

Cómo planteo el tratamiento antiagregante en mi paciente coronario

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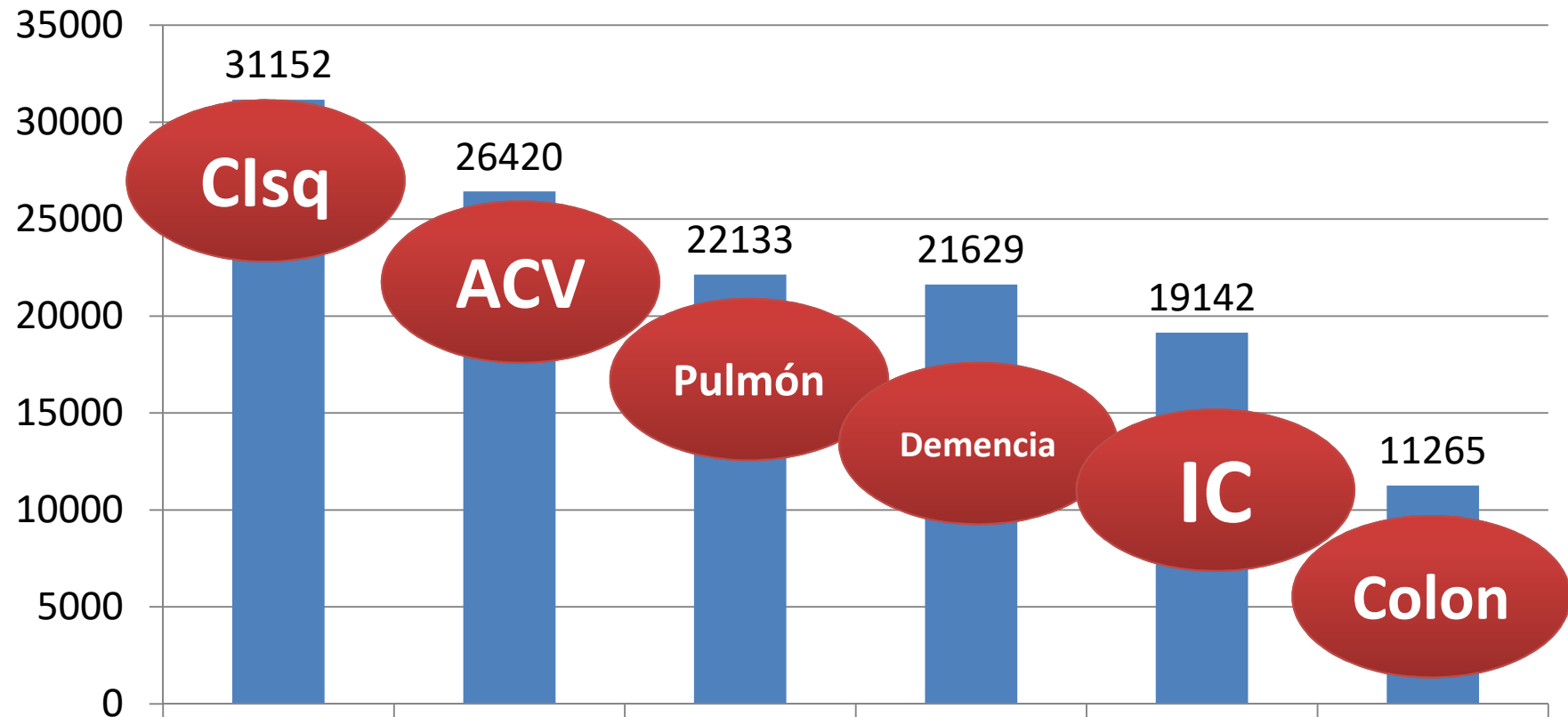
Madrid

