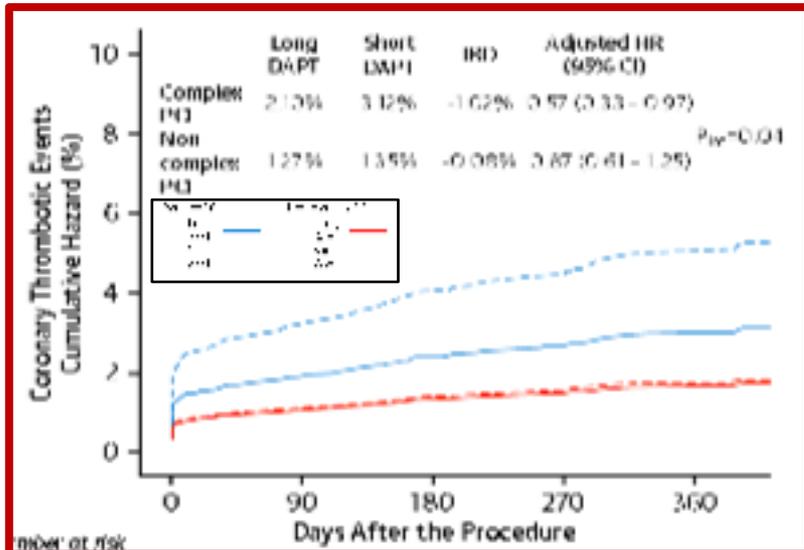
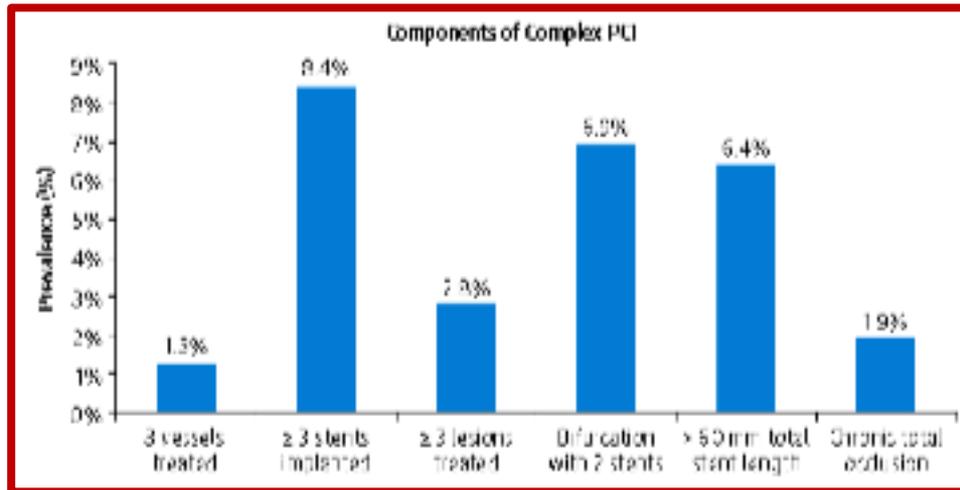
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From pooled analysis of randomized controlled trials. Giustino G et al; JACC 2016;68:1851-64

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Dual antiplatelet therapy duration in patients with acute coronary syndrome treated with percutaneous coronary intervention

Recommendations	Class ^a	Level ^b
In patients with ACS treated with coronary stent implantation, DAPT with a P2Y ₁₂ inhibitor on top of aspirin is recommended for 12 months unless there are contraindications such as excessive risk of bleeding (e.g. PRECISE-DAPT ≥ 25). ^{20,23,40}	I	A
In patients with ACS and stent implantation who are at high risk of bleeding (e.g. PRECISE-DAPT ≥ 25), discontinuation of P2Y ₁₂ inhibitor therapy after 6 months should be considered. ^{13,18,143}	IIa	B
In patients with ACS treated with bioresorbable vascular scaffolds, DAPT for at least 12 months should be considered.	IIa	C
In patients with ACS who have tolerated DAPT without a bleeding complication, continuation of DAPT for longer than 12 months may be considered. ^{26,139}	IIb	A
In patients with MI and high ischaemic risk ^c who have tolerated DAPT without a bleeding complication, ticagrelor 60 mg <i>b.i.d.</i> for longer than 12 months on top of aspirin may be preferred over clopidogrel or prasugrel. ^{29,115,142}	IIb	B

ACS = acute coronary syndrome; *b.i.d.* = *bis in die*; DAPT = dual antiplatelet therapy. MI = myocardial infarction; PRECISE DAPT = PREDicting bleeding Complications in patients undergoing Stent implantation and subSEquent Dual Anti Platelet Therapy.

