

Evidence Based Care Program



Winter 2008, Issue 13

Evidence for Administering Clopidogrel (Plavix)

Clopidogrel has now been added as an optional medication order onto the **Acute Coronary Syndromes (ACS) Thrombolytic Therapy Order Set**. The rationale for this is listed below:

The American Heart Association released a focused update in 2007, which detailed:

1. Clopidogrel 75 mg per day orally should be added to aspirin in patients with STEMI regardless of whether they undergo reperfusion with fibrinolytic therapy or do not receive reperfusion therapy
2. In patients less than 75 years of age who receive fibrinolytic therapy or who do not receive reperfusion therapy, it is reasonable to administer an oral loading dose of clopidogrel 300 mg.
3. No data is available to guide decision making regarding an oral loading dose in patients 75 years of age or older.

These recommendations are based on the results from both the COMMIT-CCS-2 and CLARITY-TIMI trials.

An overview of the pros and cons of using clopidogrel in Acute Coronary Syndrome cases is listed on page 2 of this newsletter.

Canadian Diabetes Association 2008 Clinical Practice Guidelines

The Canadian Diabetes Association recently released their 2008 Clinical Practice Guidelines. The guidelines “represent the best and most current evidence-based clinical practice data for healthcare professionals”. The guidelines also detail treatment recommendations for those with co-morbidities:

- Treatment of Diabetes in People With Heart Failure
- Management of Acute Coronary Syndromes

For your copy of the recommendations, log on to:

<http://www.diabetes.ca/professionals/resources/2008-cpg/>

The existing Evidenced Based Care Program Clinical Pathways are currently undergoing a review to ensure that they are in compliance with the new 2008 guidelines.

Heart and Stroke Clinical Update December 11 -13, 2008

The Heart and Stroke Foundation of Ontario is hosting a conference at the Metro Toronto Convention Centre from December 11-13, 2008.

The conference offers insights as to the latest advancements in the treatment and management of cardiovascular and cerebrovascular disease:

- Evaluating Cardiovascular Risk – New Concepts
- Does Tight Glycemic Management Prevent Stroke and Myocardial Infarction in People with Diabetes?
- Facilitating Brain Recovery After Stroke

For more information:

<http://profed.heartandstroke.ca/Page.asp?PageID=122&ContentID=1310&CategoryID=72>



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Pros and Cons re: Addition of Clopidogrel to ACS Thrombolytic Order Set

Pros

- for patients already on Plavix at admission, administration of loading dose considered suitable
- there is an indication to hold use of Plavix if CABG/surgery considered
- indications in all studies for improved outcomes with use
- for facilities with/without PCI capability, AHA/ACC recommends use in ACS
- suitable alternative to ASA with patient who is intolerant to ASA; clopidogrel better tolerated than ticlopidine
- CAPRIE trial showed clopidogrel superior to ASA but not endorsed by FDA due to small effect size
- no difference demonstrated in neutropenia or thrombocytopenia¹

Cons

- caution in ages > 75 and being thrombolysed; limited data available recognizing use for those > 75 years.
- for low risk ACS patients, the bleeding risk of dual therapy (ASA/Plavix) exceeds the potential benefits
- limited number of studies; CLARITY showed one half of the benefits observed with clopidogrel at 30 days were in patients undergoing PCI
- the CAPRIE study had a small sample size
- for CABG patients, there was increased bleeding time in those patients where drug not held > 5 days pre-operatively
- Assess for surgery before treatment (ACC/AHA Class 1 guideline)

¹ *The New England Journal of Medicine: Addition of Clopidogrel to Aspirin and Fibrinolytic Therapy for Myocardial Infarction with ST Segment Elevation. Volume 352: 1179-1189, March 24, 2005. No. 12*

Additional Resources:

Annals of Internal Medicine: Role of Clopidogrel in Managing Atherothrombotic Cardiovascular Disease. Volume 146, Number 6, p434-442. March 20, 2007.

J. Am Coll Cardiol, 51:210-247,doi:10.1016/j.jacc. 2007.10.001: 2007 Focused Update of the ACC/AHA 2004 Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction