Top Things To Know
Concomitant Use of Proton Pump Inhibitors and Thienopyridines

1. Over the past 20 years, the benefits of antiplatelet therapy—especially thienopyridines—for atherosclerotic cardiovascular (CV) disease have been demonstrated.

2. Antiplatelet agents increase the risk of bleeding from mucosal breaks in the upper and lower GI tract.

3. This document reviews the recent developments in antiplatelet therapy, provides provisional guidance for clinical management, and highlight areas of future research needed to address current knowledge gaps.

4. Thienopyridine therapy as an alternative to or in addition to aspirin treatment may be more effective in reducing CV events than aspirin alone.

5. Upper GI bleeding due to esophagitis or peptic ulcer disease as well as bleeding from other GI sites may be aggravated by the antiplatelet effects of thienopyridines.

6. Upper GI bleeding in the setting of thienopyridine use may be reduced by suppressing gastric acid production, either by histamine H2 receptor antagonists (H2RAs) or proton-pump inhibitors (PPIs).

7. Observational data suggest that PPIs may be more effective than H2RAs in preventing upper GI bleeding.

8. Concomitant use of PPIs may competitively inhibit activation of clopidogrel by CYP2C19, thereby attenuating its antiplatelet effect. These data are supported by genetic polymorphism studies.

9. There is inconclusive evidence regarding the effects of PPIs on the clinical efficacy of thienopyridines.

10. Clinical decisions regarding concomitant use of PPIs and thienopyridines must balance overall risks and benefits, considering both CV event and GI bleeding complications.


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