^aClass of recommendation.

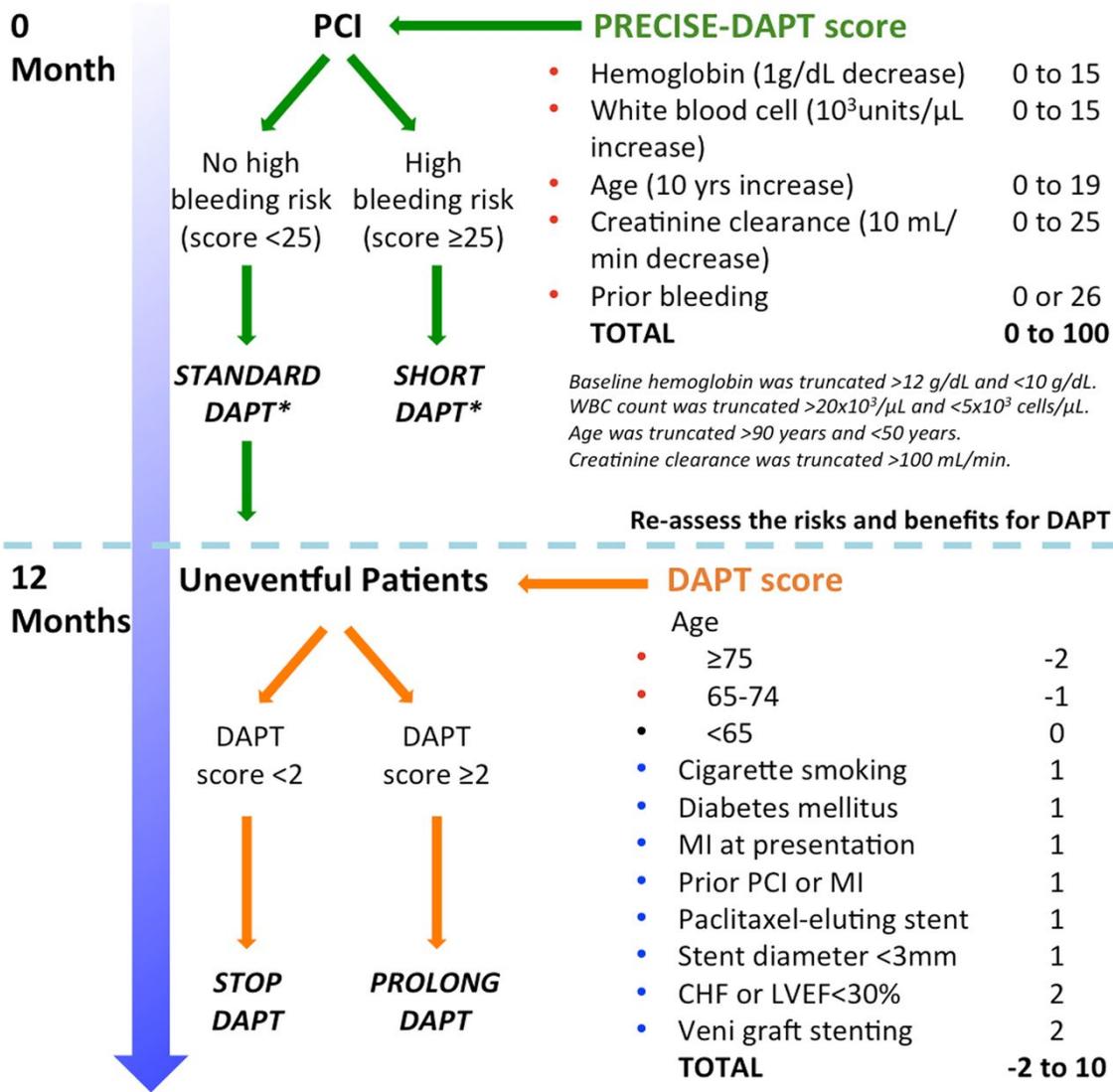
^bLevel of evidence.

^cDefined as ≥ 50 years of age, and one or more of the following additional high risk features: age of 65 years or older, diabetes mellitus requiring medication, a second prior spontaneous myocardial infarction, multivessel coronary artery disease, or chronic renal dysfunction, defined as an estimated creatinine clearance < 60 mL/min.

