

Oregon's Drug Review:

Newer AntiPlatelet Agents (AP)

Although there are various approaches to prevention of vascular disease, a principle component is the use of antiplatelet agents. Aspirin has been considered the standard agent for many years. In the past decade, newer antiplatelet agents are used in certain clinical situations. However, their roles are evolving and it is not always clear how best to utilize these drugs.

Which Drugs Were Included In This Review?

This review looked at the following Newer AP drugs:

AntiPlatelet Drugs

<u>Generic</u>	<u>Brand</u>
• dipyridamole (ER) + Aspirin (ASA)	Aggrenox®
• clopidogrel	Plavix®
• ticlopidine	Ticlid®

What Do These Drugs Treat?

- In patients with acute coronary syndrome, clopidogrel + ASA were superior to ASA alone in reducing cardiac symptoms. No data exists for ticlopidine or Aggrenox®.
- In patients with coronary procedures (angioplasty) long term use of clopidogrel + ASA reduced death or any cardiac disease as compared to placebo.
- In patients with strokes, Aggrenox® further reduced strokes and death compared to ASA alone. The combination of clopidogrel + ASA was no more effective than clopidogrel alone in reducing cardiac events in high-risk patients who had recently suffered a stroke.
- In patients with clogged arteries in their legs, clopidogrel was the only AP drug studied that showed a reduction in stroke, heart attack, and death.

What Are the Side Effects of These Drugs?

- Ticlopidine should generally be avoided because of rare but unpredictable effects on the white blood count.

Ask The Patient's Health Care Practitioner During Their Next Visit:

- Is the patient taking the most effective drug for their condition?
- Are there alternative drugs available that are equally effective?
- Are there alternative drugs available that are effective, but less costly?
- Is there a generic available for the brand name drug?
- Will this drug interact with other medications the patient takes?