



4TH DAILY CARDIOLOGY
SYMPOSIUM

CONCISE, PRECISE, PRACTICAL

The story of survivors!
The Role of Antithrombotic Medications
in the Secondary Prevention of ASCVD
Learning Objectives and Case



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Learning Objectives

- The Role of Antiplatelet Medications in the Secondary Prevention of ASCVD
 - Choosing the Right Agent
 - Choosing the Right Strategy
 - SAPT vs DAPT
 - Bleeding Risk Assessment
 - Duration of Treatment in Different Populations
 - Follow-up and Discontinuation of Treatment

Learning Objectives

- The Role of OACs in the Secondary Prevention of ASCVD
 - Choosing the Right Agent
 - Choosing the Right Strategy
 - Indications for DPI
 - Bleeding Risk Assessment
 - Duration of Treatment in Different Populations
 - Follow-up and Discontinuation of Treatment

Case

- 67 Y/O gentleman, retired school teacher, ex-smoker
- PMH:
 - HTN and T2D from 30 years ago
 - S/P CABG from 15 years ago
 - S/P TIA 6 years ago
- FH: ischemic stroke in father at the age of 56
- The patient lives alone and independently. His activity is limited to house chores during which he remains asymptomatic

Case

- DH:
 - Aspirin 80mg Daily
 - Clopidogrel 75mg Daily
 - Valsartan/Amlodipine/HCT 160/5/12.5mg Daily
 - Atorvastatin 20mg Daily
 - Empagliflozin 10mg Daily
 - Bisoprolol 2.5mg Daily
 - Long-acting Insulin 20u/day divided
- Ph/E:
 - BP: 127/77 mmHg, HR: 79bpm, Spo2: 97% in room air, BMI: 24, otherwise unremarkable

Case

- ECG: Q in anterior precordial leads, otherwise unremarkable
- TTE: EF: 55%, no major valve pathology
- Recent Lab:
 - FPG: 133 mg/dL, HbA1c: 6.7%, LDL: 59 mg/dL, HDL: 56 mg/dL, TG: 135 mg/dL
 - CBC, LFT, Cr, Electrolytes: NL
- He asks you if he can stop taking his Clopidogrel as it imposes a great financial burden on him.

What is your approach to the management of his antithrombotic regimen?

Thank you for your attention



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