These recommendations refer to stents that are supported by large scale randomized trials with clinical endpoint evaluation leading to unconditional CE mark, as detailed in Byrne et al.¹³⁴

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33 points

1 points

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BLEEDING RISK

Parameter	Score
Age, yrs	
<50	0
50-59	+1
60-69	+2
70-79	+3
≥80	+4
BMI, kg/m ²	
<25	+2
25-34.9	0
≥35	+2
Current smoking	
Yes	+2
No	0
Anemia	
Present	+3
Absent	0
CrCl <60 ml/min	
Present	+2
Absent	0
Triple therapy on discharge	
Yes	+2
No	0

8 points

High bleeding risk

P A R I S S C O R E

THROMBOTIC RISK

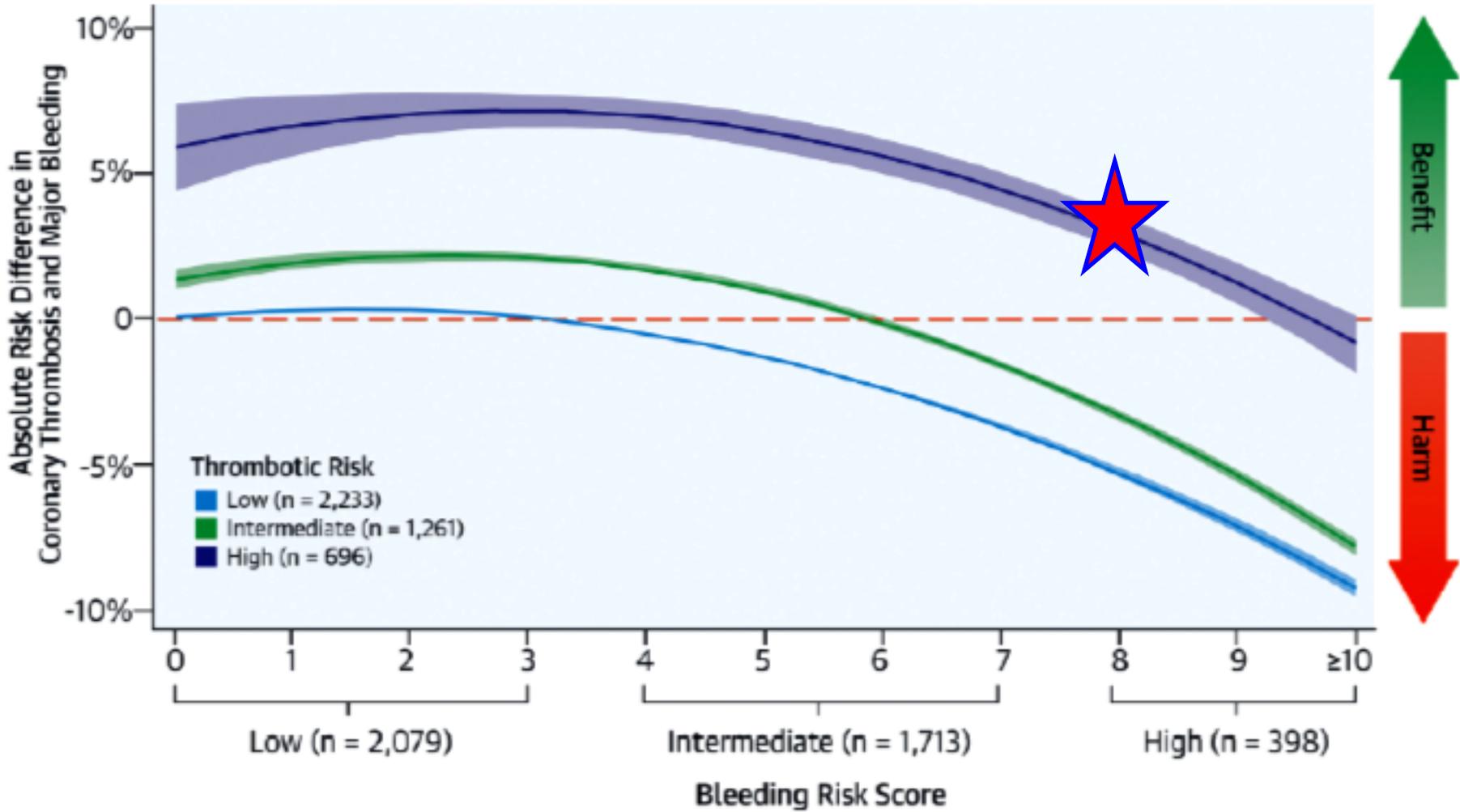
Parameter	Score
Diabetes mellitus	
None	0
Non-insulin-dependent	+1
Insulin-dependent	+3
Acute coronary syndrome	
No	0
Yes, Tn-negative	+1
Yes, Tn-positive	+2
Current smoking	
Yes	+1
No	0
CrCl <60 ml/min	
Present	+2
Absent	0
Prior PCI	
Yes	+2
No	0
Prior CABG	
Yes	+2
No	0

