INICIÁLNÍ DÁVKA ASA A HEPARINU U PACIENTA SE STEMI

Jiří Knot

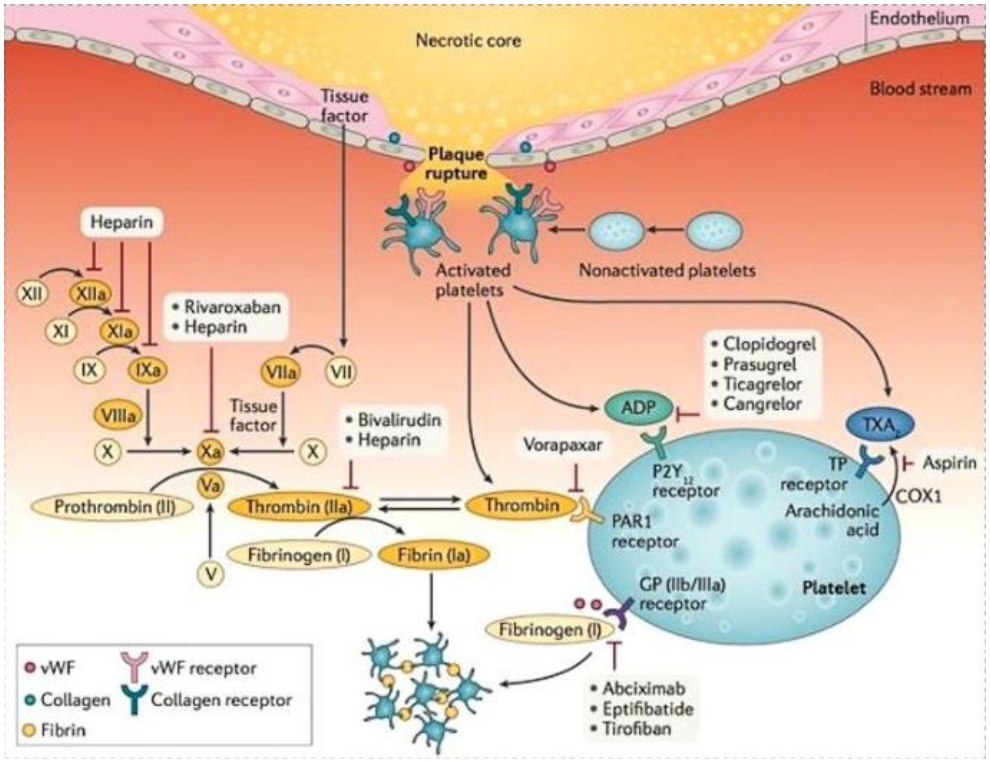
Antitrombotika

Antiagregancia

Antikoagulancia

Aspirin

UFH
Enoxaparin



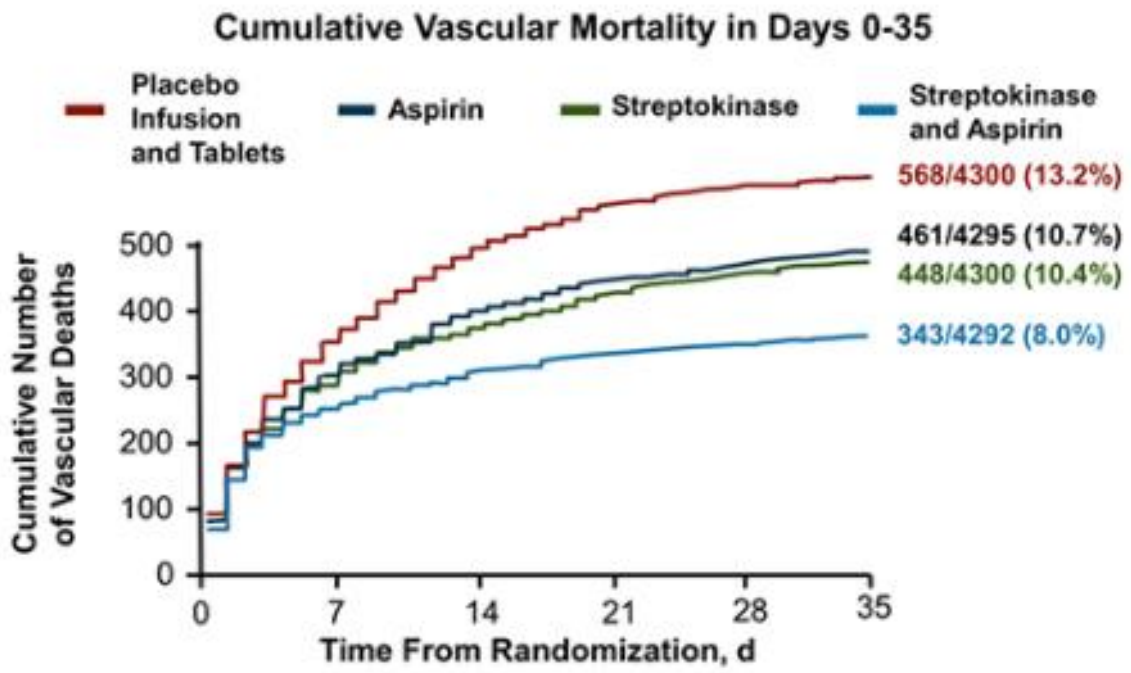
Aspirin (oral or i.v. if unable to swallow) is recommended as soon as possible for all patients without contraindications.[213,214]	I	B

Anticoagulation is recommended for all patients in addition to antiplatelet therapy during primary PCI.	I	C
Routine use of UFH is recommended.	I	C

