

Table 6. Summary and Synthesis of Guideline, Expert Consensus Documents, and Comprehensive Review Article Recommendations on the Management of Patients Treated With Triple Therapy^{14,88,91–93}

Assess ischemic and bleeding risks using validated risk predictors (eg, CHA ₂ DS ₂ -VASc, HAS-BLED)
Keep triple therapy duration as short as possible; dual therapy only (oral anticoagulant and clopidogrel) may be considered in select patients
Consider a target INR of 2.0–2.5 when warfarin is used
Clopidogrel is the P2Y ₁₂ inhibitor of choice
Use low-dose (≤100 mg daily) aspirin
PPIs should be used in patients with a history of gastrointestinal bleeding and are reasonable to use in patients with increased risk of gastrointestinal bleeding

CHA₂DS₂-VASc indicates congestive heart failure, hypertension, age ≥75 years (doubled), diabetes mellitus, prior stroke or transient ischemic attack or thromboembolism (doubled), vascular disease, age 65–74 years, sex category; HAS-BLED, hypertension, abnormal renal/liver function, stroke, bleeding history or predisposition, labile INR, elderly, drugs/alcohol concomitantly; INR, international normalized ratio; and PPIs, proton pump inhibitors.