

Anti-platelet therapy

General advice

- Aspirin is not licensed for the primary prevention of vascular events in people with diabetes and there is no evidence that it is beneficial in this circumstance.
- **Do not** offer antiplatelet therapy (aspirin or clopidogrel) to adults with type 2 diabetes without cardiovascular disease.
- Patients on existing low-dose aspirin for primary prevention of vascular events should be reviewed with a view to assessing the need for continued treatment. The benefits and risks of treatment should be discussed with patients, in particular the increased risk of gastrointestinal bleeding.
- Primary and secondary prevention of cardiovascular disease in adults with type 2 diabetes should be managed according to the NICE guidelines on cardiovascular disease and myocardial infarction.
- Aspirin, 75mg od, should be given routinely and continued long term in patients with diabetes and established coronary heart disease, transient cerebral ischaemia or stroke or peripheral vascular disease
- It may also be considered in people with diabetes at very high vascular risk (eg 2 or more risk factors – hypertension, smoking, dyslipidaemia)

First line

Soluble aspirin 75mg daily

Second line

For patients who are unable to tolerate soluble aspirin or have a history of ulceration add in either lansoprazole 15mg od or omeprazole 20mg od and continue either soluble or enteric coated aspirin

Third line

If aspirin is still poorly tolerated or contraindicated or there are compliance issues favouring monotherapy, consider clopidogrel 75mg od

References

NICE Guidance

[NG28. Type 2 diabetes in adults: Management. 2015](#)

[CG181. Cardiovascular disease: risk assessment and reduction, including lipid modification. July 2014.](#)

[CG172. Myocardial infarction: cardiac rehabilitation and prevention of further MI. November 2013.](#)