

DAPT UPDATE TOOL 1: DURATION OF DAPT AFTER PCI OVERVIEW

Based on the 2016 ACC/AHA Guideline Focused Update on Duration of Dual Antiplatelet Therapy in Patients With Coronary Artery Disease

Use this tool to ensure appropriate duration of dual antiplatelet therapy after PCI for patients with SIHD and ACS.

DURATION OF DAPT AFTER PCI**SIHD PATIENTS****CLASS I:****ALL SIHD PATIENTS TREATED WITH DAPT SHOULD RECEIVE 75-100 MG ASA DAILY**

DES PLACEMENT		BMS PLACEMENT	
CLASS I: P2Y ₁₂ inhibitor therapy should be given for at least 6 months	CLASS IIb: Not at high bleeding risk* or bleeding complication†, DAPT >6 months may be reasonable	CLASS I: Clopidogrel, minimum 1 month duration, no ideal maximum duration	CLASS IIb: Not at high bleeding risk*, DAPT with Clopidogrel >1 month may be reasonable
	CLASS IIb: High bleeding risk*, may D/C P2Y ₁₂ inhibitor after 3 months		

*e.g. prior bleeding on DAPT, coagulopathy, oral anticoagulant use

†e.g. major intracranial surgery

ACS PATIENTS**CLASS I:****ALL ACS PATIENTS TREATED WITH DAPT SHOULD RECEIVE 75-100 MG ASA DAILY****STENT PLACEMENT (BMS OR DES)**

Class I: P2Y ₁₂ inhibitor therapy should be continued for at least 12 months	Class IIa: Reasonable to use ticagrelor over clopidogrel for maintenance	Class IIb: DES Only: With high risk for bleeding*, D/C P2Y ₁₂ after 6 months may be reasonable	Class III (Harm): History of CVA or TIA, prasugrel should NOT be administered
	Class IIa: Without high risk for bleeding* and without hx of CVA/TIA, reasonable to use prasugrel over clopidogrel for maintenance	Class IIb: Without high risk for bleeding*, DAPT >12 months may be reasonable	

*e.g. prior bleeding on DAPT, coagulopathy, oral anticoagulant use

■ Class I Recommendation
 ■ Class IIa Recommendation
■ Class IIb Recommendation
 ■ Class III Recommendation (No Benefit or HARM)



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TREATMENT ALGORITHM FOR DURATION OF P2Y₁₂ INHIBITOR THERAPY IN PATIENTS TREATED WITH PCI

