



Peripheral arterial disease: antiplatelets

NICE indicator

Published: 1 August 2011

Last updated: 4 November 2020

www.nice.org.uk/indicators/ind94

Indicator

The percentage of patients with peripheral arterial disease with a record in the preceding 15 months that aspirin or an alternative antiplatelet 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

The focus of the management of peripheral arterial disease (PAD) is on the secondary prevention of cardiovascular disease. It is important to reduce the cardiovascular complications of atherosclerosis through appropriate cardiovascular risk factor management. By decreasing the risk of thrombosis formation, antiplatelet therapy (aspirin or clopidogrel) may reduce the occurrence of acute cardiovascular events. This indicator addresses the issue of prescribing anti-platelet therapy.

Source guidance

- Peripheral arterial disease: diagnosis and management. NICE guideline CG147 (2012, updated 2020), recommendation 1.2.1
- Clopidogrel and modified-release dipyridamole for the prevention of occlusive vascular events. NICE technology appraisal guideline 210 (2010), recommendation 1.1

Specification

Numerator: The number of patients in the denominator with a record in the preceding 15 months that aspirin or an alternative antiplatelet is being taken.

Denominator: The number of patients with peripheral arterial disease.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: The number of patients already prescribed an anti-coagulant.

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

ISBN: 978-1-4731-6053-8