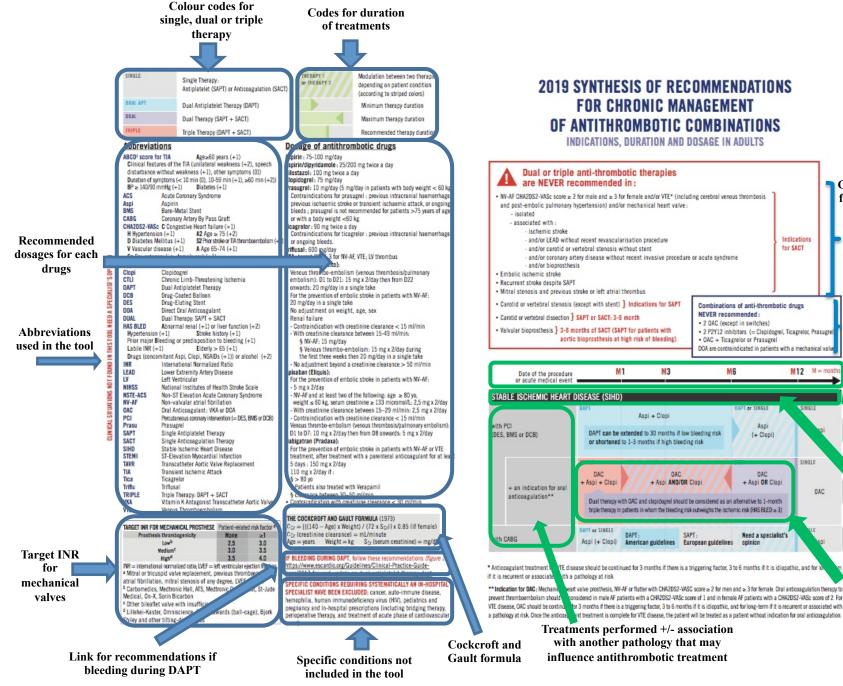
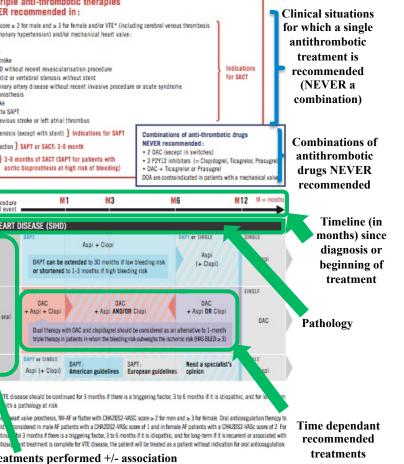
# How to use the prescription support tool

# General presentation of the prescription support tool



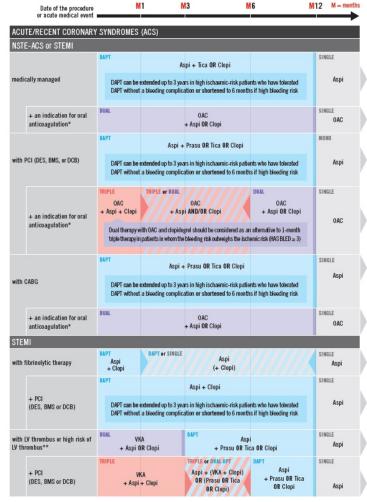


### In practice

## Example 1: one cardiovascular disease

- At your medical consultation, you meet Mr R, 85 years old (weight: 81 kg, body mass index: 24 kg/m<sup>2</sup>).
- Medical history: arterial hypertension and Parkinson disease
- He had surgery 8 months ago for an aortic stenosis: transcatheter aortic valve replacement (TAVR)
- Which antithrombotic therapy is recommended in this clinical situation?

1- Locate in the chapter headings of the tool, the cardiovascular disease of your patient

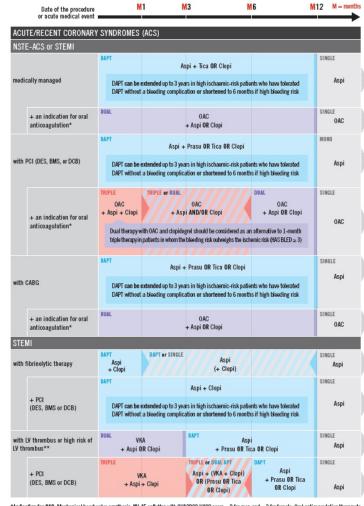


\*Indication for BAC: Mechanical heart valve procthesis, NV-AF or flutter with CH42D92-VASC score ≥ 2 for men and ≥ 3 for female. Oral anticoagulation therapy to prevent thremboembolism should be considered in male AF patients with a CH42D92-VASC score of 1 and in female AF patients with a CH42D52-VASC score d. For VTC disases, OBC-Should be continued of 3 months if there is a triggering factor, 3 to 6 months if its is idiopathic, and for long-term if it is recurrent or associated with a pathology at risk. Once the anticoagulant treatment is complete for VTE disease, the patient will be treated as a patient without indication for oral anticoagulation.

