

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Indicators for the NICE menu for the QOF

Indicator area: Secondary prevention of coronary heart disease

Indicator: NM88

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

Please note: NICE inherited this indicator when it became responsible for managing the process of developing and maintaining QOF indicators in 2009.

Introduction

Cardiovascular disease includes coronary heart disease, stroke and peripheral arterial disease. These conditions are frequently caused by the development of atheroma and thrombosis (blockages in the arteries).¹ In 2012, coronary heart disease was the biggest single cause of death in the UK, with a total of 74,000 deaths.² Antiplatelet therapies, such as aspirin or clopidogrel, reduce platelet aggregation and stop thrombus formation. Anticoagulants, such as warfarin, are used to stop thrombus formation or further growth of an existing thrombus.³

Rationale

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 treatment is to reduce mortality, non-fatal myocardial infarction (MI) and non-fatal stroke in people with coronary heart disease.

¹ National Institute for Health and Clinical Excellence (2010) [Prevention of cardiovascular disease](#) NICE guideline PH25

² British Heart Foundation (2014) [Cardiovascular disease statistics 2014](#)

³ [British National Formulary](#)

NICE CG172 recommends all people who have had an MI should be offered aspirin (or clopidogrel if aspirin is contraindicated). Antiplatelet therapy with clopidogrel is equivalent to aspirin in preventing further cardiovascular events in people with coronary heart disease or ischaemic stroke. SIGN guideline 97 explains that in people with acute coronary syndromes, stroke, transient ischaemic attacks or other vascular disease treated with aspirin, there is clear evidence of reductions in all-cause mortality, vascular mortality, non-fatal MI and non-fatal stroke.

This indicator assists the implementation of the NICE guidance for aspirin, antiplatelet or anticoagulant therapy for people with coronary heart disease, because they are included as people with established atherosclerotic disease.

Source guidance and recommendations

- [Myocardial infarction - secondary prevention](#) (2013) NICE guideline CG172
 - Recommendation 1.3.12: Offer aspirin to all people after an MI and continue it indefinitely, unless they are aspirin intolerant or have an indication for anticoagulation.
 - Recommendation 1.3.14: For patients with aspirin hypersensitivity, clopidogrel monotherapy should be considered as an alternative treatment.
- [Management of stable angina](#) (2011) NICE guideline CG126
 - Recommendation 1.3.5: Consider aspirin 75 mg daily for people with stable angina, taking into account the risk of bleeding and comorbidities.
 - Recommendation 1.4.1: Offer people optimal drug treatment for the initial management of stable angina. Optimal drug treatment consists of 1 or 2 anti-anginal drugs as necessary plus drugs for secondary prevention of cardiovascular disease.
- [Unstable angina and NSTEMI](#) (2010) NICE guideline CG94
 - Recommendation 1.3.1: Offer aspirin as soon as possible to all patients and continue indefinitely unless contraindicated by bleeding risk or aspirin hypersensitivity.

- Recommendation 1.3.3: For patients with aspirin hypersensitivity, clopidogrel monotherapy should be considered as an alternative treatment.
- [Risk estimation and prevention of cardiovascular disease](#) (2007) SIGN guideline 97
 - Individuals with established atherosclerotic disease should be treated with 75 mg aspirin daily.
 - Clopidogrel should be considered in patients with symptomatic cardiovascular disease who have aspirin hypersensitivity or intolerance or in whom aspirin causes unacceptable side effects.

Further information

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

<http://www.nice.org.uk/standards-and-indicators/qofindicators>