

Myocardial infarction: dual antiplatelets

NICE indicator

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Indicator

The proportion of patients with acute myocardial infarction who were discharged on dual antiplatelet therapy.

Indicator type

Network / system level indicator.

The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

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

Dual antiplatelet therapy (aspirin plus a second antiplatelet) should be offered to people with acute STEMI or NSTEMI and continued for up to 12 months after an MI (unless contraindicated or they have a separate indication for anticoagulation) to support secondary prevention.

Source guidance

- [Acute coronary syndromes. NICE guideline NG185 \(2020\)](#), recommendations 1.4.1 and 1.4.13
- [Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation. European Society of Cardiology \(2017\)](#)
- [Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. European Society of Cardiology \(2020\)](#)

Specification

Numerator: The number of patients in the denominator discharged on dual antiplatelet therapy.

Denominator: The number of patients discharged from hospital following an admission with acute myocardial infarction.

Calculation: Numerator divided by denominator, multiplied by 100.

Exclusions:

- Patients with contraindication to aspirin or other antiplatelets.
- Patients treated with anticoagulation.
- Patients who died in hospital.

Data source: Myocardial Ischaemia National Audit Project (MINAP) dataset.

Minimum population: The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

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