Aspirin still first-line therapy for unstable angina/NSTEMI

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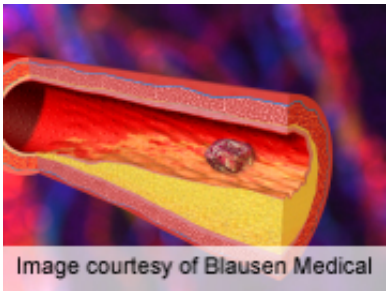

Aspirin is still the first line of therapy for patients with unstable angina or non-ST-elevation myocardial infarction, and ticagrelor can be used in place of clopidogrel or prasugrel instead of aspirin or as a second antiplatelet agent, according to a report from the American College of Cardiology Foundation/American Heart Association published online July 16 in *Circulation*.

(HealthDay) -- Aspirin is still the first line of therapy for patients with unstable angina or non-ST-elevation myocardial infarction (NSTEMI), and ticagrelor can be used in place of clopidogrel or prasugrel instead of aspirin or as a second antiplatelet agent, according to a report from the American College of Cardiology Foundation (ACCF)/American Heart Association (AHA) published online July 16 in *Circulation*.

Hani Jneid, M.D., from the Baylor College of Medicine in Houston, and colleagues reviewed recent evidence to provide clinicians with a focused update on current guidelines for the management of patients with unstable angina/NSTEMI. This report updates the 2007 guideline and

replaces the 2011 focused update.

The authors recommend that aspirin still be regarded as the first line of therapy for patients with unstable angina/NSTEMI and should be administered as soon as possible after hospital presentation and maintained indefinitely as long as tolerated. Patients who are unable to take aspirin may receive prasugrel (percutaneous coronary intervention-treated patients), ticagrelor, or clopidogrel. Patients who undergo an invasive procedure and are at medium or high risk should receive dual antiplatelet therapy that includes aspirin and a second antiplatelet agent. Patients undergoing medical treatment alone should be given aspirin indefinitely and clopidogrel or ticagrelor for up to 12 months.

"The AHA and ACCF constantly update their guidelines so that physicians can provide patients with the most appropriate, aggressive therapy with the goal of improving health and survival," Jneid said in a statement. "While this focused update of the guidelines provides important guidance to clinicians, our recommendations are not substitutes for a physician's own clinical judgments and the tailoring of therapy based on individual variability and a patient's presentation and clinical diagnosis."

Several members of the writing committee disclosed financial ties to the pharmaceutical industry.

More information: Full Text