



## What is Dual Antiplatelet Therapy (DAPT)?

Platelets are small particles in the blood that can clump together to form blood clots. These blood clots can lead to heart attack and to the sudden clotting of a coronary stent. Antiplatelet agents are a class of drugs that inhibit the platelets from clumping together and forming blood clots.

Many heart attack and stroke patients — and people seeking to avoid these events — are treated with two types of antiplatelet agents to prevent blood clotting. This is called dual antiplatelet therapy (DAPT).



### Why have I been prescribed DAPT?

You may have been prescribed DAPT if you had a heart attack, were treated with stents in your coronary arteries, or had coronary artery bypass graft surgery (CABG).

### What antiplatelet medications will I need to take?

One antiplatelet agent is aspirin. Almost everyone with coronary artery disease, including those who have had a heart attack, stent, or CABG, are treated with aspirin for the rest of their lives.

A second type of antiplatelet agent, called a P2Y<sub>12</sub> inhibitor, is usually prescribed for months or years in addition to the aspirin therapy. You may be prescribed one of three P2Y<sub>12</sub> inhibitors — clopidogrel, prasugrel, or ticagrelor.

### Which P2Y<sub>12</sub> inhibitor will I be prescribed?

Studies have shown that ticagrelor and prasugrel are “stronger” than clopidogrel, and are a little better at decreasing the complications of blood clots. These two stronger agents, however, slightly increase bleeding. Prasugrel should not be prescribed if you have had a stroke or a transient ischemic attack (TIA).

Which one of these medications your doctor prescribes will be based on what he or she feels is best for you, based on your risk of blood clots and bleeding.

### How long do I have to take these medicines?

How long you need to take a P2Y<sub>12</sub> inhibitor depends on why you are being prescribed the drug, as well as your future risk of blood clots and bleeding.

- If you had a heart attack, the general recommendation is that you should be on a P2Y<sub>12</sub> inhibitor for at least a year. If you don't have a high bleeding risk, longer duration of therapy may be beneficial and lower your risk of future heart attack.
- If you had a stent placement and you are a high bleeding risk, you may have been treated with a type of stent called a “bare metal stent”. In this case, you should take a P2Y<sub>12</sub> inhibitor for at least one month. If you were treated with the newer specially coated stents, called “drug-eluting stents”, in general, you will be treated for at least 6 – 12 months. If you are at a higher bleeding risk, you may be treated for a shorter period of time (3 – 6 months). If you don't have a high bleeding risk, longer duration of therapy (more than 6 – 12 months) may be beneficial and lead to a lower

*(continued)*



risk of future heart attack and clotting of the stent. It is important for you to take the medication as prescribed. Stopping it on your own can lead to a marked increase in risk of clots forming inside the stent, particularly in the first month or months after stent placement.

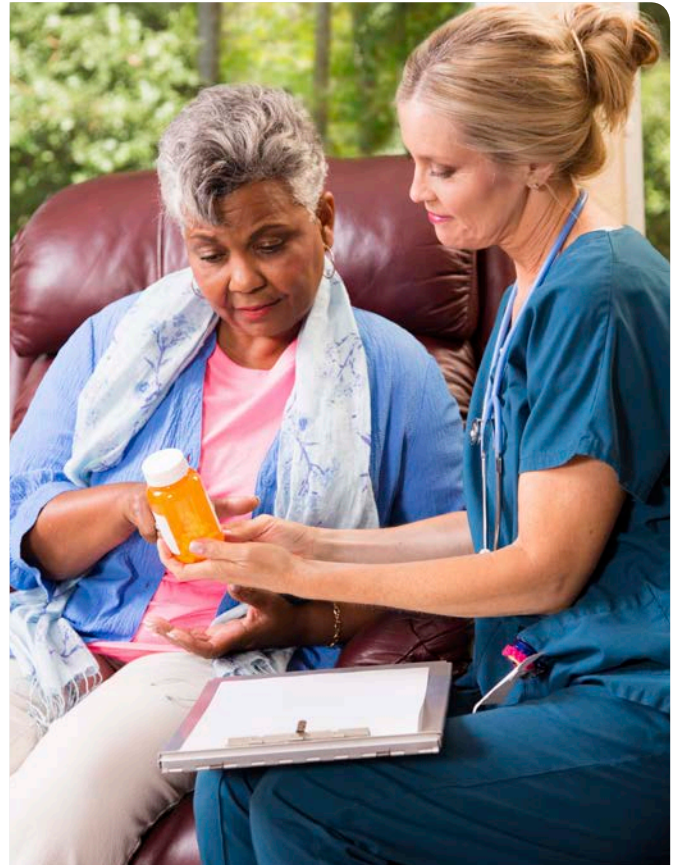
- If you had CABG, you may be treated with a P2Y<sub>12</sub> inhibitor for a year after the surgery. After this, the medicine may be stopped, but you will continue on aspirin therapy.

If you have questions about your treatment, you should talk to your doctor or primary health care provider.

### Do I need to wear an emergency medical ID?

Yes, always keep it with you. Wear it on your person or keep it in your purse or wallet. It needs to include:

- The name of the drug you're taking.
- Your name, phone number and address.
- The name, address and phone number of your doctor.



## HOW CAN I LEARN MORE?

- 1 Call **1-800-AHA-USA1** (1-800-242-8721), or visit **heart.org** to learn more about heart disease and stroke.
- 2 Sign up to get *Heart Insight*, a free magazine for heart patients and their families, at **heartinsight.org**.
- 3 Connect with others sharing similar journeys with heart disease and stroke by joining our Support Network at **heart.org/supportnetwork**.

## Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

**What kind of aspirin should I take, and what is the right dose for me?**

## My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **heart.org/answersbyheart** to learn more.

AstraZeneca is a proud inaugural sponsor of the American Heart Association's Guideline Transformation and Optimization Initiative.

