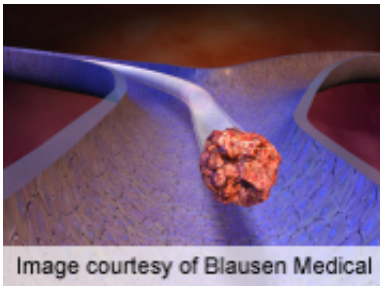


# Vitamin K antagonist plus clopidogrel feasible for PCI

September 19 2014

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(HealthDay)—Vitamin K antagonists (VKA) combined with clopidogrel may be a better alternative to triple anticoagulant therapy in patients on long-term VKA undergoing percutaneous coronary intervention (PCI) and stenting, according to a review published in the Sept. 23 issue of the *Journal of the American College of Cardiology*.

Willem J.M. Dewilde, M.D., from Amphia Hospital in Breda, Netherlands, and colleagues conducted a review to summarize guidelines and focus on some key evidence from the last several years regarding two key questions: If the increased bleeding risk outweighs the efficacy benefit of triple therapy and if a new strategy of VKA and a P2Y<sub>12</sub> inhibitor alone could be preferred in patients requiring chronic oral anticoagulation.

The researchers found that in atrial fibrillation patients who need to undergo PCI with [stent placement](#), the efficacy of triple therapy (VKA, aspirin, and clopidogrel) has not been proven, but this treatment strategy significantly increases bleeding risk. Based on new evidence, including a [randomized controlled trial](#) and a real-life nationwide registry of more than 12,000 patients, the combination of VKA and clopidogrel without aspirin shows great potential to improve clinical outcomes, compared to triple therapy.

"VKA combined with clopidogrel seems to be a reasonable alternative to [triple therapy](#) in patients on long-term VKA who undergo PCI and stenting," conclude the authors.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Full Text \(subscription or payment may be required\)](#)

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