

## **PRESS RELEASE**

### **NICE issues guidance on use of clopidogrel for acute coronary syndrome**

The National Institute for Clinical Excellence (NICE) has today issued guidance to the NHS in England and Wales on the use of clopidogrel for the treatment of non-ST-segment-elevation acute coronary syndrome (ACS). Clopidogrel is an anti-clotting drug which is licensed for use in combination with aspirin for the treatment of individuals suffering from unstable angina or non-ST-segment-elevation (NSTEMI) ACS. The guidance recommends that clopidogrel, together with low dose aspirin, should be used for people with non-ST-segment-elevation ACS who have a moderate to high risk of a major heart attack or death.

Most people with ACS have underlying atherosclerosis (build up of fat deposits in the blood vessels) and remain at high risk of subsequent cardiac events. Therefore, long-term management of people who have had an episode of ACS involves managing the risk factors for further occlusive vascular events, including smoking cessation, treatments for high blood pressure and hyperlipidaemia, and the use of anti-clotting drugs, such as clopidogrel and aspirin, to prevent the formation of blood clots in the arteries.

Clopidogrel is a thienopyridine antiplatelet drug. After activation in the liver, it inhibits platelet aggregation by irreversibly modifying the platelet adenosine diphosphate (ADP) receptor and thus blocking the pro-aggregatory effects of ADP.

**Professor Peter Littlejohns, NICE Clinical Director and Executive Lead for the appraisal**, said: "This guidance provides the NHS in England and Wales with another important tool to enable it to deal more effectively with the long-term management of

people who have suffered an episode on non-ST-segment- elevation ACS. The independent committee who advise NICE considered that, on the basis of the available evidence, clopidogrel, in combination with low dose aspirin, remains a clinically and cost-effective treatment option for up to 12 months following an episode of ACS. There is a clear need, however, to establish whether clopidogrel offers any benefit beyond 12 months and to that end the Institute recommends that a study is undertaken to compare the effect of stopping treatment with clopidogrel within a few months of the acute event with a strategy of continued long-term treatment.”

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For more information contact Sarita Tamber on 020 7067 5900, or mobile 07747 865 562.

## **Notes to Editors**

### **About acute coronary syndrome**

1. The term ACS is used to refer to any group of clinical symptoms associated with narrowing of the blood vessels supplying the heart, (acute myocardial ischaemia) including acute myocardial infarction (MI) and unstable angina.
2. This narrowing is often the result of damage to the blood vessels caused by the build up of fat deposits (atherosclerosis) on the arterial walls and subsequent clot formation (thrombosis).
3. The presence of persistent ST-segment-elevation on an ECG usually indicates a total blockage of the affected artery, resulting in the death of an area of heart muscle supplied by that artery (acute MI). ACS without ST-segment-elevation is classified as either unstable angina or non-ST-segment-elevation myocardial infarction (NSTEMI).
4. Unstable angina and NSTEMI differ primarily in the severity of myocardial ischaemia. However, both are associated with a high risk of death or ischaemic complications (such as stroke).

### **About clopidogrel**

5. Clopidogrel (Plavix, Sanofi-Synthelabo, Bristol-Myers Squibb) is a thienopyridine antiplatelet drug. After activation in the liver, it inhibits platelet aggregation by irreversibly modifying the platelet adenosine diphosphate (ADP) receptor and thus blocking the pro-aggregatory effects of ADP. It is licensed for use in combination with aspirin for the treatment of individuals suffering from unstable angina or NSTEMI.
6. In the treatment of non-ST-segment-elevation ACS, clopidogrel is given as an initial 300 mg loading dose, followed by continued treatment at a dose of 75 mg daily in combination with aspirin at a dose of 75–325 mg daily.
7. The Summary of Product Characteristics notes that the optimal duration of treatment has not been formally established, and that clinical trial data support the use of clopidogrel in this indication for up to 12 months, with the maximum benefit being seen at 3 months.

8. The cost of treatment for 1 year (300 mg loading dose then 75 mg daily) is £464.07 (excluding VAT; *British National Formulary*, 46th edition).

### **What does the NICE guidance say?**

A quick reference version of the guidance is available on the NICE website at [www.nice.org.uk/TA080quickrefguide](http://www.nice.org.uk/TA080quickrefguide). The full guidance is also available on the NICE website at [www.nice.org.uk/TA080guidance](http://www.nice.org.uk/TA080guidance)

### **About NICE**

9. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit [www.nice.org.uk](http://www.nice.org.uk).
10. NICE produces guidance in three areas of health:
  - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals.
  - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
  - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.
11. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
12. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.