

Recommendations for combination therapy with oral anticoagulants and antiplatelets

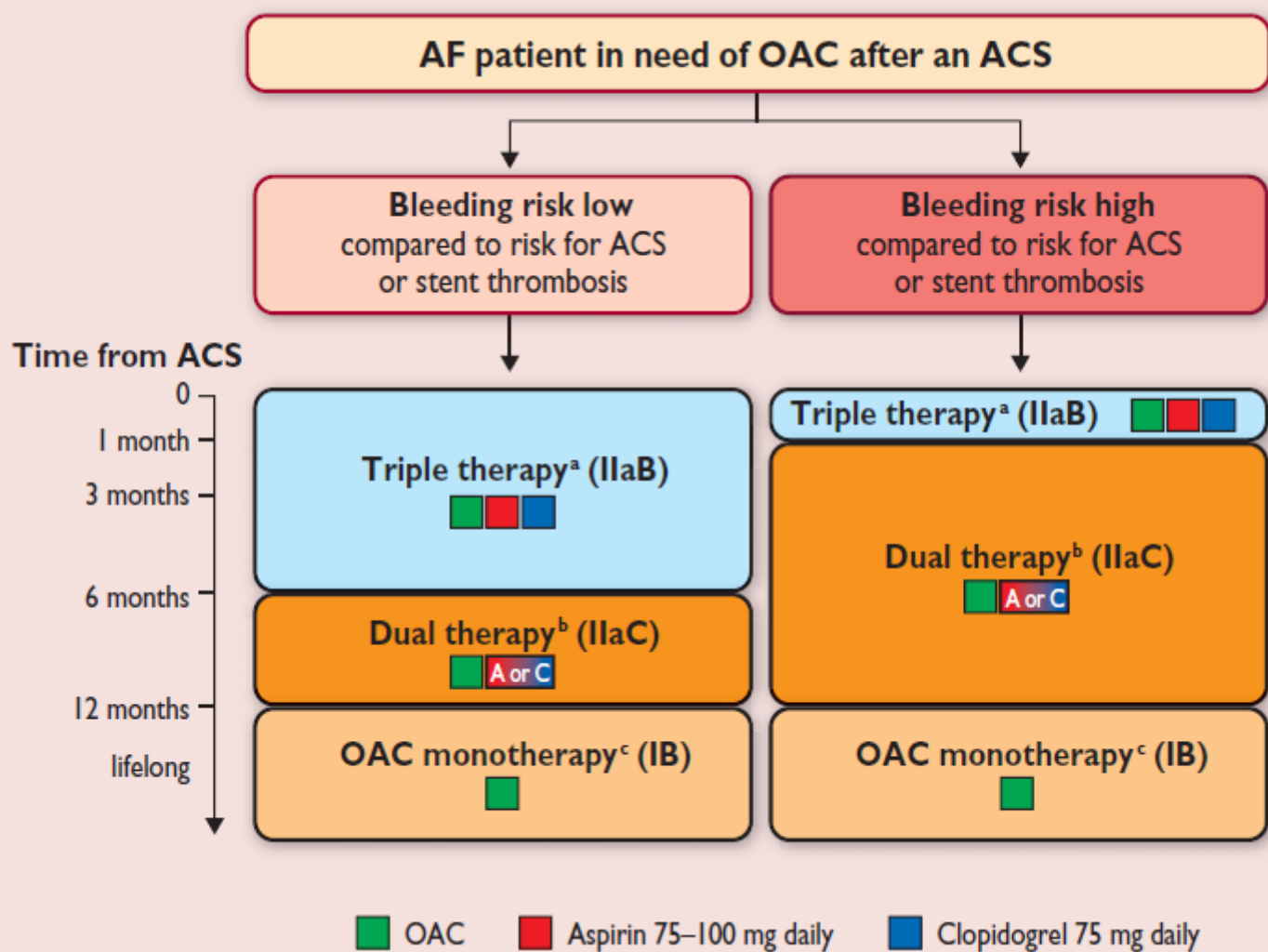
Recommendations	Class ^a	Level ^b	Ref ^c
After elective coronary stenting for stable coronary artery disease in AF patients at risk of stroke, combination triple therapy with aspirin, clopidogrel and an oral anticoagulant should be considered for 1 month to prevent recurrent coronary and cerebral ischaemic events.	IIa	B	522, 524
After an ACS with stent implantation in AF patients at risk of stroke, combination triple therapy with aspirin, clopidogrel and an oral anticoagulant should be considered for 1–6 months to prevent recurrent coronary and cerebral ischaemic events.	IIa	C	520
After an ACS without stent implantation in AF patients at risk of stroke, dual treatment with an oral anticoagulant and aspirin or clopidogrel should be considered for up to 12 months to prevent recurrent coronary and cerebral ischaemic events.	IIa	C	
The duration of combination antithrombotic therapy, especially triple therapy, should be kept to a limited period, balancing the estimated risk of recurrent coronary events and bleeding.	IIa	B	520
Dual therapy with any oral anticoagulant plus clopidogrel 75 mg/day may be considered as an alternative to initial triple therapy in selected patients.	IIb	C	524, 525

ACS = acute coronary syndromes; AF = atrial fibrillation; OAC = oral anticoagulant.

^aClass of recommendation.

^bLevel of evidence.

^cReference(s) supporting recommendations.



AF patient in need of OAC after elective PCI with stent

Bleeding risk low
compared to risk for ACS
or stent thrombosis

Bleeding risk high
compared to risk for ACS
or stent thrombosis

Time from PCI

0
1 month
3 months
6 months
12 months
lifelong

Triple therapy^a (IIaB)



Dual therapy^b (IIaC)



Dual therapy^b (IIaC)



OAC monotherapy^c (IB)



OAC monotherapy^c (IB)



OAC



Aspirin 75–100 mg daily



Clopidogrel 75 mg daily