



Angina and coronary heart disease: anti-platelet or anticoagulation

NICE indicator

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www.nice.org.uk/indicators/ind132

Indicator

The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

All people who have had an MI or have angina should be offered aspirin (or another antiplatelet therapy if aspirin is contraindicated). Antiplatelet therapy prevents further cardiovascular events in people with coronary heart disease. This indicator measures the percentage of people with coronary heart disease with a record in the previous 12 months of taking aspirin, a different antiplatelet therapy, or an anticoagulant. The aim of this indicator is to reduce mortality, non-fatal myocardial infarction (MI) and non-fatal stroke in people with coronary heart disease.

Source guidance

- [Acute coronary syndromes. NICE guideline NG185 \(2020\)](#), recommendations 1.4.11 and 1.4.14
- [Stable angina: management. NICE guideline CG126 \(2011, updated 2016\)](#), recommendations 1.3.5 and 1.4.1

Specification

Numerator: The number of patients in the denominator with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy or an anti-coagulant is being taken.

Denominator: The number of patients on the coronary heart disease register.

Calculation: (Numerator/denominator)*100.

Exclusions: Patients with contraindications to aspirin, anti-platelet therapy and anti-coagulants.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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