

ছাড়পত্র

ওয়ার্ড/কেবিন নং

আমি প্রত্যয়ন করিতেছি যে,

এই হাসপাতালে

তারিখ হইতে

পর্যন্ত চিকিৎসাধীন ছিলেন এবং

Acute MI (anterior) c LVF c HTI

গুরুত্বপূর্ণ বিবৃতি:

চিকিৎসা

- ✓ Tab. pladex A
0+2+0 (খোরার পরে) — চন্দ্র।
- Tab. Osamfil 50 mg
0+0+2 — চন্দ্র।
- Tab. Tiginor 20 mg
0+0+2 (খোরার পরে) — চন্দ্র।
- Tab. Camvista (5.25 mg)
2+0+2 — চন্দ্র।
- Tab. Nitro SR 2.5 mg
2+2+0 — চন্দ্র।
- ✓ Cap. Omemix 20 mg
2+0+2 (খোরার পরে) — ২ খন্ড।
- Ampil spray



PPI Increases the cardiovascular risk in patient on clopidogrel

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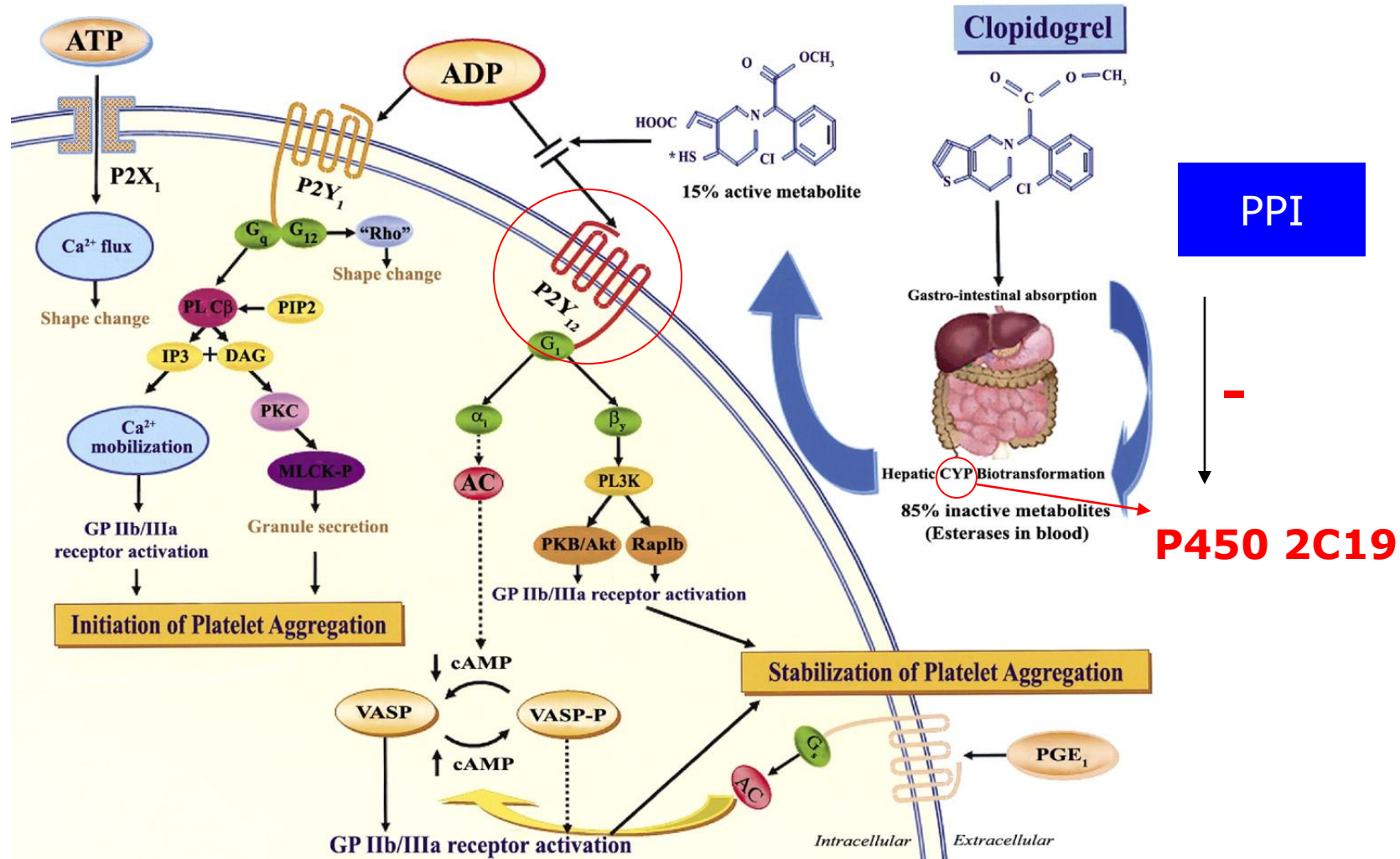
RISK OF GI BLEEDING

