

Secondary Prevention of Ischaemic Stroke and TIA

There is recently been supply problem with dipyridamole 200mg MR. We have been advised that Dr Reddy's brand is available now however **National guidance now is that clopidogrel is first line treatment for prevention of ischaemic stroke and TIA.** Many patients were originally initiated on this combination for secondary prevention of ischaemic stroke and TIA (off label).

Hence the current advice for the prevention of ischaemic stroke and TIA from NICE CKS <https://cks.nice.org.uk/stroke-and-tia#!scenario:2> and the National Clinical Guideline for stroke 2016 is:

	First Line	Clopidogrel 75mg
If clopidogrel contra- indicated	Second Line	Aspirin 75mg + Dipyridamole 200mg MR
If clopidogrel and dipyridamole contra-indicated	Third Line	Aspirin 75mg
If clopidogrel and aspirin contra-indicated	Third Line	Dipyridamole 200mg MR

Comparative trials such as CAPRIE (CAPRIE Steering Committee, 1996), ESPRIT (ESPRIT Study Group et al, 2006) and PROFESS (Sacco et al, 2008) show that aspirin plus modified-release dipyridamole and clopidogrel monotherapy are equally effective, with both options superior to aspirin monotherapy.

Please review patients on dipyridamole MR and change to clopidogrel unless intolerant or contra-indicated.

- PPIs

Concomitant use of omeprazole or esomeprazole with clopidogrel should be avoided if possible and an alternative PPI prescribed.

<https://www.gov.uk/drug-safety-update/clopidogrel-and-proton-pump-inhibitors-interaction-updated-advice>