8 points

High thrombotic risk

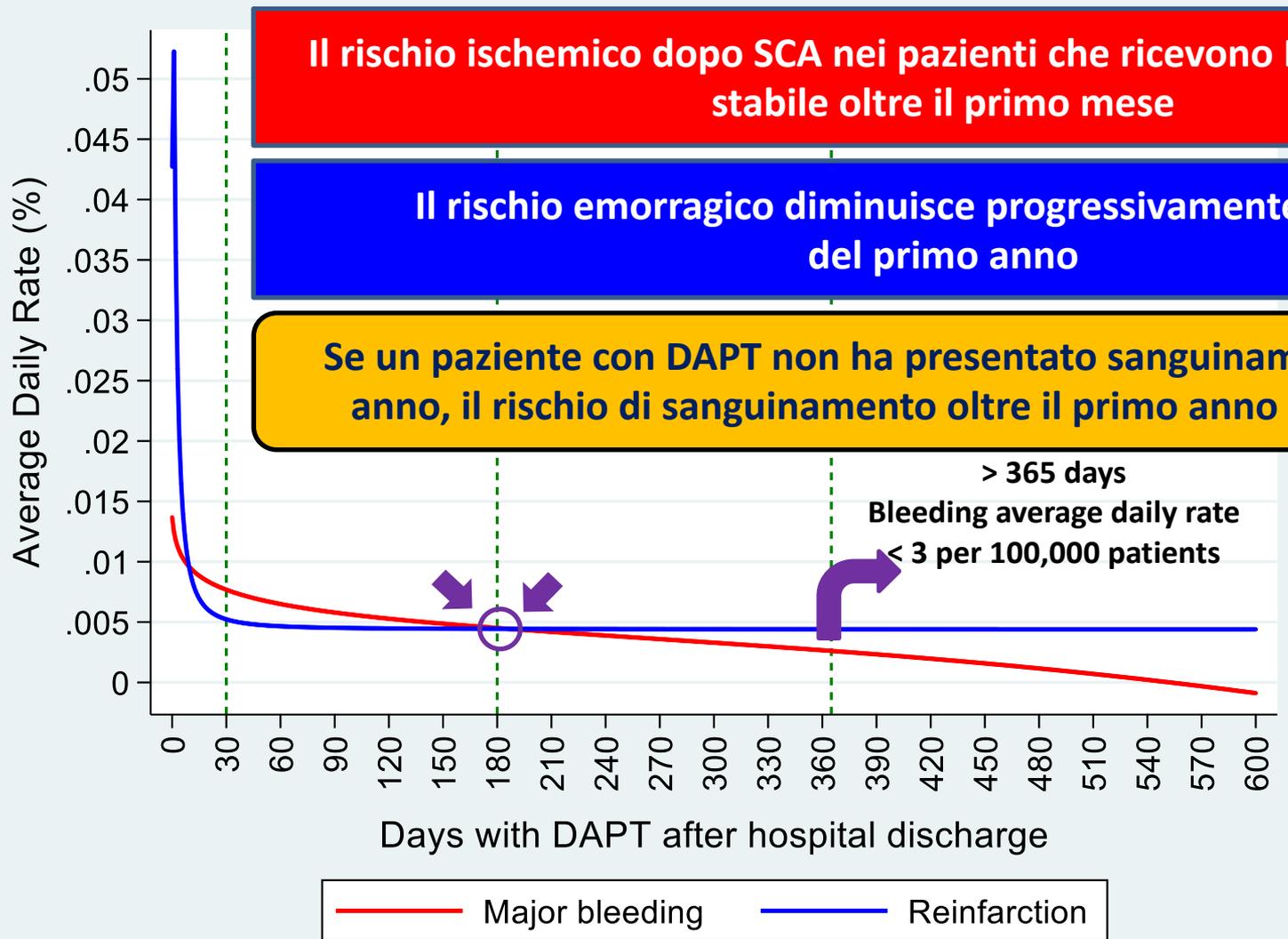
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Il rischio ischemico dopo SCA nei pazienti che ricevono DAPT rimane +/- stabile oltre il primo mese