Routine use of enoxaparin i.v. should be considered.[200–202]	IIa	A

STEMI a Aspirin

ISIS-2
Aspirin for STEMI

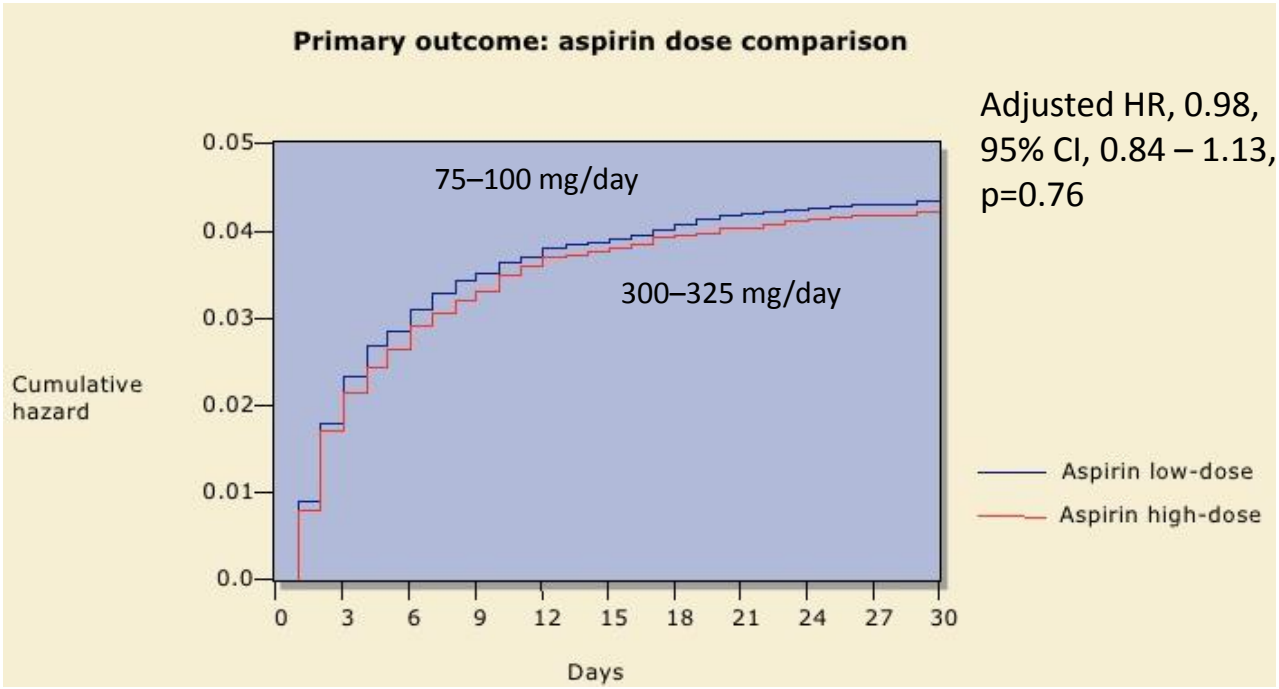


Aspirin	Loading dose of 150–300 mg orally or of 75–250 mg i.v. if oral ingestion is not possible, followed by a maintenance dose of 75–100 mg/day

Lancet. 1988 Aug 13;2(8607):349-60.

Udržovací dávka

Current oasis 7

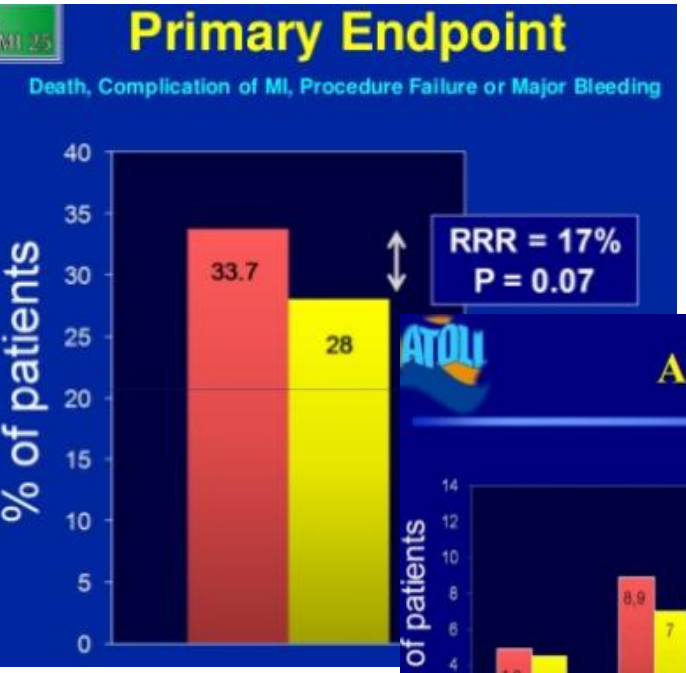


	Aspirin high-dose (n=8624)	Aspirin low-dose (n=8639)	Hazard ratio (95% CI)	*p* value
CV death, MI or stroke	356 (41.%)	366 (4.2%)	0.98 (0.84–1.13)	0.76
CV death, MI, stroke, or recurrent ischemia	381 (4.4%)	417 (4.8%)	0.92 (0.80–1.06)	0.23
CV death	156 (1.8%)	173 (2.0%)	0.90 (0.72–1.12)	0.35
MI	196 (2.3%)	202 (2.4%)	0.97 (0.80–1.19)	0.80
stroke	37 (0.4%)	29 (0.3%)	1.26 (0.77–2.05)	0.36
Recurrent ischemia	31 (0.4%	56 (0.7%)	0.56 (0.36–0.88)	0.011
Total mortality	160 (1.9%)	185 (2.1%)	0.86 (0.70–1.07)	0.18
CURRENT-defined major bleed	128 (1.5%)	110 (1.3%)	1.18 (0.92–1.53)	0.20
CURRENT-defined severe bleed	92 (1.1%)	76 (0.9%)	1.22 (0.90–1.66)	0.20
TIMI-defined major bleed	79 (0.9%)	62 (0.7%)	1.29 (0.93–1.80)	0.13
Fatal bleed	10 (0.1%)	9 (0.1%)	1.12 (0.90–1.66)	0.80
Intracranial bleed	4 (0.05%)	3 (0.03%)	1.34 (0.30–5.98)	0.70