III CURSO DE
ACTUALIZACIÓN CARDIOVASCULAR
PARA MÉDICOS DE ATENCIÓN
PRIMARIA

JUEVES, 27 FEBRERO 2020



Defunciones según causa de muerte



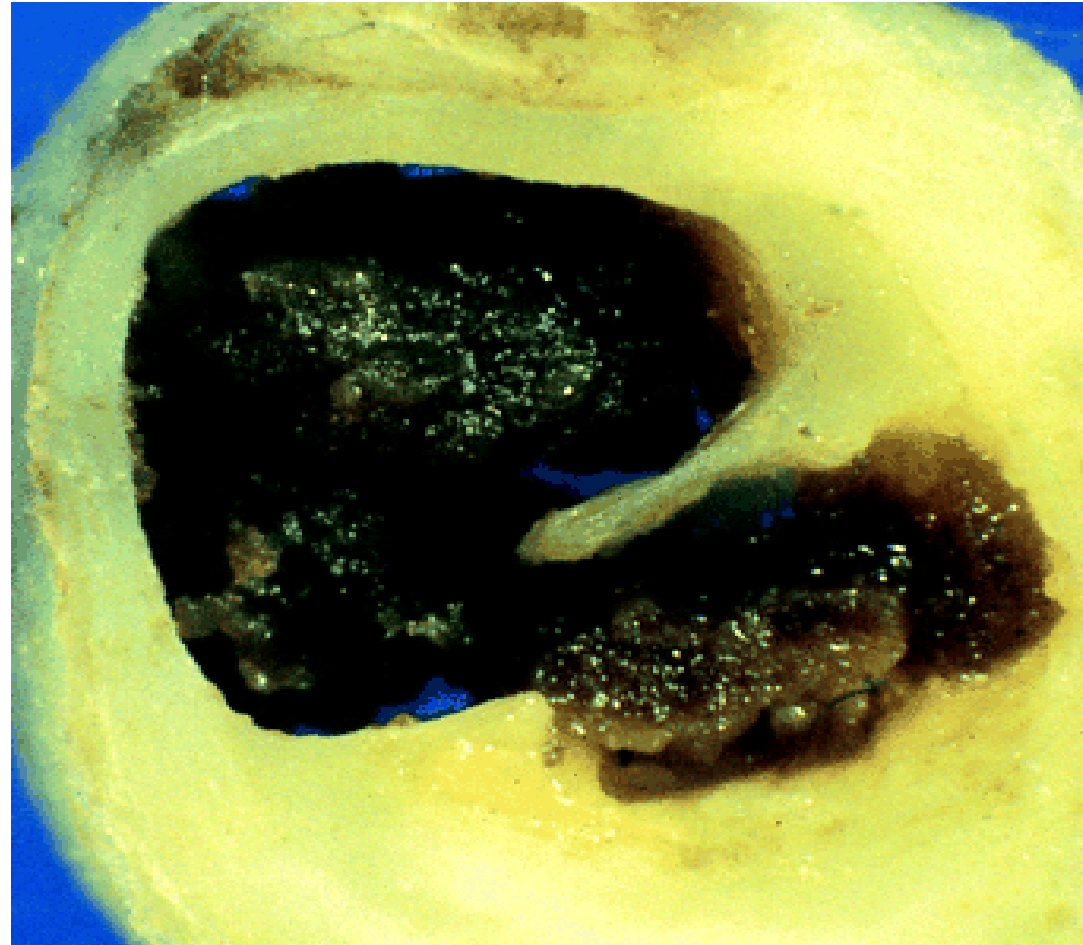
Fuente: INE, 19 de diciembre de 2019



La Trombosis

*”Al único
enemigo al que
temo es la
naturaleza”*

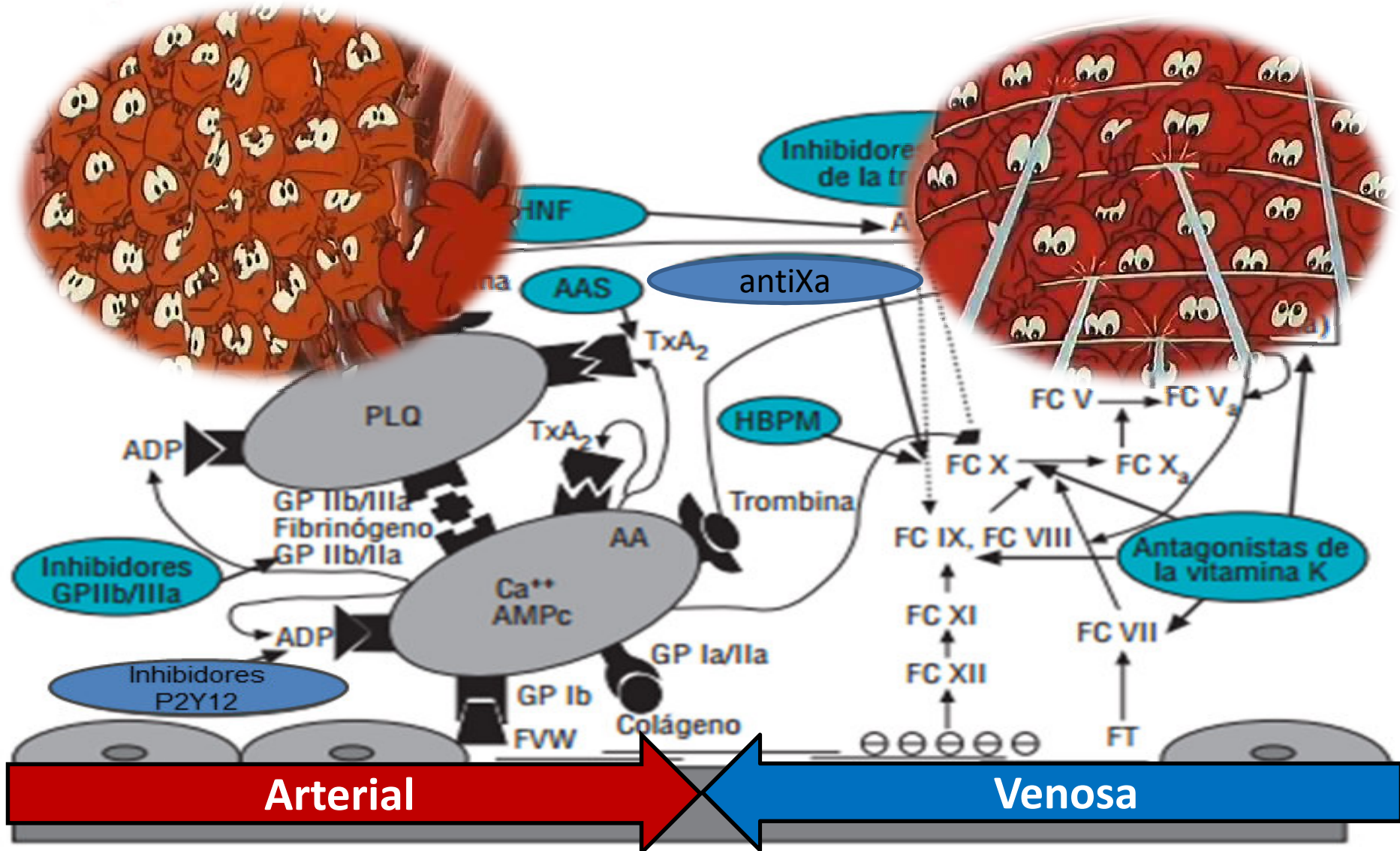
Napoleón Bonaparte





Breve Recuerdo Fisiopatológico

Trombosis Arterial versus Venosa



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PREVALENCE OF TOTAL CORONARY OCCLUSION DURING THE EARLY HOURS OF TRANSMURAL MYOCARDIAL INFARCTION

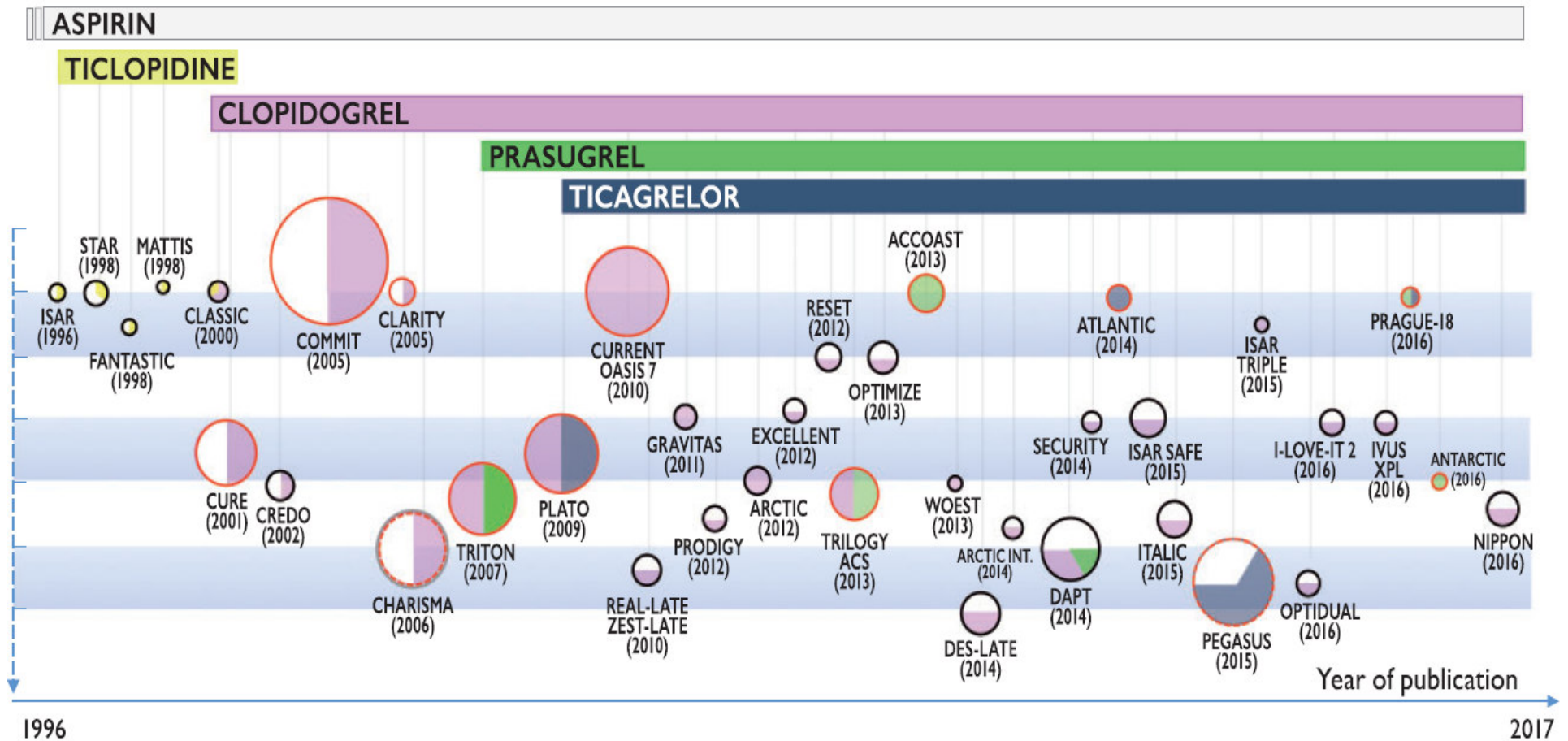
MARCUS A. DEWOOD, M.D., JULIE SPORES, C.R.N.A., ROBERT NOTSKE, M.D., LOWELL T. MOUSER, M.D.,
ROBERT BURROUGHS, M.D., MICHAEL S. GOLDEN, M.D., AND HENRY T. LANG, M.D.