\*\* High risk for LV thrombus: Ejection Fraction < 40%, Anteroapical wall motion abnormality.

Date or acu	of the procedure te medical event	М	1 M	3 M	6 M	12 M = mont
	ARTERIAL DIS					,
CAROTID ART	ERY DISEASE	OR VERTEBRA	L ARTERY DISE	EASE		
carotid and	+ symptomatic	DAPT or SINGLE		Aspi + dipyridamole OR (Aspi OR Clopi)		
vertebral artery stenosis	+ stenting	DAPT Aspi + Clopi	DAPT or SINGLE		pyridamole OR Clopi)	
carotid artery stenosis	+ stenting + recent ACS and/or PCI (< 1 year)	DAPT	12 months of	Aspi + Clopi of DAPT from ACS and/or PCI		SINGLE Aspi <b>OR</b> Clopi
LOWER EXTR	EMITY ARTERN	DISEASE (LEA	.D)			
LEAD: percutane revascularizatio		DAPT Aspi + Clopi	SINGLE	Aspi OR	Clopi	
+ recent ACS (< 1 year)	and/or PCI	DAPT Aspi	+ Clopi	12 months of DAPT from ACS	and/or PCI	SINGLE Aspi OR Clopi
+ an indicatio anticoagulatio bleeding risk to the risk of s due to stent/g	on* with a low compared stroke/CTLI	OUAL OAC + Aspi OR Clopi	DUAL or SINGLE (+ A	OAC spi OR Clopi)	SINGLE	
LEAD: surgery re	vascularization	DAPT Be	low-knee by pass	graft surgery with prosthe Aspi + Clopi	tic grafts	SINGLE Aspi OR Clopi
Date of the procedure or acute medical event		М	1 M	3 M	6 M	12
STROKE/TRAI	NSIENT ISCHEI	MIC ATTACK (T	A)			
ischemic stroke or TIA due to ath	erosclerosis	DAPT or SINGLE	(Aspi + dipy	ridamole) OR (Aspi OR Clo	pi OR Trifu OR Cilo)	
Minor ischemic s or high risk TIA (/	troke (NIHSS ≤ 3) ABCD²≥ 4)	DAPT Aspi + Clopi	SINGLE	Aspi OR	Сіорі	
Date or acu	of the procedure te medical event	М	1 M	3 M	6 M	12
VALVULAR HE	ART DISEASE					
TAVR		Aspi + (OR VKA alone if J		Aspi AND/OR Clopi	Aspi OR C	opi
mechanical heart valve + thromboembolism despite an adequate INR		DUAL or SINGLE	life	VKA (+ Aspi OR Clop long Dual Therapy should be		

\*Indication for OAC: Machanical heart valve prosthesis, NV-AF or flutter with CH42DS2-VASC score ≥ 1 for men and ≥ 3 for female. Oral anticoagulation therapy to prevent thromboembolism shuld be considered in male AF patients with a CH42DS2-VASC score of 1 and in female AF patients with a CH42DS2-VASC score of 2. For VTE disease, OAC shuld be continued for 3 months if there is a trigggring factor, 3 to 6 months if it is idiopathic, and for long-term if it is encurrent or associated with a pathody or it is 0.000 heat microagulation terms with a complete for VTE disease, the patient will be treated as a patient without indication for oral articoagulation. 2- Locate the precise clinical situation of your patient (treatment already performed, associated pathologies etc.)



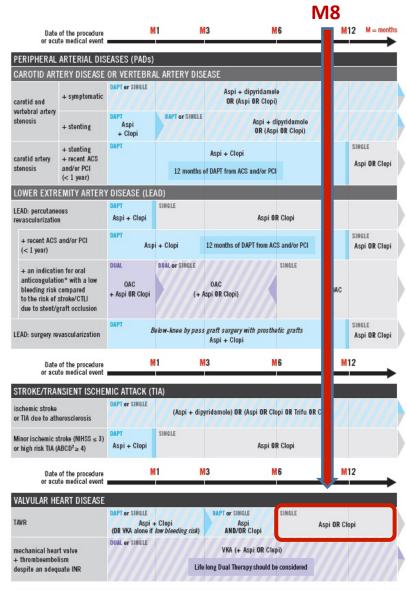
\*Indication for BAC: Machinical heart valve prothesis, NV-HF or future with CH42052-VASC score 2 2 for men and 3 3 for famale. Oral anticoagulation therapy to prevent thromoembolism should be considered in male AF patients with a CH42052-VASC score of 1 and in female AF patients with a CH42052-VASC score of 2 and in female AF patients with a CH42052-VASC score of 1 and in female AF patients with a CH42052-VASC score of 2 and in female AF patients with a cH42052-VASC score of 2 and in female AF patients with a cH42052-VASC score of 2 and in female AF patients with a cH42052-VASC score of 2 and in female AF patients with a cH42052-VASC score of 2 and in female AF patients with a cH42052-VASC score of 2 and in female AF patients with a cH42052-VASC score of 2 and in female AF patients with a cH42052-VASC score of 2 and in female AF patient

\*\* High risk for LV thrombus: Ejection Fraction < 40%, Anteroapical wall motion abnormality.