- Current clopidogrel users who are not PPI users had an overall risk of hospitalisation for gastroduodenal bleeding of 12.2 per 1,000 patient-years (py).
- The risk increased according to number of GI bleeding risk factors from 3.2 per 1,000 py for those with no risk factors to 46.7 per 1,000 py for those with 3 or more.

RISK OF GI BLEEDING contd.

- The overall risk was reduced by 50% in PPI users (hazard ratio [HR], 0.50; 95% CI, 0.39 to 0.65), and in those at highest risk (3 or more risk factors) the absolute rate of hospitalisation was reduced by 28.5 (CI, 11.7 to 36.9) per 1,000 patient.

Clopidogrel is a **prodrug** that is converted in the **liver** to an active thiol metabolite, which irreversibly inhibits the platelet **P2Y₁₂ ADP receptor**.



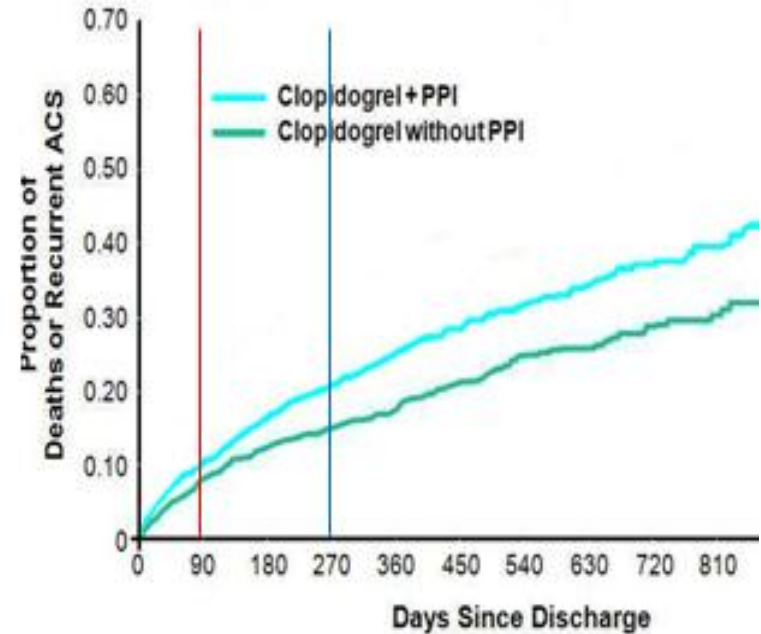
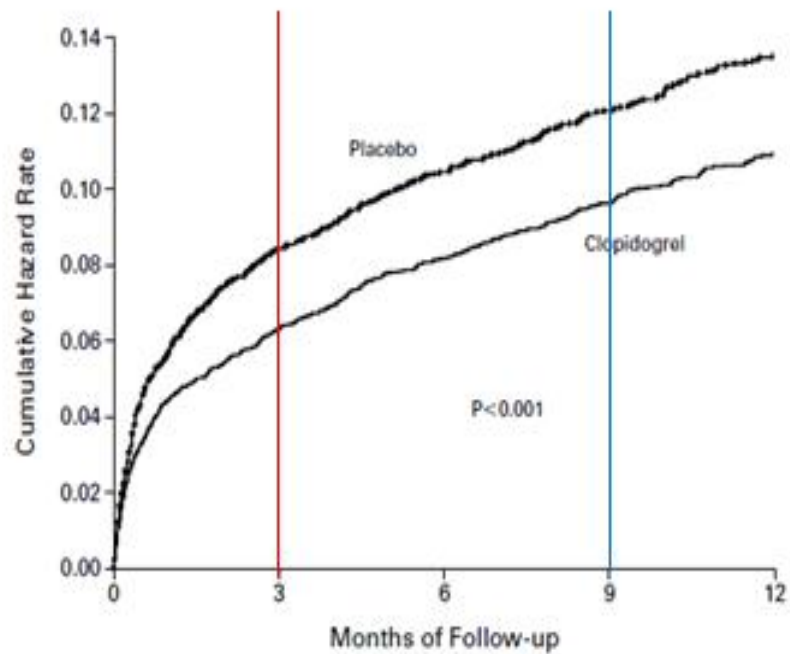
Angiolillo, D. J. et al. J Am Coll Cardiol 2007;0:jacc.2006.11.044v1-12782