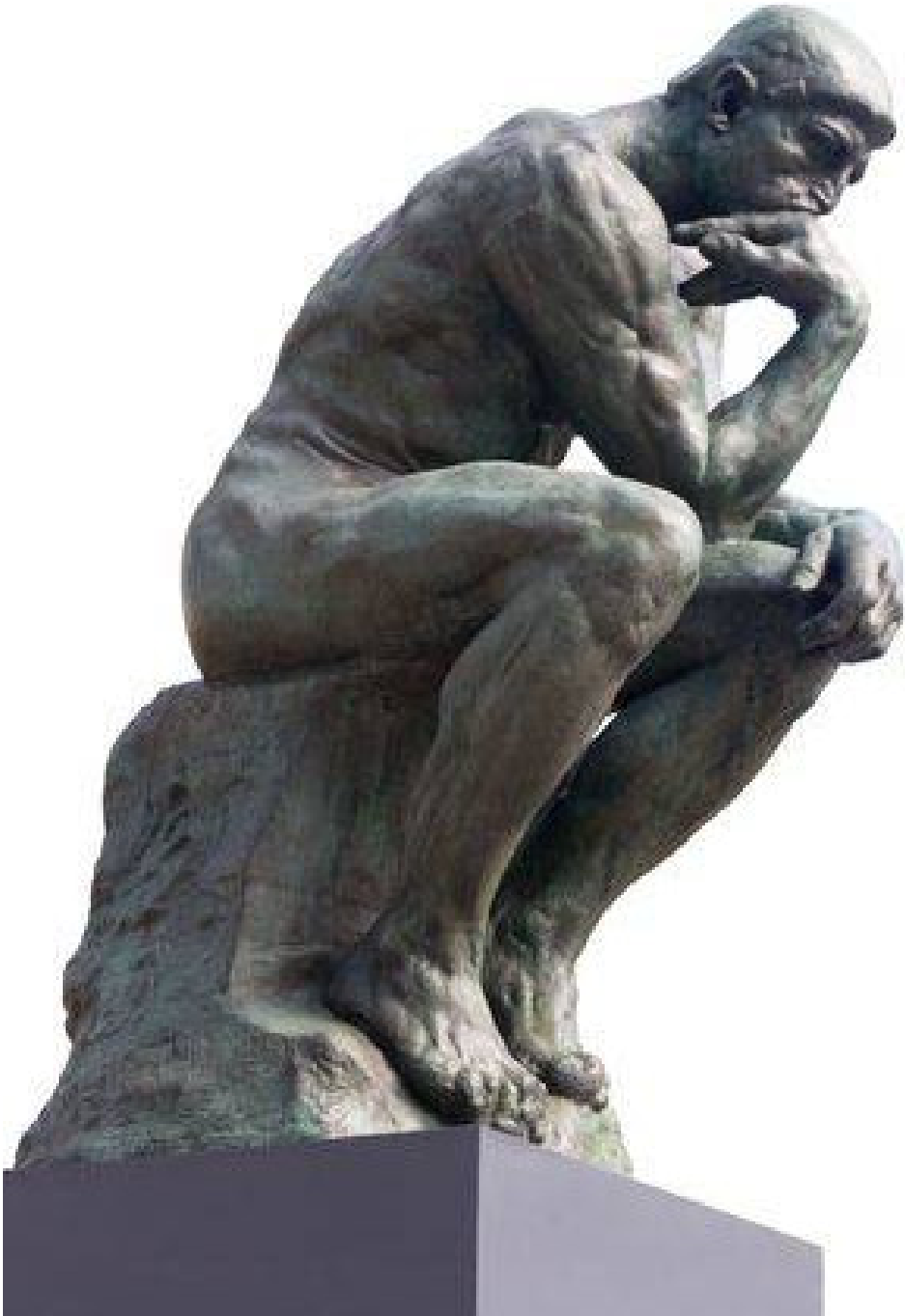
Abstract To define the prevalence of total coronary occlusion in the hours after transmural myocardial infarction, we used coronary arteriography to study the degree of coronary obstruction in 322 patients admitted within 24 hours of infarction. Total coronary occlusion was observed in 110 of 126 patients (87 per cent) who were evaluated within four hours of the onset of symptoms; this proportion decreased significantly, to 37 of 57 (65 per cent), when patients were studied 12 to 24 hours after the onset of symptoms. Among 59 patients with angiographic features of coronary thrombosis, the thrombus was

retrieved by Fogarty catheter in 52 (88 per cent) but was absent in seven (12 per cent false positive). Among an additional 20 patients without angiographic features of thrombosis, a thrombus was discovered in five (25 per cent false negative). Thus, total coronary occlusion is frequent during the early hours of transmural infarction and decreases in frequency during the initial 24 hours, suggesting that coronary spasm or thrombus formation with subsequent recanalization or both may be important in the evolution of infarction. (N Engl J Med. 1980; 303:897-902.)



Estudios de Tratamiento Antiplaquetario en EAC





***¿Cómo planteo
el tratamiento
antiagregante
en mi paciente
coronario?***



Tipos de antiagregantes

Duración de DAP

Antiagregación más anticoagulación

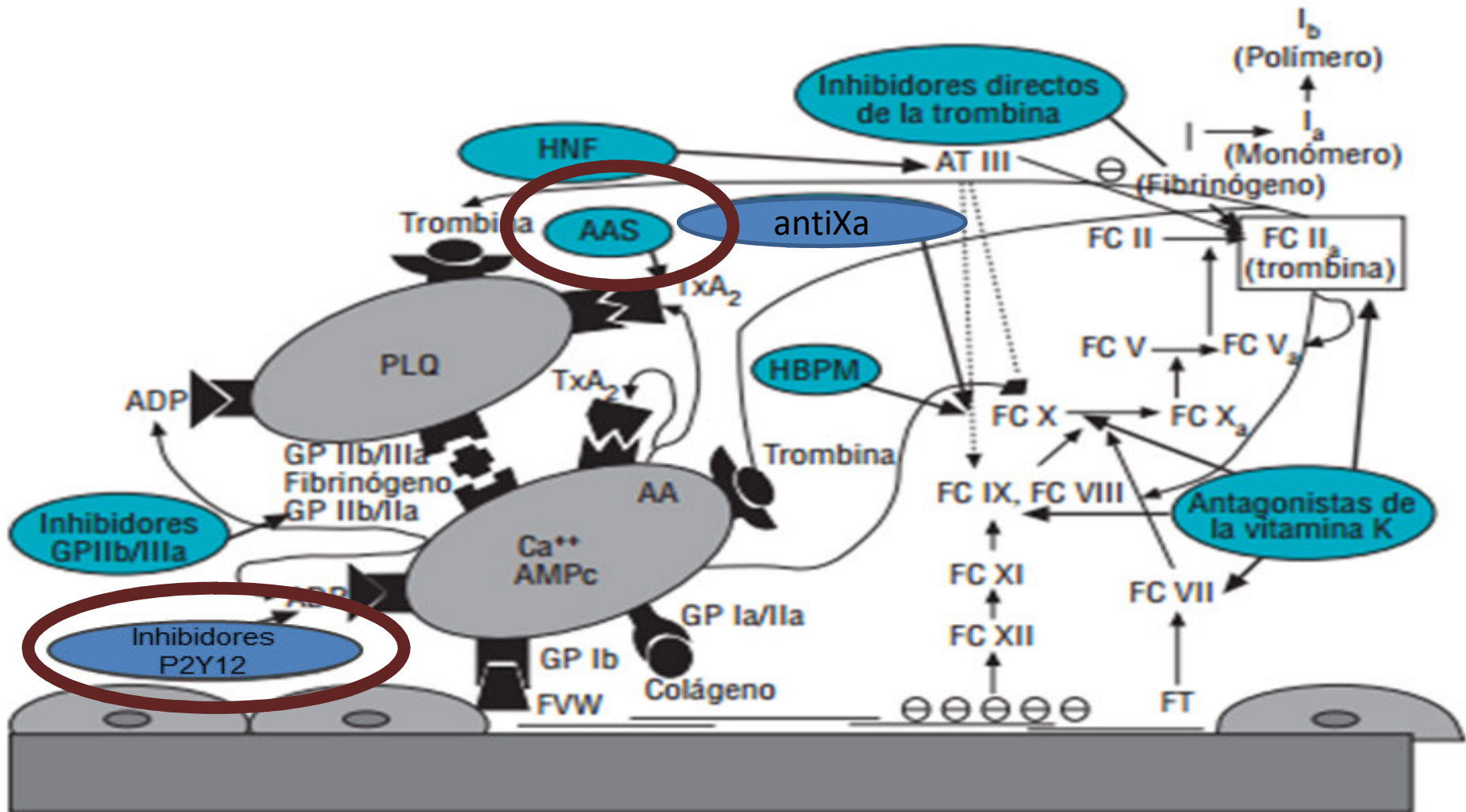
Otros aspectos prácticos



Tipos de antiagregantes



Medicamentos antitrombóticos





Aspirina

- ✓ Evidencias en postIAM, revascularización, angina estable
- ✓ Dosis 300-325 mg vs 75-100 mg: Sin diferencias en isquemia o sangrado

CURRENT-OASIS 7





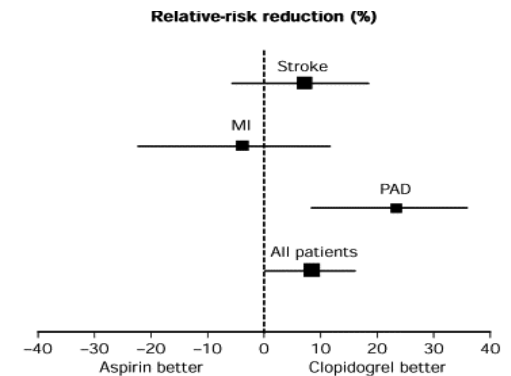
Clopidogrel

Monoterapia

- ✓ **Alergia o intolerancia a AAS**
- ✓ *Arteriopatía periférica (CAPRIE)*

Doble terapia

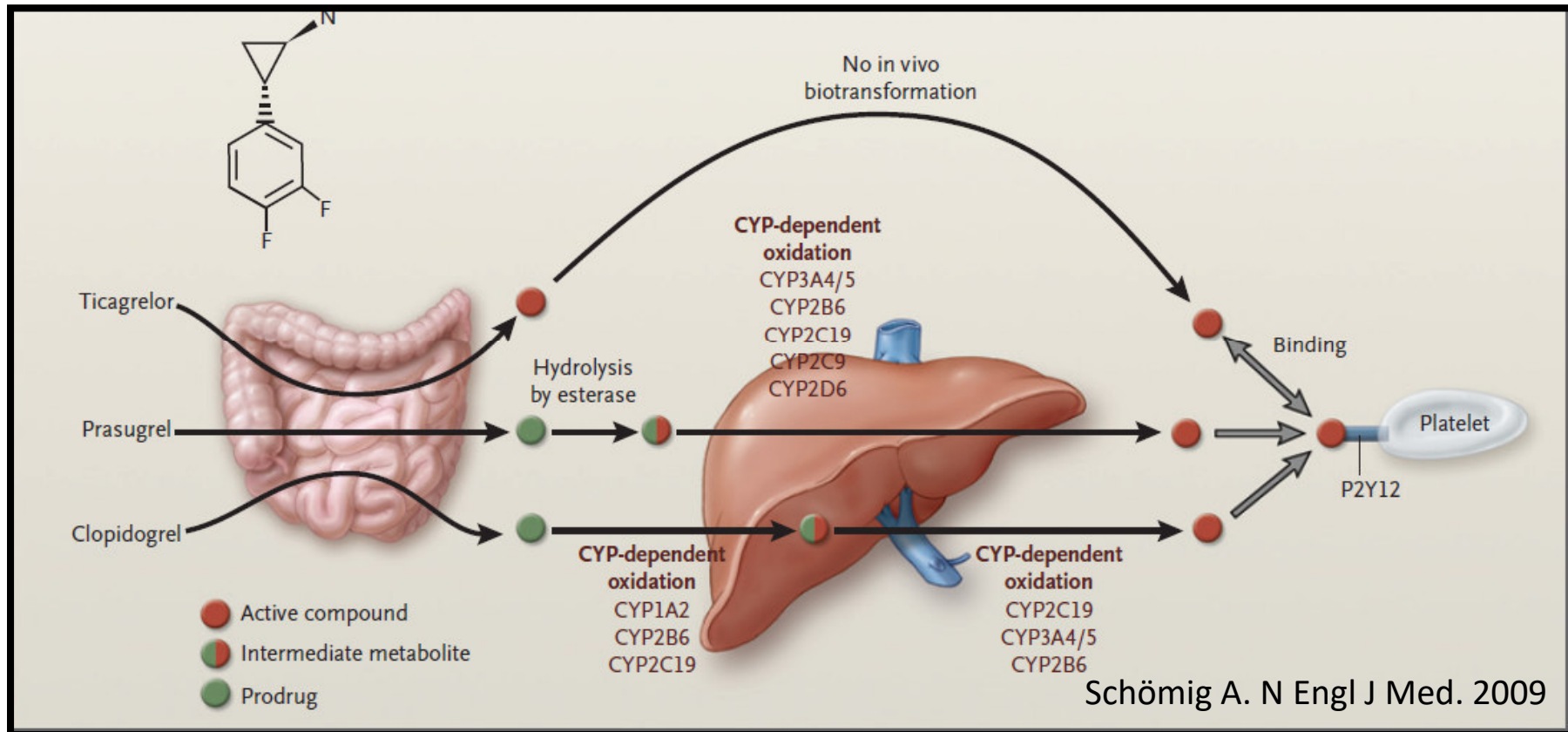
- ✓ **ICP electivo**
- ✓ *Síndrome coronario agudo*





iP2Y12 de 3ª Generación

Prasugrel y Ticagrelor



✓ **Más rápidos**

✓ **Más potentes**

✓ **Más predecibles**



Paciente con Síndrome Coronario Agudo

	MORTcv IAM ICTUS	MORTcv	IAM	ICTUS	MORT total	TS	Sangrado mayor
TICA*	✓	✓	✓	=	✓	✓	=
PRASU*	✓	=	✓	=	=	✓	✗

*Comparados con clopidogrel

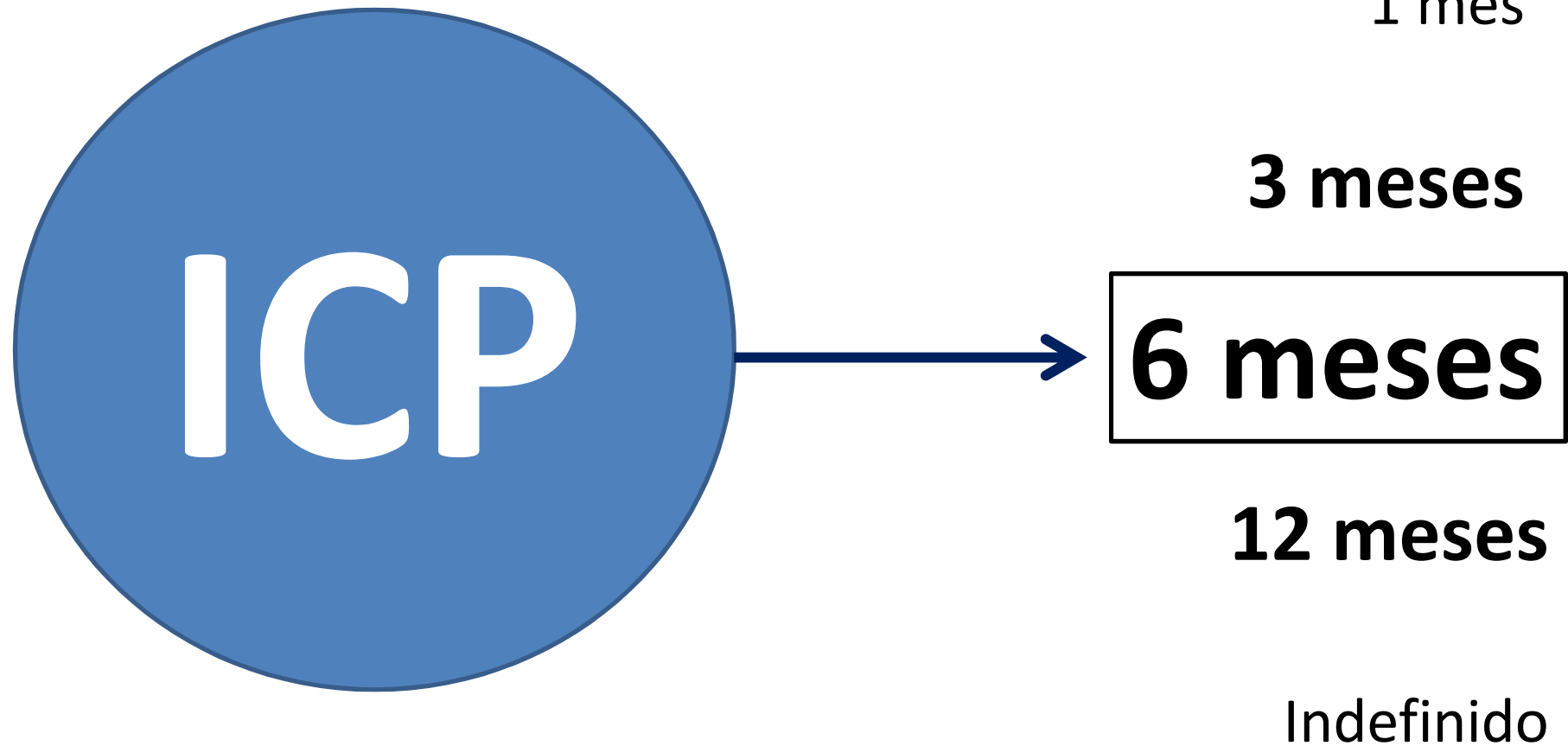
Como norma, tras SCA, clopidogrel “sólo” en anticoagulados o muy alto riesgo de sangrado



