

Look for Antiplatelet Meds to Help Prevent Another Stroke

Top Takeaways

- Expect that many patients will start on dual antiplatelet therapy (DAPT) using 2 meds (aspirin plus clopidogrel, etc) after an ischemic stroke.
- Help document medical conditions so the pharmacist can verify that DAPT durations are appropriate.
- Check to see if patients are also getting important cholesterol and blood pressure meds after a stroke to prevent recurrence.

About 1 in 4 ischemic stroke survivors will suffer another stroke...and you can help ensure patients get the right meds for prevention.

Ischemic strokes occur when a clot blocks blood flow in the brain...cutting off oxygen and potentially causing brain damage.

It's important to prevent future blood clots using antiplatelet meds (aspirin, clopidogrel, etc) PLUS meds to control high cholesterol and blood pressure.

For antiplatelets, expect that many patients will start off on 2 meds...known as dual antiplatelet therapy (DAPT). DAPT can work better than using aspirin alone in certain cases.

Generally, most DAPT regimens use aspirin 81 mg plus clopidogrel 75 mg daily. Or you may rarely see aspirin plus ticagrelor as an alternative.

But don't anticipate that patients will be on DAPT forever. It'll be used for a limited time before moving to only ONE antiplatelet long term.

Help document medical conditions, etc...so the pharmacist can ensure DAPT durations are appropriate.

For example, most patients use DAPT for 21-30 days...but some may need up to 90 days depending on bleeding risks, stroke history, etc.

Double-check Rx start times and dispense quantities to help ensure smooth switches from DAPT to a single antiplatelet.

When patients move to a single long-term med, expect most to get aspirin 81 mg/day. Higher doses can increase bleeding risk.

Clopidogrel is an alternative...such as if a patient has an aspirin allergy or intolerance (stomach upset, bleeding, etc).

You may also hear about dipyridamole ER/aspirin as another long-term option after stroke. It seems slightly more effective than aspirin. But it's taken bid...headache is common...and it's more costly (\$60/month).

Explore our Antiplatelets for Recurrent Ischemic Stroke chart for more details on med options, dosing, duration, and cost.

In addition to antiplatelets, check to see if patients are getting cholesterol and blood pressure meds after a stroke...and loop in your pharmacist if you don't see these meds on the patient's profile.

For example, patients will typically need a statin, such as rosuvastatin, to help keep cholesterol in check.

Also look for BP meds, such as a thiazide diuretic (hydrochlorothiazide, etc)...or an ACE inhibitor (lisinopril, etc) or

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ARB (losartan, etc). They have the best data for recurrent stroke prevention.

Use our Acute Ischemic Stroke Pharmacotherapy Checklist for more strategies to optimize care and prevent readmissions.

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