Date or acu	of the procedure te medical event	M1	М	3 M	6	W12 M = mont
PERIPHERAL	ARTERIAL DIS	EASES (PADs)				
CAROTID ART	ERY DISEASE	OR VERTEBRAL	. ARTERY DISE	ASE		
carotid and	+ symptomatic	DAPT or SINGLE		Aspi + dipyridamol OR (Aspi OR Clopi)		
vertebral artery stenosis	+ stenting	DAPT Aspi + Clopi	DAPT or SINGLE		ipyridamole i OR Clopi)	
carotid artery stenosis	+ stenting + recent ACS and/or PCI (< 1 year)	DAPT	12 months o	Aspi + Clopi f DAPT from ACS and/or PCI		SINGLE Aspi OR Clopi
LOWER EXTR	EMITY ARTER	I DISEASE (LEA	D)			
LEAD: percutane revascularizatio		DAPT Aspi + Clopi	SINGLE	Aspi Ol	₹ Clopi	
+ recent ACS (< 1 year)	and/or PCI	DAPT Aspi	+ Clopi	12 months of DAPT from AC	S and/or PCI	SINGLE Aspi OR Clopi
bleeding risk to the risk of :	on* with a low compared	DUAL OAC + Aspi OR Clopi	DUAL OF SINGLE (+ A	OAC spi OR Clopi)	SINGLE	
LEAD: surgery re	vascularization	DAPT Bei	low-knee by pass	graft surgery with prosthe Aspi + Clopi	tic grafts	SINGLE Aspi OR Clopi
Date or acu	of the procedure te medical event	M1	М	3 M	6	12
STROKE/TRAI	NSIENT ISCHE	MIC ATTACK (TI	A)			
ischemic stroke or TIA due to ath	erosclerosis	DAPT or SINGLE	(Aspi + dipy	ridamole) OR (Aspi OR Clo	pi OR Trifu OR Cilo)	
Minor ischemic stroke (NIHSS $\leq$ 3) or high risk TIA (ABCD <sup>2</sup> $\geq$ 4)		DAPT Aspi + Clopi	SINGLE	Aspi Ol	₹ Clopi	
Date of the procedure or acute medical event		M1	м	3 М	6	12
VALVULAR <u>h</u> e	ART DISEASE					
FAVR		DAPT or SINGLE Aspi + (OR VKA alone if <i>k</i>		DAPT or SINGLE Aspi AND/OR Clopi	SINGLE Aspi OR	Clopi
		DUAL or SINGLE				
mechanical hear + thromboembol despite an adeq	lism			VKA (+ Aspi OR Clop long Dual Therapyshould be		

\*Indication for OAC: Machanical heart valve prosthesis, NV-AF or flutter with CH42DS2-VASC score ≥ 1 for men and ≥ 3 for female. Oral anticoagulation therapy to prevent thromboembolism shuld be considered in male AF patients with a CH42DS2-VASC score of 1 and in female AF patients with a CH42DS2-VASC score of 2. For VTE disease, OAC shuld be continued for 3 months if there is a trigggring factor, 3 to 6 months if it is idiopathic, and for long-term if it is encurrent or associated with a pathody or it is 0.000 heat microagulation terms with a complete for VTE disease, the patient will be treated as a patient without indication for oral articoagulation.

3- In the recommended treatment, find out where your patient is currently (here: 8 months)



\*Indication for OAC: Mechanical heart valve prosthesis, IW-AF or flutter with CH42DS2-VASC score ≥ 2 for men and ≥ 3 for female. Oral anticoagulation therapy to prevent thromboentobilism should be considered in male AF patients with a CH42DS2-VASC score of 1 and in female AF patients with a CH42DS2-VASC score of 2. For VTE disease, OAC should be continued for 3 months if there is a triggering factor, 3 to 6 months if it is idiopathic, and for long-term if it is recurrent or associated with a pathology at 1%. Once the anticoagulant treatment is complete for VTE disease, the patient will be treated as a patient without indication for oral anticoagulation. Long-term single antithrombotic therapy is recommended:

- 1) Aspirin
- 2) Clopidogrel

### 4- Check the recommended dosage for the drugs you want to prescribe

SINGLE	Single Therapy Antiplatelet (S	: APT) or Anticoagulation (SAC	or THERAPY 2 dep	dulation between two therapies sending on patient condition cording to striped colors)		
DUAL APT	Dual Antiplate	let Therapy (DAPT)	Mi	inimum therapy duration		
DUAL	Dual Therapy (	SAPT + SACT)	M	aximum therapy duration		
TRIPLE	Triple Therapy	(DAPT + SACT)	Re	ecommended therapy duration		
Abbrevia	tions	(	Dosage of antithrombot	tic drugs		
ABCD <sup>2</sup> score	for TIA Age>60	years (+1)	Aspirin: 75-100 mg/day			
<b>Clinical fea</b>	tures of the TIA (unilateral		Aspirin/dipyridamole: 25/200 mg	twice a day		
disturbance	e without weakness (+1), o	ther symptoms (0))	Cilostazol: 100 mg twice a day			
Duration of s	symptoms (< 10 min (0), 10-	59 min (+1), ≥60 min (+2))	Clopidogrel: 75 mg/day			
$BP \ge 140/90$	0 mmHg (+1) Diabetes	(+1)		in patients with body weight < 60 kg/		
ACS	Acute Coronary Syndron	18	Contraindications for prasugrel :	: previous intracranial haemorrhage,		
Aspi	Aspirin		previous ischaemic stroke or tra	nsient ischaemic attack, or ongoing		
BMS	Bare-Metal Stent		bleeds ; prasugrel is not recomm	nended for patients >75 years of age		
CABG	Coronary Artery By Pass	Graft	or with a body weight <60 kg.	101 01 001		
CHA2DS2-VA	Sc C Congestive Heart fail	ure (+1)	Ticagrelor: 90 mg twice a day			
H Hypertens	sion (+1) A2 Age ≥	75 (+2)	Contraindications for ticagrelor :	: previous intracranial haemorrhage		
D Diabetes	Mellitus (+1) S2 Prior st	roke or TIA thromboembolism (+2)	or ongoing bleeds.			
V Vascular	disease (+1) A Age 65	-74 (+1)	Triflusal: 600 mg/day			
Sc Sex cate	egory (i.e.: female sex) (+1)		VKA: target INR 2-3 for NV-AF, VTE;	; LV thrombus		
Cilo	Cilostazol		Rivaroxaban (Xarelto):			
Clopi	Clopidogrel		· Venous thrombo-embolism (ven	ous thrombosis/pulmonary		
CTLI	Chronic Limb-Threateni	ng Ischemia	embolism): D1 to D21: 15 mg x 2	2/day then from D22		
DAPT	Dual Antiplatelet Thera	Dy .	onwards: 20 mg/day in a single t	take		
DCB	Drug-Coated Balloon		· For the prevention of embolic str	oke in patients with NV-AF:		
DES	Drug-Eluting Stent		20 mg/day in a single take	oke in patients with NV-Ar: 1		
DOA	Direct Oral Anticoagula	nt	· No adjustment on weight, age,	Sex		
DUAL	Dual Therapy: SAPT + S		<ul> <li>Renal failure</li> </ul>	21		
HAS BLED	Abnormal renal / liver fr		- Contraindication with creatinin	ne clearance < 15 ml/min		
Hypertensio		story (+1)	- With creatinine clearance betw	een 15-49 ml/min:		
	Bleeding or predisposition		§ NV-AF: 15 mg/day			
Labile INR			§ Venous thrombo-embolism			
		NSAIDs) or alcohol (+1 or +2)	the first three weeks then 20			
INR	International Normalize		<ul> <li>No adjustment beyond a creating</li> </ul>	nine clearance > 50 ml/min		
LEAD	Lower Extremity Artery D	isease	Apixaban (Eliquis):			
LV	Left Ventricular		<ul> <li>For the prevention of embolic strength</li> </ul>	oke in patients with NV-AF:		
NIHSS	National Institutes of H		- 5 mg x 2/day			
NSTE-ACS	Non-ST Elevation Acute		<ul> <li>NV-AF and at least two of the formatter and the second seco</li></ul>			
NV-AF	Non-valvular atrial fibri			ie ≥ 133 micromol/L: 2,5 mg x 2/day		
OAC	Oral Anticoagulant : VK			een 15–29 ml/min: 2,5 mg x 2/day		
PCI		vention (= DES, BMS or DCB)	- Contraindication with creatinin			
Prasu	Prasugrel			us thrombosis/pulmonary embolism):		
SAPT	Single Antiplatelet Ther		D1 to D7: 10 mg x 2/day then from	m D8 onwards: 5 mg x 2/day		
SACT	Single Anticoagulation		Dabigatran (Pradaxa):			
SCAD	Stable coronary artery d		<ul> <li>For the prevention of embolic str</li> </ul>			
STEMI	ST-Elevation Myocardia			a parenteral anticoagulant for at least		
TAVR	Transcatheter Aortic Val Transient Ischemic Atta		5 days : 150 mg x 2/day			
		CK	<ul> <li>110 mg x 2/day if :</li> </ul>			
Tica	Ticagrelor		§ > 80 yo			
Triflu TRIPLE	Triflusal	TAGT	§ Patients also treated with Vera			
	Triple Therapy: DAPT +		§ clearance between 30-50 ml/n			
VKA VTE	Venous Thromboembolis	anscatheter Aortic Valve sm	<ul> <li>Contraindication with creatinine</li> </ul>			
			THE COCKCROFT AND GAULT FORM			
	OR MECHANICAL PROSTHESE		$C_{Cr} = \{((140 - Age) \times Weight) / \}$			
Prosthe	esis thrombogenicity	None ≥1	C <sub>Cr</sub> (creatinine clearance) = mL Age = years Weight = kg S	/minute S <sub>Cr</sub> (serum creatinine) = mg/dL		
	Low <sup>b</sup>	2.5 3.0	Age = years Weight = kg S	of (serum creating) = mg/ar.		
	Medium <sup>c</sup> High <sup>d</sup>	3.0 3.5 3.5 4.0	IS RESEDUNG DIIDING DADT follow	these recommendations (figure 10):		
IND internet						
	ional normalized ratio; LVEF = le		https://www.escardio.org/Guideline lines/2017-focused-update-on-dua			
	cuspid valve replacement, p tion, mitral stenosis of any		mearcorrenoused-update-oil-dua	ar-ancipiateret-crierapy-vapt		
	cion, mitrai stenosis or any is, Medtronic Hall, ATS, Medi			SYSTEMATICALLY AN IN-HOSPITAL		
	X, Sorin Bicarbon	some open-rive, oc-sude	SPECIALIST HAVE BEEN EXCLUDED			
	flet valve with insufficient o	lata	hemophilia, human immunodeficie			
	ster, Omniscience, Starr-Ed		pregnancy and In-hospital prescrip			
	and a summer of the start - Lui	feen askelt plan	norionerative therapy and treatment of acute phase of cardiovascular			