**Proton Pump Inhibitor and
clopidogrel interaction fact
or fiction ???**

EBM - What We Say

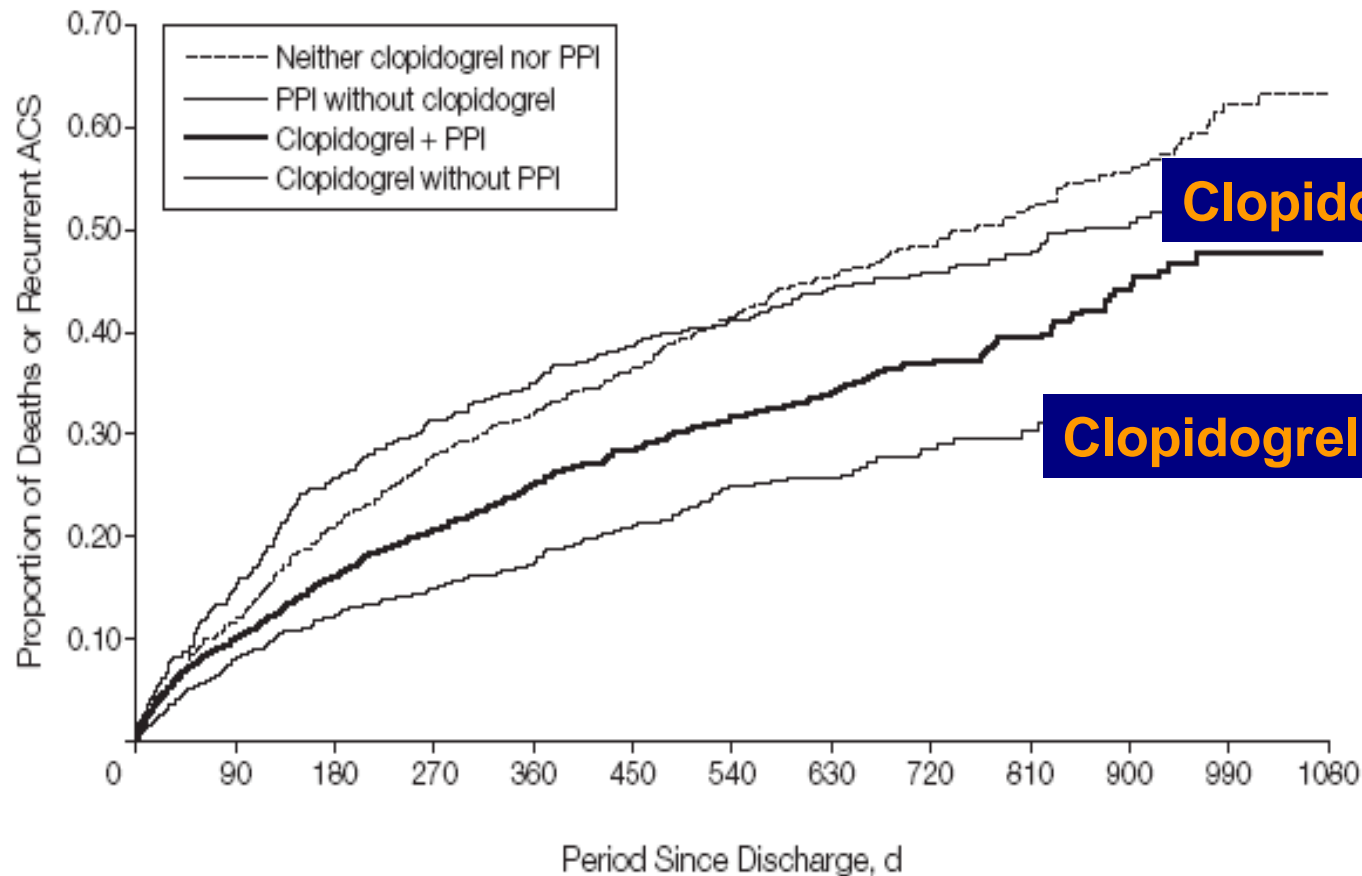
A SYSTEMATIC REVIEW OF THE POTENTIAL INTERACTION BETWEEN CLOPIDOGREL AND PROTON PUMP INHIBITORS