Duración de DAP



Duración del tratamiento antiplaquetarario doble





Duración del tratamiento antiplaquetario doble

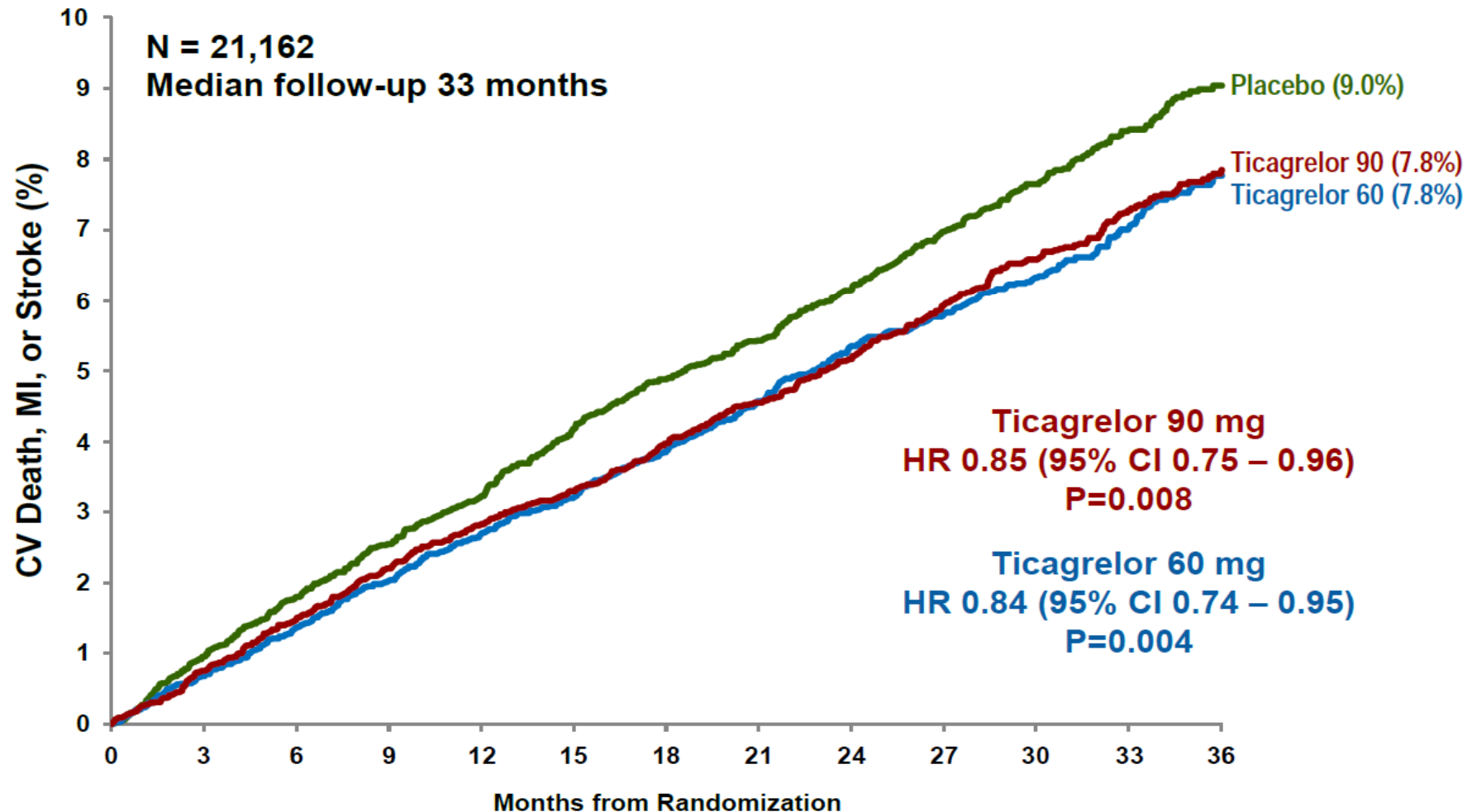


12 meses

1 mes
3 meses
6 meses

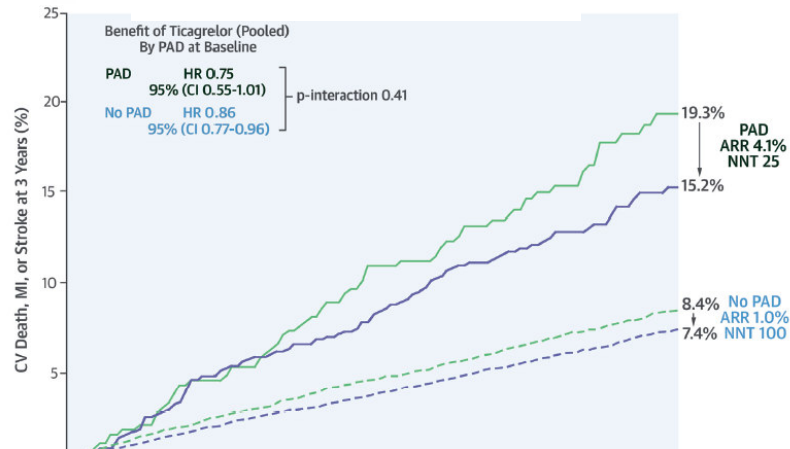
Indefinido

Estudio PEGASUS: Ticagrelor 60 mg y reducción de Muerte CV, Infarto o Ictus

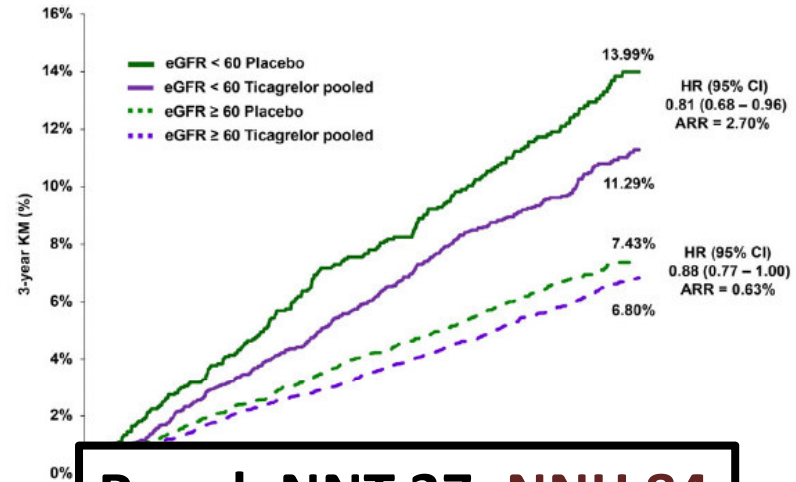




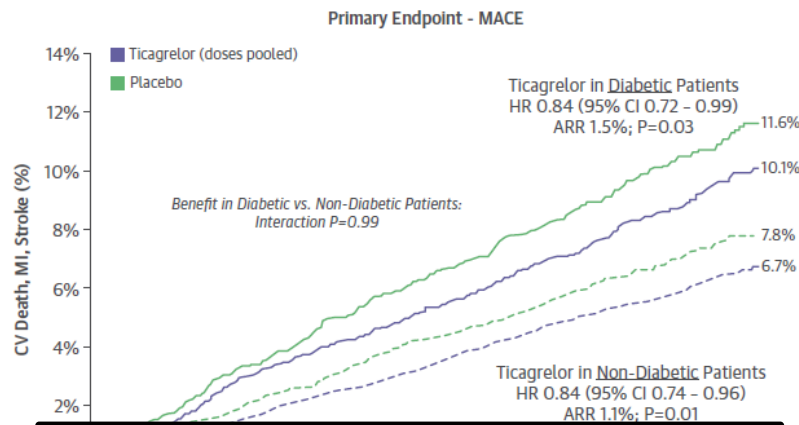
PEGASUS: Ticagrelor 60 mg en Subgrupos Especiales