perioperative therapy, and treatment of acute phase of cardiovascular

event)

Shiley and other tilting-disc valves

- 1) Aspirin 75-100 mg/day
- 2) OR Clopidogrel 75 mg/day

### In practice

## Example 2: two cardiovascular diseases

- At your medical consultation, you meet Mr V, 55 years old (weight: 81 kg, body mass index: 24 kg/m<sup>2</sup>).
- Medical history: arterial hypertension (controlled), diabetes, renal failure (creatinine clearance with Cockcroft formula: 30 ml/min) and permanent non-valvular atrial fibrillation
- He had an acute coronary syndrome 5 months ago with a percutaneous coronary intervention (PCI)
- Which antithrombotic therapy is recommended in this clinical situation?

1- Locate in the chapter headings of the tool, the cardiovascular disease of your patient

Date of the procedure or acute medical event	M1	M3	M6	M12 M = months
CUTE/RECENT CORONARY	SYNDROMES (ACS)			,
ISTE-ACS or STEMI				
	DAPT	Aspi + Tica Ol	R Clopi	SINGLE
nedically managed			haemic-risk patients who have t te <b>ned</b> to 6 months if high bleed	
+ an indication for oral anticoagulation*	DUAL	OAC + Aspi OR Cl	lopi	SINGLE OAC
	DAPT	Aspi + Prasu OR Ti	ica OR Clopi	MONO
with PCI (DES, BMS, or DCB)			haemic-risk patients who have t te <b>ned</b> to 6 months if high bleed	
+ an indication for oral	TRIPLE TRIPL OAC + Aspi + Clopi	E or DUAL OAC + Aspi AND/OR CI	DUAL O) + Aspi (	AC DR Clopi OAC
anticoagulation*			considered as an alternative to outweighs the ischemic risk (HAS E	1-month
	DAPT	Aspi + Prasu OR T	lica OR Clopi	SINGLE
with CABG			haemic-risk patients who have t tened to 6 months if high bleed	
+ an indication for oral anticoagulation*	DUAL	OAC + Aspi OR CI	lopi	SINGLE
STEMI				
vith fibrinolytic therapy	DAPT Aspi + Clopi	T OF SINGLE	Aspi (+ Clopi)	SINGLE Aspi
	DAPT	Aspi + Clo	opi	SINGLE
+ PCI (DES, BMS or DCB)			haemic-risk patients who have t iened to 6 months if high bleed	
vith LV thrombus or high risk of V thrombus**	DUAL VKA + Aspi OR Clop	DAPT	Aspi + Prasu OR Tica OR Clopi	SINGLE Aspi
+ PCI (DES, BMS or DCB)	TRIPLE VKA + Aspi + Clopi	OR (Pra	VKA + Clopi) A Isu OR Tica + Pras	SINGLE Ispi u OR Tica Clopi Aspi

\* Indication for OAC: Mechanical heart valve prosthesis, NV-AF or flutter with CHA2DS2-VASC score  $\ge 2$  for men and  $\ge 3$  for female. Oral anticoagulation therapy to prevent thromboembolism should be considered in male AF patients with a CHA2DS2-VASC score of 1 and in female AF patients with a CHA2DS2-VASC score of 2. For VTE disease, OAC should be continued for 3 months if there is a triggering factor, 3 to 6 months if it is idiopathic, and for long-term if it is recurrent or associated with a pathology at risk. Once the anticoagulant treatment is complete for VTE disease, the patient will be treated as a patient without indication for oral anticoagulation.

