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

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Disclosure

- Grant by AstraZeneca
Cholesterol control - Secondary prevention - Class 1 recommendation - All Guidelines - No insight into actual use
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 <1 year

N= 3,929
52% ♂, 48% ♀ (x̄ 66y ± 12y)
91% in primary care.
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.
<table>
<thead>
<tr>
<th>Guideline</th>
<th>PAD diagnosis</th>
<th>Intermittent Claudication</th>
<th>Revascularisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHG 2003</td>
<td>- Smoking cessation&lt;br&gt;- Optimization of risk factors&lt;br&gt;- Supervised walking therapy&lt;br&gt;- Acetylsalicylic acid 80mg daily</td>
<td>- Acetylsalicylic acid 80mg daily&lt;br&gt;- Alternatively clopidogrel 75mg daily</td>
<td>- If indicated, oral anticoagulants.</td>
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<tr>
<td>ACC/AHA 2005</td>
<td>- Smoking cessation&lt;br&gt;- Optimization of risk factors&lt;br&gt;- Supervised walking therapy&lt;br&gt;- APT (level A)&lt;br&gt;- Acetylsalicylic 75-325mg daily</td>
<td>- Acetylsalicylic acid 75-325mg daily&lt;br&gt;- Alternatively clopidogrel 75mg daily&lt;br&gt;- No oral anticoagulation or warfarin</td>
<td>- Not specified</td>
</tr>
<tr>
<td>ACC/AHA 2011</td>
<td>- Smoking cessation&lt;br&gt;- Optimization of risk factors&lt;br&gt;- Supervised walking therapy&lt;br&gt;- APT (level A)&lt;br&gt;- Acetylsalicylic 75-325mg daily</td>
<td>- Acetylsalicylic acid 75-325mg daily&lt;br&gt;- Alternatively clopidogrel 75mg daily&lt;br&gt;- No oral anticoagulation or warfarin&lt;br&gt;- DAPT (Acetylsalicylic acid + clopidogrel) can be considered</td>
<td>- Not specified</td>
</tr>
<tr>
<td>ESC 2011</td>
<td>- APT indicated&lt;br&gt;- Acetylsalicylic 75-150mg daily</td>
<td>- APT indicated&lt;br&gt;- Acetylsalicylic 75-150mg daily&lt;br&gt;- No DAPT (bleeding risk)</td>
<td>- Acetylsalicylic acid.&lt;br&gt;- Acetylsalicylic acid + thienopyridine (BMS*)&lt;br&gt;- Acetylsalicylic acid + dipyridamole (liBS)<em>&lt;br&gt;- Vitamin K inhibitors (liBS)</em>&lt;br&gt;- Acetylsalicylic acid + dipyridamole (BTKbp)*</td>
</tr>
</tbody>
</table>
Conclusions

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

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