Il rischio emorragico diminuisce progressivamente per tutto del primo anno

Se un paziente con DAPT non ha presentato sanguinamento nel primo anno, il rischio di sanguinamento oltre il primo anno è molto basso

**> 365 days
Bleeding average daily rate
< 3 per 100,000 patients**

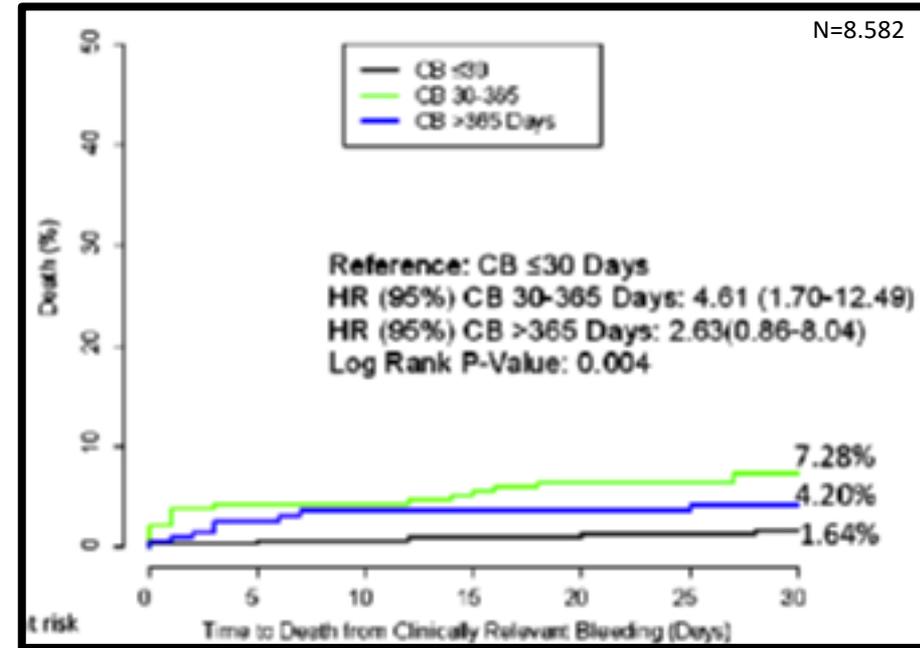
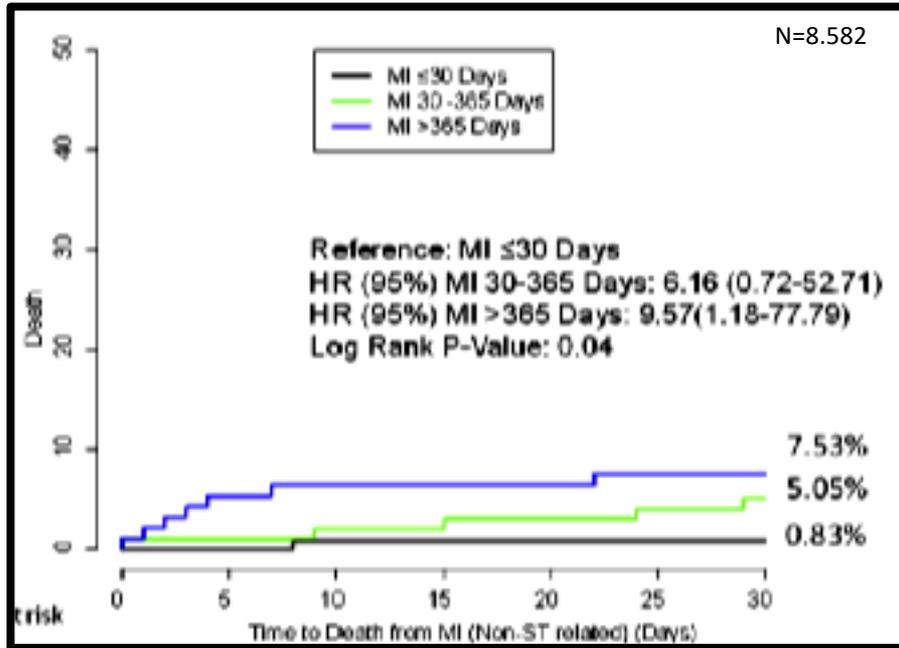
— Major bleeding — Reinfarction