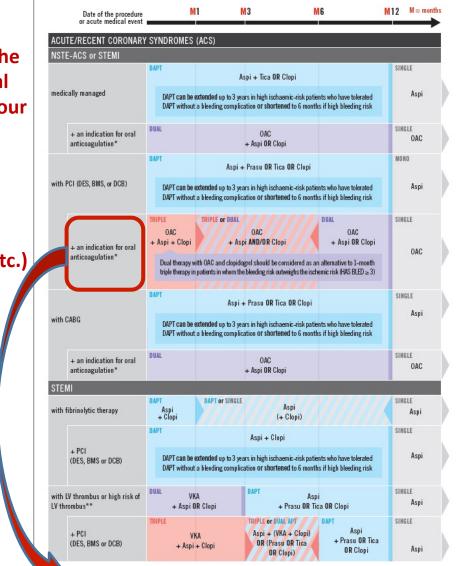
\*\* High risk for LV thrombus : Ejection Fraction < 40%, Anteroapical wall motion abnormality.

Date of the procedu or acute medical eve	re M1	M3	MG		112 M = mor	
ACUTE/RECENT CORONA	RY SYNDROMES (	ACS)				
NSTE-ACS or STEMI						
	DAPT	Aspi + Ti	ica OR Clopi		SINGLE	
medically managed		ctended up to 3 years in hig I bleeding complication OF			Aspi	
+ an indication for oral anticoagulation*	DUAL		AC OR Clopi		SINGLE OAC	
	DAPT	Aspi + Prasu	OR Tica OR Clopi		MONO	
with PCI (DES, BMS, or DCB)		ctended up to 3 years in hig bleeding complication or			Aspi	
+ an indication for oral	TRIPLE OAC + Aspi + Clopi	TRIPLE or DUAL OAC + Aspi AND/C		OAC + Aspi OR Clopi	SINGLE	
anticoagulation*		th OAC and clopidogrel shou patients in whom the bleeding			UAC	
	DAPT	Aspi + Prasu	OR Tica OR Clopi		SINGLE	
with CABG		ctended up to 3 years in hig o bleeding complication or			Aspi	
+ an indication for oral anticoagulation*	DUAL		AC OR Clopi		SINGLE OAC	
STEMI						
with fibrinolytic therapy	DAPT Aspi + Clopi	DAPT or SINGLE	Aspi (+ Clopi)		SINGLE Aspi	
	DAPT	Aspi	+ Clopi		SINGLE	
+ PCI (DES, BMS or DCB)		DAPT can be extended up to 3 years in high ischaemic-risk patients who have tolerated DAPT without a bleeding complication or shortened to 6 months if high bleeding risk				
with LV thrombus or high risk o LV thrombus**	f DUAL VKA + Aspi OF		Aspi + Prasu OR Tica	OR Clopi	SINGLE Aspi	
+ PCI (DES, BMS or DCB)	TRIPLE VKJ + Aspi +	Aspi	e or DUAL APT i + (VKA + Clopi) t (Prasu OR Tica	Aspi + Prasu OR Tica OR Clopi	SINGLE Aspi	

\* Indication for OAC: Mechanical heart valve prosthesis, NV-AF or flutter with CHA2DS2-VASC score ≥ 2 for men and ≥ 3 for female. Oral anticcagulation therapy to prevent thromboembolism should be considered in male AF patients with a CHA2DS2-VASC score of 1 and in female AF patients with a CHA2DS2-VASC score of 2. For VTE disease, OAC should be continued for 3 months if there is a triggering factor, 3 to 6 months if it is idiopathic, and for long-term if it is recurrent or associated with a pathology at risk. Once the anticcagulant treatment is complete for VTE disease, the patient will be treated as a patient without indication for oral anticcagulation.

\*\* High risk for LV thrombus : Ejection Fraction < 40%, Anteroapical wall motion abnormality.

2- Locate the precise clinical situation of your patient (treatment already performed, associated pathologies etc.) 2bis-Locate the precise clinical situation of your patient (treatment already performed, associated pathologies etc.)



#### ABBREVIATIONS

### Hypertension and diabetes = 2 points → Indication for oral anticoagulation

HAS BLEDAbnormal renal / liver function (+1 or +2)Hypertension (+1)Stroke history (+1)Prior major Bleeding or predisposition to bleeding (+1)Labile INR (+1)Elderly > 65 (+1)Drugs (concomitant aspirin, clopidogrel, NSAIDs) or alcohol (+1 or +2)

Abnormal renal function = 1 point Drugs = 1 point HAS BLED = 2

\* Indication for OAC : Mechanical heart value prosthesis, NV-AF or flutter with CHA2DS2-VASC score  $\geq$  2 for men and  $\geq$  3 for female. Oral anticoagulation therapy to prevent thromboembolism should be considered in male AF patients with a CHA2DS2-VASC score of 1 and in female AF patients with a CHA2DS2-VASC score of 2. For