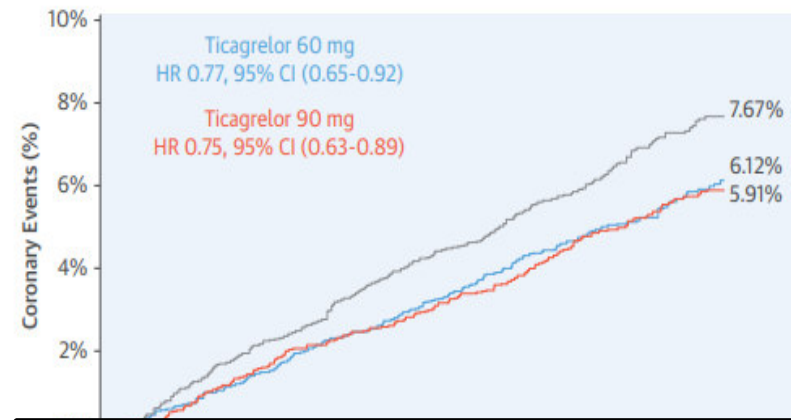
Vascular: NNT 25; NNH 834



Renal: NNT 37; NNH 84



Diabetes: NNT 67; NNH 63



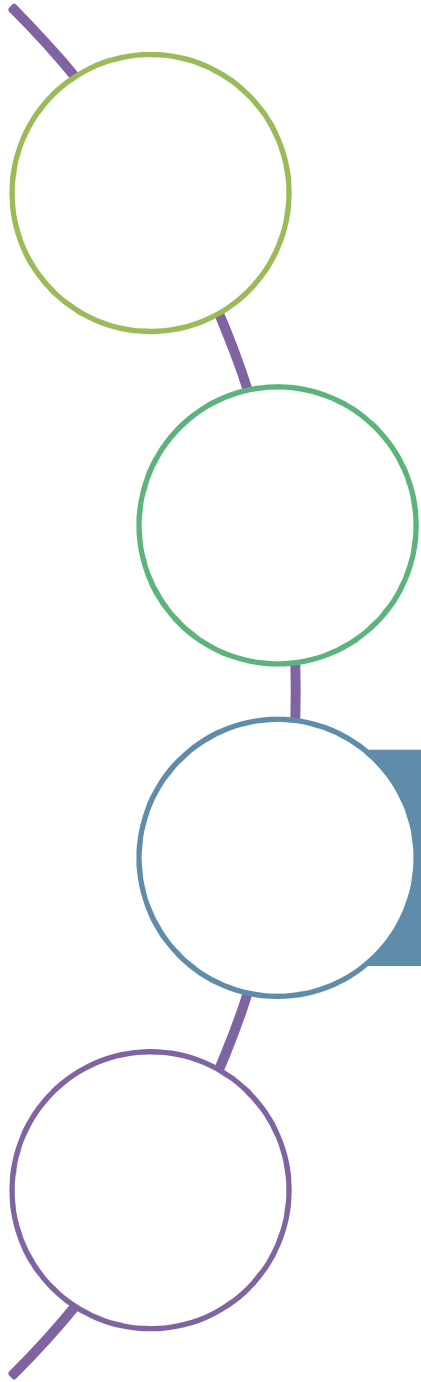
Multivaso: NNT 70; NNH 69



Guías Europeas 2019

Drug option	Dose	Indication
Clopidogrel	75 mg o.d.	Post-MI in patients who have tolerated DAPT for 1 year
Prasugrel	10 mg o.d or 5 mg o.d.; if body weight <60 kg or age >75 years	Post-PCI for MI in patients who have tolerated DAPT for 1 year
Rivaroxaban	2.5 mg b.i.d.	Post-MI >1 year or multivessel CAD
Ticagrelor	60 mg b.i.d.	Post-MI in patients who have tolerated DAPT for 1 year

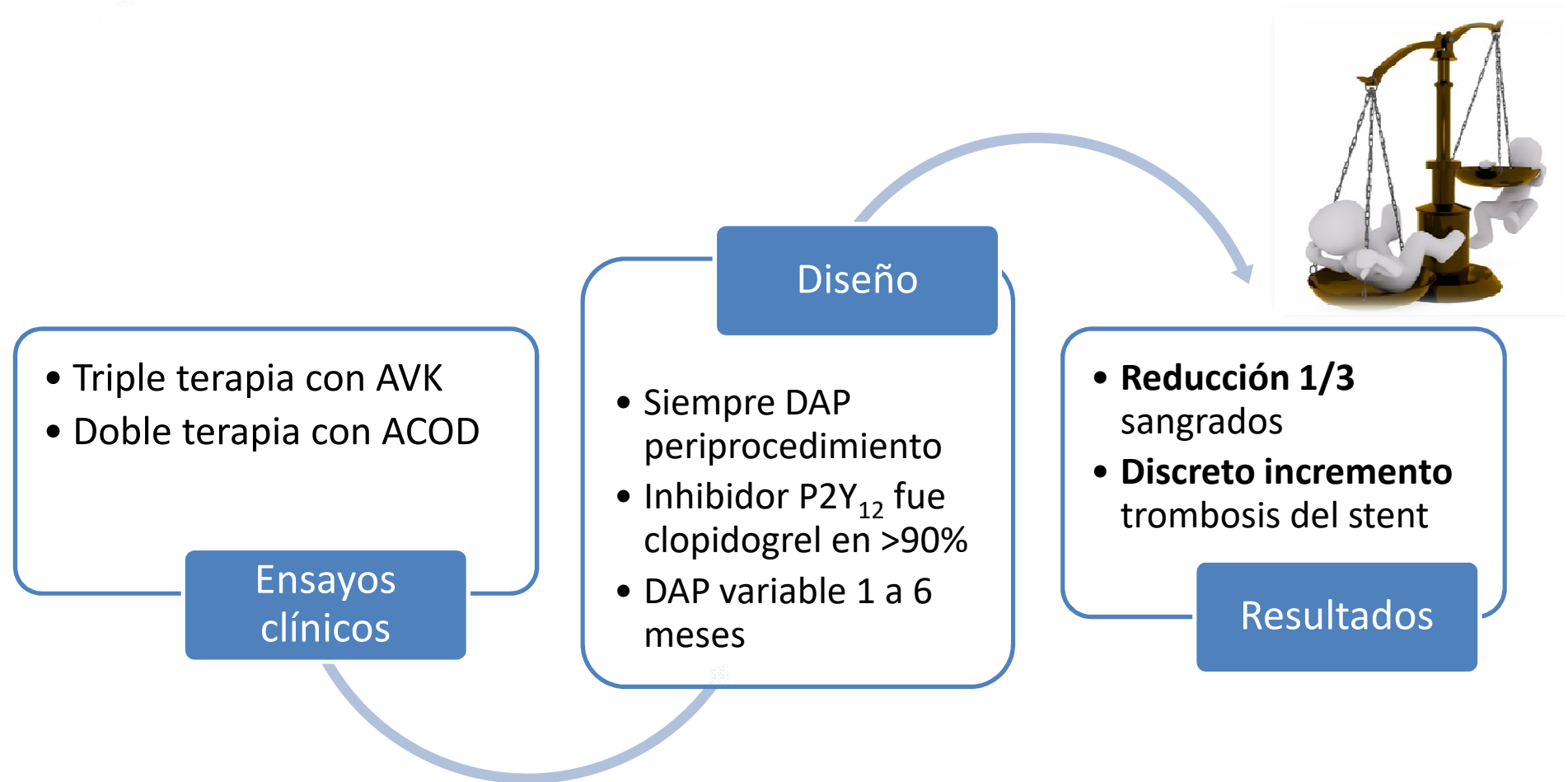
En ausencia de riesgo de sangrado
(TAO, anemia, sangrado previo)



