



Don't continue dual antiplatelet therapy for all patients with acute coronary syndrome beyond 12 months

The addition of a P2Y12 Inhibitor to aspirin among ACS patients undergoing PCI is expected to reduce the absolute rate of death, recurrent myocardial infarction, or stroke over 12 months, but is also expected to increase the absolute rate of major bleeding events. Extended use of P2Y12 inhibitors up to three years with either clopidogrel or ticagrelor may be considered in patients at high-risk of recurrent ischemic events with low bleeding risk. Specifically, patients with troponin-positive ACS as they are at increased risk, and therefore, likely to receive greater benefit in trials of prolonged dual antiplatelet therapy following both bare metal stents and drug eluting stents. In contrast, patients with a high bleeding risk and low risk for recurrent ischemic events, a shorter duration of treatment (e.g. six months) may be considered.

The increased risk of ischemic events and stent thrombosis should be weighed against the reduced risk of bleeding events when considering continuation or discontinuation of P2Y12 inhibitors in individual patients.

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