Aspirin	Loading dose of 150–300 mg orally or of 75–250 mg i.v. if oral ingestion is not possible, followed by a maintenance dose of 75–100 mg/day

Není placebem kontrolovaná randomizovaná studie hodnotící UFH u pacientů se STEMI

UFH	70–100 IU/kg i.v. bolus when no GP IIb/IIIa inhibitor is planned 50–70 IU/kg i.v. bolus with GP IIb/IIIa inhibitors



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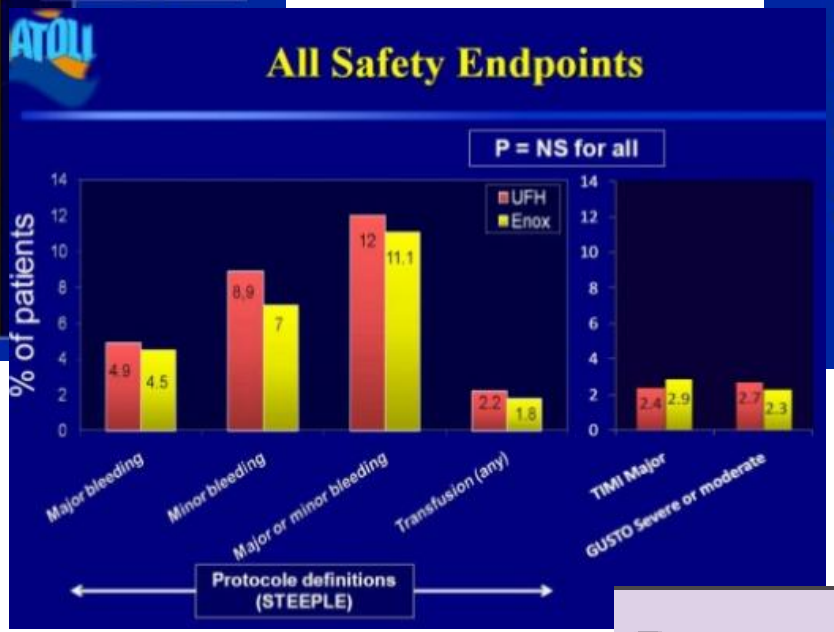
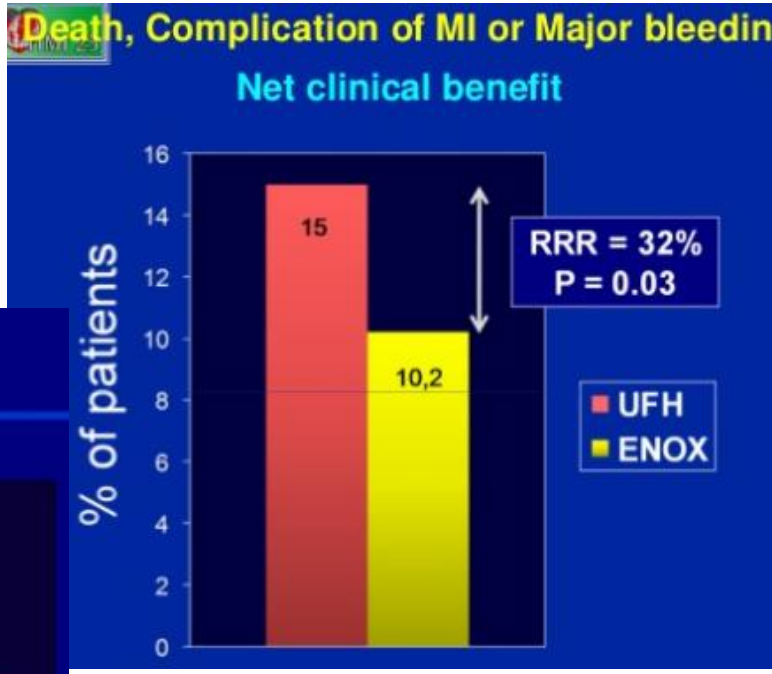
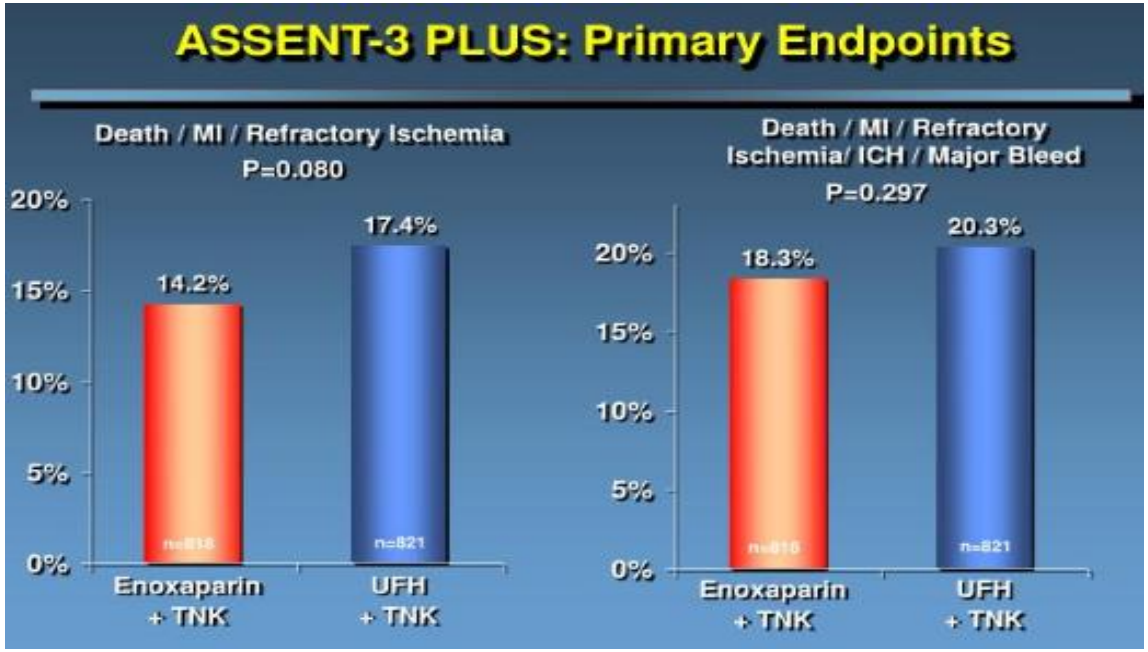




Enoxaparin	0.5 mg/kg i.v. bolus

Lancet 2011;378(9792):693–703.

Antikoagulace a TL



Enoxaparin	In patients <75 years of age: 30 mg i.v. bolus followed 15 min later by 1 mg/kg s.c. every 12 hours until revascularization or hospital discharge for a maximum of 8 days. The first two s.c. doses should not exceed 100 mg per injection. In patients ≥75 years of age: no i.v. bolus; start with first s.c. dose of 0.75 mg/kg with a maximum of 75 mg per injection for the first two s.c. doses. In patients with eGFR <30 mL/min/1.73 m^2, regardless of age, the s.c. doses are given once every 24 hours.
UFH	60 IU/kg i.v. bolus with a maximum of 4000 IU followed by an i.v. infusion of 12 IU/kg with a maximum of 1000 IU/hour for 24–48 hours. Target aPTT: 50–70 s or 1.5 to 2.0 times that of control to be monitored at 3, 6, 12 and 24 hours.