Antiagregación más anticoagulación

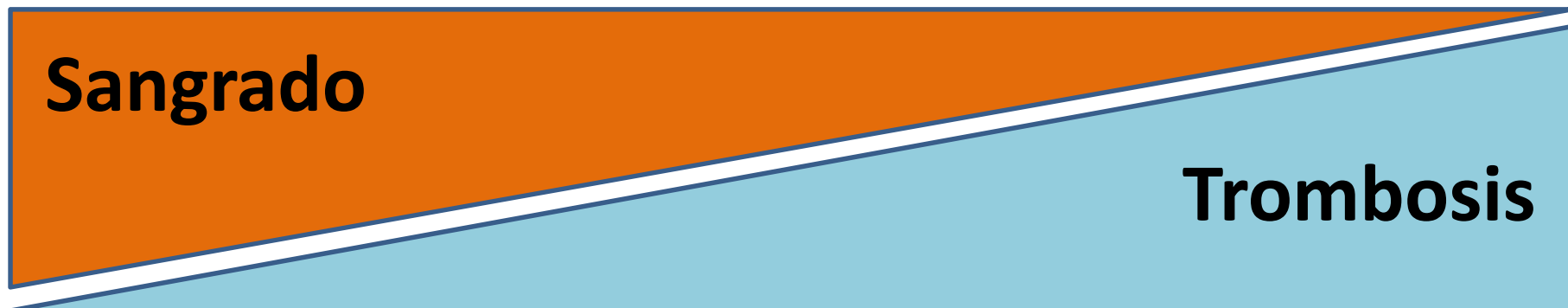
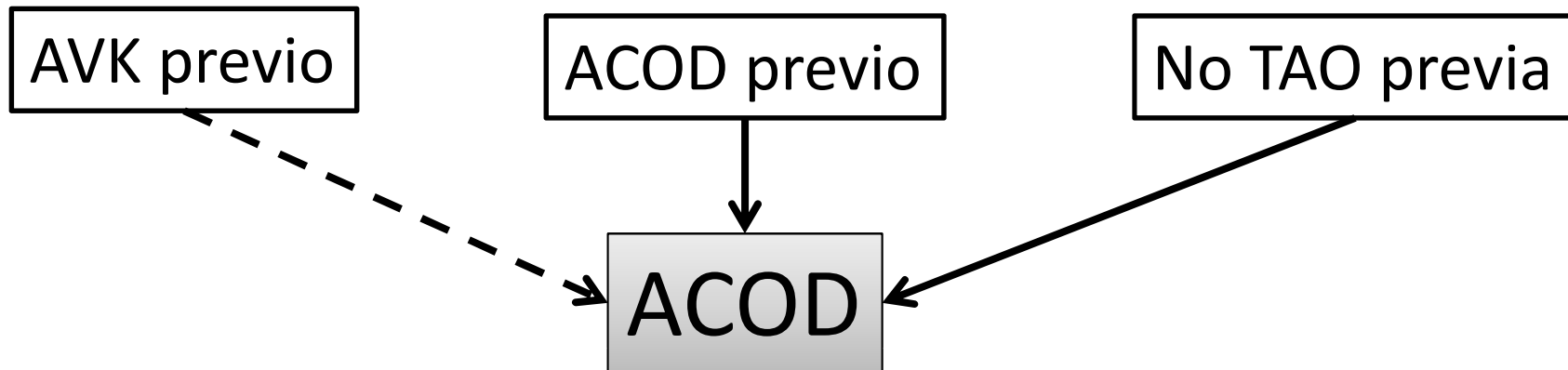


Stents y Fibrilación Auricular





Nuestro protocolo

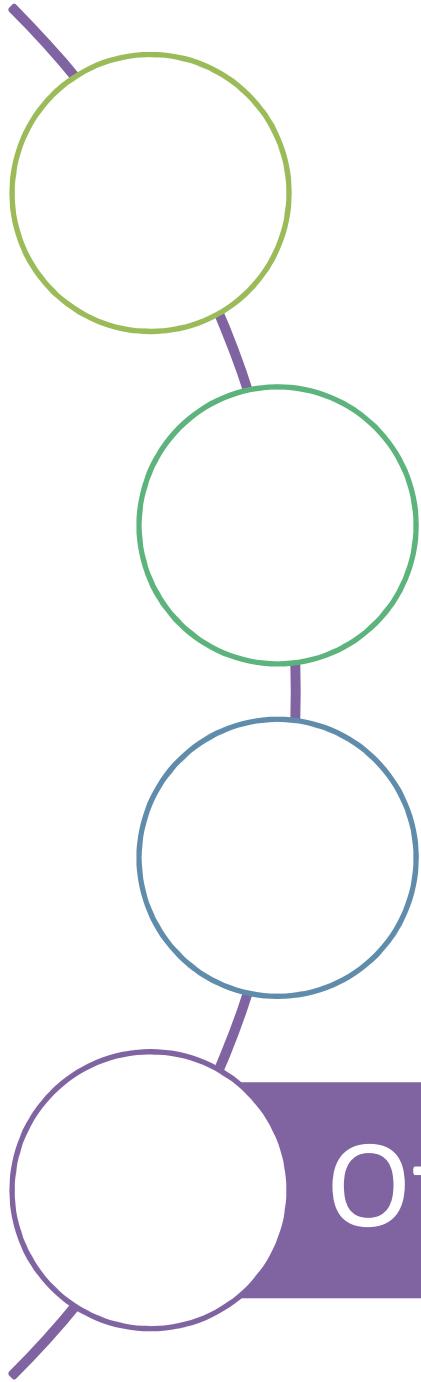


RH +++ / RI ---
Clopi 6 meses
AAS <7 días

RH ++ / RI ++
Clopi 6 meses
AAS 4 semanas

RH --- / RI +++
Clopi 12 meses
AAS 3/6 meses

RI ó RH prohibitivo
LAAC + DAP



Otros aspectos prácticos



Cirugía

➤ **No suspender Adiro**

(excepción: neuro)

➤ Ticagrelor 3 días

➤ Clopidogrel 5 días

➤ Prasugrel 7 días





Conclusiones

La trombosis **continúa siendo la primera causa de muerte** e incapacidad en nuestro medio

Los antiagregantes son, junto con los hipolipemiantes, los medicamentos que **todo coronario debe tomar**

La era de la medicina personalizada nos obliga a conocer las posibilidades contemporáneas

GRACIAS

