- Name: Clopidogrel
- Effect:

  Clopidogrel, sold under the trade name Plavix among others, is an antiplatelet medication used to reduce the risk of heart disease and stroke in those at high risk.

  It is also used together with aspirin in heart attacks and following the placement of a coronary artery stent (dual antiplatelet therapy).
- Usage:

  Medical use

- Subject affect:
  - Present for treatment with a myocardial infarction with ST-elevation including
    - A loading dose given in advance of percutaneous coronary intervention (PCI), followed by a full year of treatment for those receiving a vascular stent
    - A loading dose given in advance of fibrinolytic therapy, continued for at least 14 days
  - Present for treatment of a non-ST elevation myocardial infarction or unstable angina
    - Including a loading dose and maintenance therapy in those receiving PCI and unable to tolerate aspirin therapy
    - Maintenance therapy for up to 12 months in those at medium to high risk for which a noninvasive treatment strategy is chosen
  - In those with stable ischemic heart disease, treatment with clopidogrel is described as a "reasonable" option for monotherapy in those who cannot tolerate aspirin, as is treatment with clopidogrel in combination with aspirin in certain high risk patients.

- Side effect:

  Serious adverse drug reactions associated with clopidogrel therapy include:

  - Thrombotic thrombocytopenic purpura (incidence: four per million patients treated)
  - Hemorrhage – the annual incidence of hemorrhage may be increased by the coadministration of aspirin.

In the CURE trial, people with acute coronary syndrome without ST elevation were treated with aspirin plus clopidogrel or placebo and followed for up to one year. The following rates of major bleed were seen:

- Any major bleeding: clopidogrel 3.7%, placebo 2.7%
- Life-threatening bleeding: clopidogrel 2.2%, placebo 1.8%
- Hemorrhagic stroke: clopidogrel 0.1%, placebo 0.1%

The CAPRIE trial compared clopidogrel monotherapy to aspirin monotherapy for 1.6 years in people who had recently experienced a stroke or heart attack. In this trial the following rates of bleeding were observed.

- Gastrointestinal hemorrhage: clopidogrel 2.0%, aspirin 2.7%
- Intracranial bleeding: clopidogrel 0.4%, aspirin 0.5%

In CAPRIE, itching was the only adverse effect seen more frequently with clopidogrel than aspirin. In CURE, there was no difference in the rate of non-bleeding adverse events.

Rashes and itching were uncommon in studies (between 0.1 and 1% of people); serious hypersensitivity reactions are rare.

- Precautions:

While there is no evidence of harm from use during pregnancy, such use has not been well studied.