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Risk of All-Cause Mortality and Recurrent ACS in Patients Taking Clopidogrel and PPI

Of 8205 patients with ACS taking clopidogrel after hospital discharge,
63.9% (n=5244) were prescribed PPI at discharge



Clopidogrel plus PPI After Hospitalization for ACS Increased Risk of Adverse Outcomes

- **Eight hundred twenty patients with drug-eluting coronary stents**
 - **Five hundred two patients who were not prescribed a PPI at discharge**
 - **Three hundred eighteen patients who were prescribed a PPI.**
- **All patients were taking clopidogrel.**
- **One year follow up**

Clopidogrel plus PPI After Hospitalization for ACS Increased Risk of Adverse Outcomes

- **Univariate survival analysis of the outcomes showed a greater rate of MACE (13.8% vs 8.0%, $p = 0.008$) and overall mortality (4.7% vs 1.8%, $p = 0.02$) in the PPI group.**
- **After multivariate analysis, the adjusted MACE hazard ratio for PPI at discharge was 1.8 (95% confidence interval 1.1 to 2.7, $p = 0.01$).**

EBM - What they say

- **Three randomized databases all suggest that there is no significant adverse interaction between clopidogrel and PPIs.**
 - **CREDO trial, presented at the AHA 2008**
 - **TRITON trial**
 - **PRINCIPLE 44 trial**

- Meta-analysis by Kwok CS, 'the effects of proton pump inhibitors on cardiovascular events and mortality in patients receiving clopidogrel', *Aliment Pharmacol Ther* 31, 810-823.
- Analyzing these studies found ---
- Twelve studies showing MI and ACS showed a higher risk with PPI and Clopidogrel group.
- Thirteen studies where all effects including mortality was seen the result was inconclusive.

- So this is only true for mortality rates.
- Regarding adverse cardiac events leading to MI or Stroke there was no universal proof in the three studies.

CONCLUSION

From different observational studies and meta-analysis show:

- Concomitant use of clopidogrel and PPI increases MACE
- Even PPI alone increases MACE

- Meta-analysis of 23 studies recommended
 - to be cautious about the use of PPI
 - should find an alternative combination
 - drug interaction can be minimized by increasing the gap between the doses as half life is short for both



Clopidogrol +PPI- Increase chance of CV catastrophe



Thank you