

# Acute Coronary Syndrome

## Anti-platelet and anti-thrombotic therapy

### Anti-platelet therapy – all ACS (STEMI/NSTEMI/UA)

Acute chest pain of possible cardiac origin:  
**Aspirin 300mg** loading dose, 75mg OD - indefinite period  
**Ticagrelor 180mg** loading dose, 90mg BD – 12 months

If Ticagrelor contraindicated

#### STEMI

Prasugrel 60mg loading dose  
10mg OD - 12 months

#### NSTEMI / UA

Clopidogrel 300mg loading dose  
75mg OD - 12 months

Avoid Ticagrelor if on Warfarin or other oral anti-coagulants

#### Contraindications for use of Ticagrelor:

- Hypersensitivity (e.g. angioedema)
- History of intracranial haemorrhage (ICH)
- Active pathologic bleeding (peptic ulcer, ICH)
- Moderate - severe hepatic impairment (probable increase in drug exposure)
- Combination with strong CYP3A4 inhibitors e.g. clarithromycin, ritonavir, azatanavir, nefazodone, ketoconazole

#### Cautions:

- Bradycardia
- Uric acid nephropathy
- On renal dialysis

#### Other known drug interactions with Ticagrelor:

Effect of Ticagrelor may be **increased** by: diltiazem, fluconazole, erythromycin, amprenavir, aprepitant, verapamil, quinidine, ciclosporin

Effect of Ticagrelor may be **reduced** by: rifampicin, dexamethasone, phenytoin, carbamazepine, phenobarbital

Ticagrelor may **increase the effect** of: simvastatin (avoid dose >40mg), digoxin, ergot alkaloids

### Anti-thrombotic therapy - NSTEMI / UA

- Fondaparinux 2.5mg subcutaneous ONCE daily for 2-8 days or until intervention or discharge, whichever is sooner. Omit on the day of coronary angiography +/- PCI
- If eGFR < 20ml/min - Enoxaparin / Clexane 1mg/kg subcutaneous ONCE daily
- Use LMWH instead of Fondaparinux if another indication for full anti-coagulation e.g. AF, mechanical heart valve, DVT, PE