**CardioCHUVI-ACS
registry**

**ClinicalTrials.gov Identifier:
NCT03664388**

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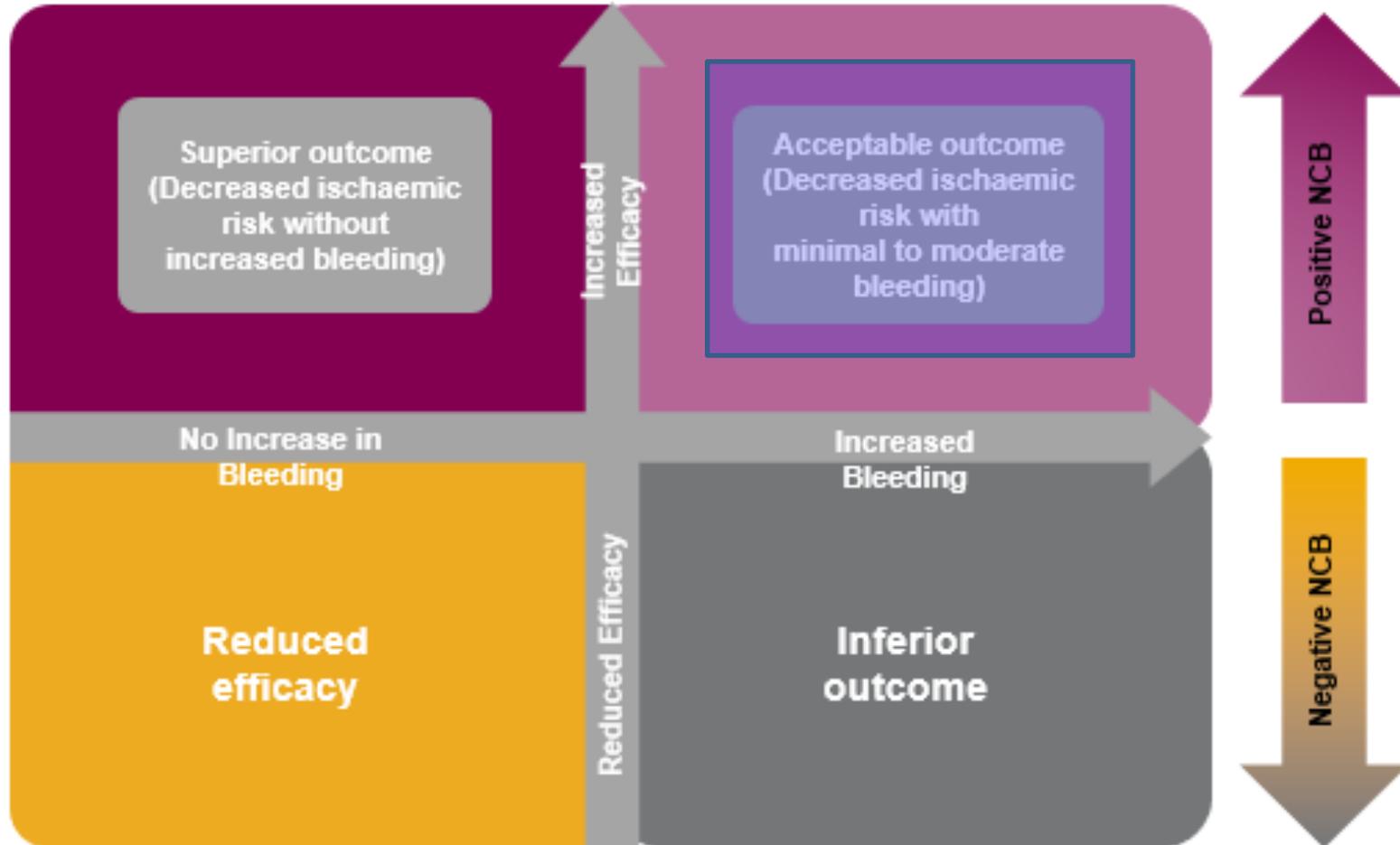


I **reinfarti** associati a una mortalità più elevata sono quelli che si verificano **oltre il primo anno** dopo un SCA

Le **emorragie** associate a mortalità più elevata sono quelle che si verificano **nel primo anno** dopo un AC

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UNIVERSITÀ DEGLI STUDI DI TORINO



Grazie mille

Grazie mille

