

Aide memoire for Hospital Requests for co-prescription of antiplatelet/anticoagulant therapy

There are a number of scenarios where a specialist may request co-prescription of an oral anticoagulant with antiplatelet therapy. This requires careful consideration of antithrombotic therapy, balancing bleeding risk, stroke risk, and risk of acute coronary syndromes (ACS). Co-prescription of an oral anticoagulant with antiplatelet therapy, in particular triple therapy, increases the absolute risk of major haemorrhage. ([The 2018 European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist oral anticoagulants in patients with atrial fibrillation](#))

An oral anticoagulant (warfarin or a direct oral anticoagulant (DOAC)) and an anti-platelet prescribed together without a gastro-protective medicine may increase the risk of a gastro-intestinal bleed. [NICE CKS](#) lists people at high risk of GI adverse effects and assessment of these factors must be individualised. See also “Anticoagulant selection tool for patients with Atrial Fibrillation” on the [PAD](#).

All patients initiated on dual antiplatelet therapy (DAPT), antiplatelet plus anticoagulant or dual antiplatelet therapy and anticoagulation (triple therapy) **must** have a clear documented plan that includes the following information

- Indication for each medication
- Rationale for use
- Duration of treatment with **STOP** date
- Information that the risks of treatment have been discussed with the patient
- Consideration of gastroprotection

This information should be readily available for the primary care clinician and if not, should be requested from the hospital (or other initiating clinician)