M5 MG M1 M3 M12 M = months Date of the procedure or acute medical event ACUTE/RECENT CORONARY SYNDROMES (ACS) NSTE-ACS or STEMI DAPT SINGLE Aspi + Tica OR Cl medically managed Aspi DAPT can be extended up to 3 years in high ischaem sk patients who have tolerated DAPT without a bleeding complication DUAL SINGLE + an indication for oral DAC OAC anticoagulation\* + Aspi OR Clopi DAPT HOND Aspi + Prasu OR Tica lopi with PCI (DES, BMS, or DCB) DAPT can be extended up to 3 years in high ischaem sk patients who have tolerated Aspi DAPT without a bleeding complication or shorten months if high bleeding risk SINGLE TRIPLE TRIPLE OF DUAL OAC. OAC OAC. + Aspi ND/OR Clopi + Aspi OR Clopi + Aspi + Clopi + an indication for oral OAC anticoagulation\* Dual therapy with OAC and clopidoge I should be considered as an alternative to 1-month triple therapy in patients in whom the bleeding risk outweig is the ischemic risk. DAPT SINGLE Aspi + Prasu OR Tica OR Clopi with CABG Aspi DAPT can be shortened to 6 months if very high bleeding risk DUAL SINGLE + an indication for oral OAC OAC + Aspi OR Clopi anticoagulation\* STEMI DAPT DAPT OF SINGLE SINGLE Aspi with fibrinolytic therapy Aspi + Clopi Aspi (+ Clopi) DAPT SINGLE Aspi + Clopi + PCI Aspi DAPT can be extended up to 3 years in high ischaemic-risk patients who have tolerated (DES, BMS or DCB) DAPT without a bleeding complication or shortened to 6 months if high bleeding risk. DUAL DAPT SINGLE with LV thrombus or high risk of VKA Aspi Aspi LV thrombus\*\* + Aspi OR Clopi + Prasu OR Tica OR Clopi TRIPLE TRIPLE OF DUAL APT SINGLE Aspi + Aspi + PCI VKA. (VKA + Clopi) + Prasu OR Tica Aspi (DES, BMS or DCB) + Aspi + Clopi OR (Prasu OR Tica **OR** Clopi **OR** Clopi)

Here, two options are possible according to the ischemic and bleeding risk of your patient:

- Dual therapy: OAC + Aspirin OR Clopidogrel up to 12 months (so for another 7 months)
- Triple therapy: OAC + Aspirin + Clopidogrel up to 6 months (so for another 1 month) and then a dual therapy with OAC + Aspirin OR Clopidogrel up to 12 months (so for another 6 months)

a pathology at risk. Once the anticoagulant treatment is complete for VTE disease, the patient will be treated as a patient without indication for oral anticoagulation. \*\* High risk for LV thrombus: Ejection Fraction < 40%, Anteroapical wall motion abnormality.

3- In the recommended treatment, find out where your patient is currently (here: 5 months)

