Pharmacology for peripheral arterial disease in the Netherlands; patient journey and platelet aggregation inhibitor prescription

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Disclosure

- Grant by AstraZeneca

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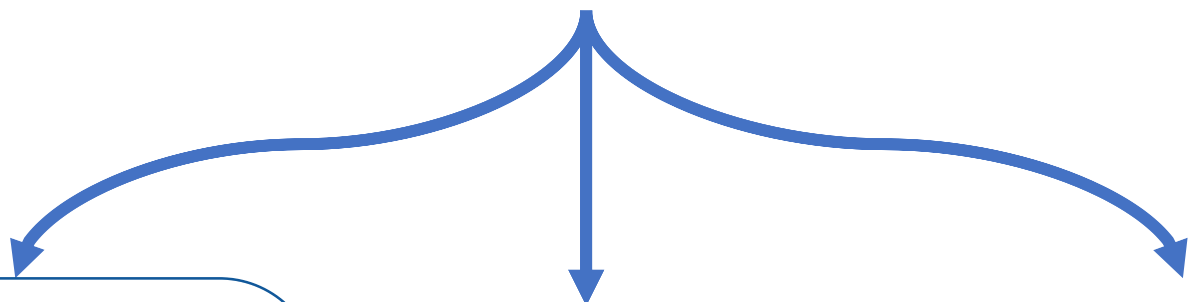

Antiplatelet therapy (APT)

Cholesterol

Blood pressure control

- Secondary prevention
- Class 1 recommendation
- All Guidelines
- No insight into actual use

Cohort study

PHARMO Database

N= 951.886

PAD diagnosis 2010-2014

N= 17.626

- Newly diagnosed PAD
- 1 year history and follow-up.
- No P2Y12-inhibitors /aspirin <1year

N= 3,929

52% ♂, 48% ♀ ($\bar{x}$ 66y ± 12y)
91% in primary care.

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Results:

- 39,3% aspirin (± statin) mono-APT.
- 2.4% P2Y12-inhibitor (± statin) mono-APT.
- 8.2% received DAPT (aspirin + P2Y12 inhibitor).
- 50,1% did not receive any form of APT.
  - 49% statins.

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Guideline	PAD diagnosis	Intermittent Claudication	Revascularisation
NHG 2003	- Smoking cessation - Opimization of risk factors - Supervised walking therapy - Acetylsalicylic acid 80mg daily	- Acetylsalicylic acid 80mg daily - Alternatively clopidogrel 75mg daily	- If indicated, oral anticoagulants.
ACC/AHA 2005	- Smoking cessation - Opimization of risk factors - Supervised walking therapy - APT (level A) - Acetylsalicylic 75-325mg daily	- Acetylsalicylic acid 75-325mg daily - Alternatively clopidogrel 75mg daily - No oral anticoagulation or warfarin	- Not specified
ACC/AHA 2011	- Smoking cessation - Opimization of risk factors - Supervised walking therapy - APT (level A) - Acetylsalicylic 75-325mg daily	- Acetylsalicylic acid 75-325mg daily - Alternatively clopidogrel 75mg daily - No oral anticoagulation or warfarin - DAPT (Acetylsalicylic acid + clopidogrel) can be considered	- Not specified
ESC 2011	- APT indicated - Acetylsalicylic 75-150mg daily	- APT indicated - Acetylsalicylic 75-150mg daily - No DAPT (bleeding risk)	- Acetylsallicyllic acid. - Acetylsallicyllic acid + thienopyridine (BMS*) - Acetylsallicyllic acid + dipyridamole (IiBS)* - Vitamin K inhibitors (IiBS)* - Acetylsallicyllic acid + dipyridamole (BTKbp)*

Conclusions

- 1 in 2 PAD patients are not adequately treated.
- Guideline recommendations are not followed.
- Improvement of APT prescription (CVE prevention) is urgently warranted.

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THANK YOU

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