## **Dual Antiplatelet Therapy in Acute Ischemic Stroke and TIA**

For patients deemed **NOT** to be candidates for IV thrombolysis or EVT for acute ischemic stroke

## Results of Head CT and CTA head and neck

Moderate-to-large size infarction present or anticipated?

Yes

Moderate or high-grade extracranial atheros derotic carotid stenosis

Non-stenotic extracranial atheros derotic carotid or aortic plaque rupture

High-grade intracranial atheros derotic stenosis

Cervicocephalic arterial dissection or other abnormal vascular finding

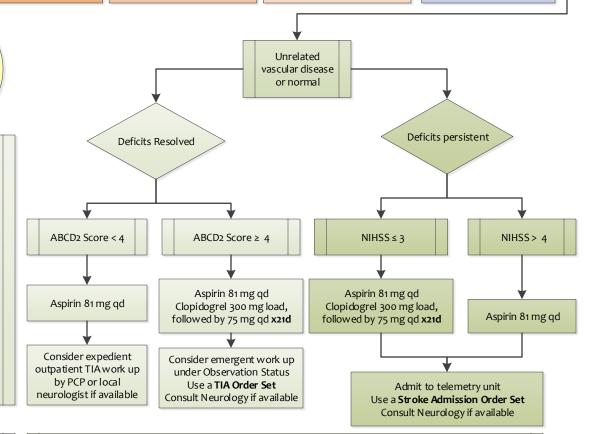
- Aspirin 81 mg qd
- Do not give clopidogrel due to lack of safety data of early DAPT in pts with moderate to large strokes
- Patients <60-65yo may be candidates for decompressive hemicranie ctomy depending on GOC
- Load with clopidogrel 300 mg, followed by 75 mg qd
- Aspirin 81 mg qd
- High-intensity statin
- Consult Vascular Surgery for possible vascular intervention Stop clopidogrel
- following revascularization
- Continue aspirin 81 mg qd
- Load with clopidogrel 300 mg, followed by 75 mg qd
- Aspirin 81 mg qd
- High-intensity statin
- Consult Vascular Surgery only if recurrent symptoms on maximal medical management
- Continue clopidogrel 75mg qd x 21d
- Continue aspirin 81 mg qd
- Load with clopidogrel 300 mg, followed by 75 mg qd Aspirin 81 mg qd
- High-intensity statin
  - Consult Neurointerventional only if recurrent symptoms on maximal medical management
- Continue clopidogrel 75mg qd x3 mo
- Continue aspirin 81 mg qd
- Options for treatment include aspirin monotherapy, dual antiplatelet therapy or low-intensity, no bolus IV heparin
- Urgent stenting and thrombectomy is sometimes required
- Discuss with Neurology and Neurointerventional

Antiplatelets should be administered ASAP after presentation to the ED and are effective if started up to 72 hrs after stroke onset

## ABCD<sub>2</sub> Score

(risk stratification for TIA)

- Age > 60 (1 point)
- BP ≥ 140/90 (1 point)
- Clinical features:
  - Unilateral weakness with or without speech impairment (2 points)
  - Speech impairment without unilateral weakness (1 point)
  - Neither motor nor speech impairment (o points)
- Duration
  - ≥ 60 min (2 points)
  - 10-59 min (1 point)
  - < 10 min (o points)
- Diabetes (1 point)



Alternatives to clopidogrel include: Ticagrelor 180 mg load, 90 mg bid Or Cilostazole 100 mg bid

- Bleeding risks must also be taken into consideration when using dual antiplatelet therapy and ultimate recommendation is at the discretion of the treating physician
- Consider loading with aspirin 325 mg in pts who are aspirin naïve
- If the pt is NPO; give aspirin 300 mg PR
- If the pt is NPO and clopidogrel and statin are recommended, place an NGT for administration

References: CHANCE.NEJM.2013;369:11-19.; POINT.NEJM.2018;379:215-225.; THALES.NEJM.2020;383:207-17.; SAMMPRIS.NEJM.2011;365:993-100 3.; SPARCL.Stroke.2013;44:2814-2820.; Early decompressive surgery in malignant infarction of the middle cerebral artery. Lancet Neurol. 2007;6: 215–22.; ARAMIS JAMA. 2023;329:2135-2144.; INSPIRES. NEJM. 2023;389:2413-2424.