### 4- Check the recommended dosage for the drugs you want to prescribe

CLINICAL SITUATIONS NOT FOUND IN THIS TOOL NEED A SPECIALIST'S OPINION

Medical, On-X, Sorin Bicarbon

Shiley and other tilting-disc valves

<sup>c</sup> Other bileaflet valve with insufficient data

<sup>d</sup> Lillehei-Kaster, Omniscience, Starr-Edwards (ball-cage), Bjork

SINGLE	Single Therap Antiplatelet (S		agulation (SACT)	THERAPY 1 or THERAPY 2 Modulation between two therapies depending on patient condition (according to striped colors)		
DUAL APT	Dual Antiplate	let Therapy (D.	APT)	Minimum therapy duration		
DUAL Dual Therapy (SAPT + SACT)				Maximum therapy duration		
TRIPLE	Triple Therapy		)	Recommended therapy duration		
Abbrevia	tions		P.	sage of antithrombotic drugs		
ABCD <sup>2</sup> score		years (+1)		pirin: 75-100 mg/day		
	tures of the TIA (unilateral without weakness (+1), o			pirin/dipyridamole: 25/200 mg twice a day ostazol: 100 mg twice a day		
	symptoms (< 10 min (0), 10-			pidogrel: 75 mg/day		
	) mmHg (+1) Diabetes		Pra	asugrel : 10 mg/day (5 mg/day in patients with body weight < 60 kg		
ACS	Acute Coronary Syndror	ne		Contraindications for prasugrel : previous intracranial haemorrhage		
Aspi BMS	Aspirin Bare-Metal Stent			previous ischaemic stroke or transient ischaemic attack, or ongoing bleeds ; prasugrel is not recommended for patients >75 years of age		
CABG	Coronary Artery By Pass	Graft		preeds ; prasagrer is not recommended for patients >/ 5 years of age or with a body weight <60 kg.		
	Sc C Congestive Heart fail			agrelor: 90 mg twice a day		
H Hypertens	sion (+1) A2 Age :	2 75 (+2)	c	Contraindications for ticagrelor : previous intracranial haemorrhage		
		troke or TIA throm		or ongoing bleeds.		
		5-74 (+1)		flusal: 600 mg/day		
	gory (i.e.: female sex) (+1)			A: target INR 2-3 for NV-AF, VTE; LV thrombus		
Cilo Clopi	Cilostazol Clopidogrel			raroxaban (Xarelto): /enous thrombo-embolism (venous thrombosis/pulmonary		
CTLI	Chronic Limb-Threaten	ing Ischemia		embolism): D1 to D21: 15 mg x 2/day then from D22		
DAPT	Dual Antiplatelet Thera			onwards: 20 mg/day in a single take		
DCB	Drug-Coated Balloon		• F	or the prevention of embolic stroke in patients with NV-AF:		
DES	Drug-Eluting Stent			20 mg/day in a single take		
D O A D U A L	Direct Oral Anticoagula			to adjustment on weight, age, sex		
HAS BLED	Dual Therapy: SAPT + S Abnormal renal / liver f			Renal failure Contraindication with creatinine clearance < 15 ml/min		
Hypertensio		istory (+1)		With creatinine clearance between 15-49 ml/min:		
	Bleeding or predisposition			§ NV-AF: 15 mg/day		
Labile INR (	+1) Elderly >	<ul> <li>65 (+1)</li> </ul>	Second and	§ Venous thrombo-embolism: 15 mg x 2/day during		
	omitant aspirin, clopidogrel,			the first three weeks then 20 mg/day in a single take		
INR	International Normalize			No adjustment beyond a creatinine clearance > 50 ml/min		
LEAD	Lower Extremity Artery I Left Ventricular	JI Sease		ixaban (Eliquis): For the prevention of embolic stroke in patients with NV-AF:		
NINSS	National Institutes of H	ealth Stroke S		5 mg x 2/dav		
NSTE-ACS	Non-ST Elevation Acute			NV-AF and at least two of the following: age ≥ 80 yo,		
NV-AF	Non-valvular atrial fibr			weight ≤ 60 kg, serum creatinine ≥ 133 micromol/L: 2,5 mg x 2/day		
DAC	Oral Anticoagulant : VK			With creatinine clearance between 15–29 ml/min: 2,5 mg x 2/day		
PCI Prasu	Percutaneous coronary inter Prasugrei	vention (= DES, E		Contraindication with creatinine clearance < 15 ml/min /enous thrombo-embolism (venous thrombosis/pulmonary embolism):		
SAPT	Single Antiplatelet The	anv		)1 to D7: 10 mg x 2/day then from D8 onwards: 5 mg x 2/day		
SACT	Single Anticoagulation			bigatran (Pradaxa):		
SCAD	Stable coronary artery of			or the prevention of embolic stroke in patients with NV-AF or VTE		
STEMI	ST-Elevation Myocardia	I Infarction	tr	reatment, after treatment with a parenteral anticoagulant for at lea		
TAVR	Transcatheter Aortic Va			days : 150 mg x 2/day		
TIA .	Transient Ischemic Atta	ick		10 mg x 2/day if :		
lica Iriflu	Ticagrelor Triflusal			5 > 80 yo 5 Patients also treated with Verapamil		
RIPLE	Triple Therapy: DAPT +	SACT		; clearance between 30–50 ml/min		
VKA	Vitamin K Antagonist T			Contraindication with creatinine clearance < 30 ml/min		
VTE	Venous Thromboemboli					
TARGET INR FO	IR MECHANICAL PROSTHESE	Patient-related		IE COCKCROFT AND GAULT FORMULA (1973) Sr = {((140 – Age) x Weight) / (72 x Scr) x 0.85 (if female)		
	sis thrombogenicity	None	≥1 Cc	<sub>or</sub> (creatinine clearance) = mL/minute		
	Low <sup>b</sup>	2.5	3.0 Ag	e = years Weight = kg S <sub>Cr</sub> (serum creatinine) = mg/dL		
	Medium <sup>C</sup>	3.0	3.5			
ND interaction	High <sup>d</sup>	3.5		BLEEDING DURING DAPT, follow these recommendations (figure 10):		
	onal normalized ratio; LVEF = N			ps://www.escardio.org/Guidelines/Clinical-Practice-Guide- es/2017-focused-update-on-dual-antiplatelet-therapy-dapt		
	uspid valve replacement, p ion, mitral stenosis of any			area ar managed and are on a name and praced and provided and a second		
				ECIFIC CONDITIONS REQUIRING SYSTEMATICALLY AN IN-HOSPITAL		

### OAC:

- VKA with a target INR: -2 - 3
- Rivaroxaban 15 mg/day -
- Apixaban 5 mg X 2/day \_
- Dabigatran is contraindicated

### **Antiplatelets:**

pregnancy and In-hospital prescriptions (including bridging therapy,

perioperative therapy, and treatment of acute phase of cardiovascular

hemophilia, human immunodeficiency virus (HIV), pediatrics and

event)

- Aspirin 75-100 mg/day
- Clopidogrel 75 mg/day