

Quick Reference Guide

This Quick Reference Guide to *Drugs in Context* is designed to give you an insight into the numerous key points of information and practical guidance contained in this issue, via carefully selected quotations taken directly from each part of the publication. Each quotation is annotated with a page number which will direct you to its place in the text. We hope that you find this Quick Reference Guide a useful introduction to this issue of *Drugs in Context*.

Editorial

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“Prevention of atherothrombosis remains a priority for health systems around the globe. Understanding cardiovascular risk is the key to targeting preventive drug treatments to higher risk populations.”

“Acute thrombosis can lead to the devastating consequences of myocardial infarction (MI), stroke and limb gangrene.”

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“Lifestyle and dietary modifications are important, but pharmacological treatments including antiplatelets, statins, angiotensin-converting enzyme inhibitors, β -blockers and the angiotensin-II receptor antagonists will further reduce risk for many people.”

“We must not forget to implement the established knowledge we have and ensure that populations adopt healthier lifestyles and receive appropriate medicines.”

“Antiplatelet treatment remains the cornerstone of preventing atherothrombotic events in both acute and chronic settings.”

“An aspirin–clopidogrel combination is likely to be the most effective long-term antiplatelet regimen for patients at high risk of vascular events.”

Disease overview – Atherothrombosis

“Antiplatelet therapies remain the cornerstone of treatment strategies in the secondary prevention of acute ischaemic events in patients at risk of recurrent, major cardiovascular and cerebrovascular events.”

“As atherothrombosis affects multiple vascular beds, individuals with any one of its clinical manifestations are at a significantly increased risk of additional events at different sites within the vascular tree.”

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“It should be remembered that CVD can be postponed in many instances, as many of its common risk factors are modifiable either by lifestyle interventions or by pharmacotherapy.”

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“Atherothrombosis is a generalised disease process, characterised by thrombus formation that is superimposed on disrupted or eroded atherosclerotic plaques in major arterial walls. Thrombus formation is associated with the occlusion of major or minor arteries, together with embolisation and downstream occlusive events in the microvasculature.”

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“The size of a plaque is not necessarily a predictor of acute ischaemic events; rather it is the intrinsic vulnerability of a plaque to rupture or erode that is responsible for the clinical manifestations of atherosclerosis.”

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“Patients with atherosclerosis should be managed within a comprehensive programme of care that includes lifestyle modifications (e.g. smoking cessation, cholesterol reduction, blood pressure control, exercise and blood sugar control) and pharmacological intervention.”

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“Further evidence-based guidelines may assist in the appropriate selection of antiplatelet therapy. These indicate that antiplatelet agents should be widely used to prevent thrombosis and ischaemic vascular events in patients with established atherosclerosis.”

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“CHD is essentially a disease affecting people in their most productive years. It has been estimated that its cost to the UK economy in terms of days lost due to death, illness and dependent care is about £5300 million.”

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Drug review – Clopidogrel

“Long-term administration with clopidogrel in patients with pre-existing vascular disease is significantly more effective than aspirin in reducing the combined risk of ischaemic stroke, MI and vascular death.”

“Patients receiving clopidogrel had a significantly lower annual risk of primary ischaemic events compared with those receiving aspirin (5.32 vs 5.83%; Table 2). This equated to a significant relative risk reduction (RRR) in reaching the primary endpoint with clopidogrel compared with aspirin.”

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“Significantly fewer hospitalisations were observed with clopidogrel compared with aspirin over an average of 1.6 years of treatment... as these high-risk patients are major consumers of healthcare resources, this finding may have important implications for global healthcare resource utilisation.”

Page 93

“The benefits of clopidogrel therapy in these patients appear to be independent of, yet complementary to, the benefits provided by lipid-lowering therapy.”

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“The largest reduction was seen in the incidence of MI... with a particularly striking reduction in the incidence of large Q-wave MI (Table 4). This suggests that clopidogrel may improve left ventricular function in these patients.”

Page 97

“The European Society of Cardiology (ESC) guidelines now recommend the use of clopidogrel in both acute and longer term treatment (for at least 9–12 months) in patients with ACS.”

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“These recommendations emphasise the central importance of long-term therapy with antiplatelet agents in managing patients with intermittent claudication or critical limb ischaemia or for those undergoing angioplasty or stenting in peripheral arteries or peripheral artery bypass surgery.”

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“Whilst the total direct costs of clopidogrel treatment are considerably higher than with aspirin treatment, clopidogrel’s clinical effectiveness, both in terms of secondary prevention of occlusive vascular events and, in combination with aspirin, in ACS, may translate into reduced overall healthcare costs.”

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Improving practice

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“To improve the management of patients with CHD in primary care, it is important for individual GPs to commit to improving their practice in this area.”

“Up to 120,000 people in the UK will have a stroke each year, and of the half who survive for more than a year, a third will remain significantly disabled and as many as 5% will require long-term residential care.”

Page 113

“The primary care team, with the minimum of equipment and expertise, can still play a significant role in establishing the presence of PAD, which is a clear risk marker for other forms of atherosclerotic vascular disease.”

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“The NSFs have set specific target dates for practices to have systematically developed and appropriately maintained practice-based registers for CHD, stroke and diabetes. It is intended that that these systems should be in place by March 2006, and that the registers will be used to provide structured preventative care.”

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“There is a wealth of evidence that the uptake of secondary preventative measures, which could help prevent a further event, is not as high as it should be in patients who have suffered MI.”

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“Nurse-led secondary prevention clinics have been shown to improve therapeutic provision, and most of the lifestyle components of secondary prevention, together with health-related quality of life. These improvements can ultimately translate into reduced rates of death and vascular events.”

“The overlap of disease categories and associated comorbidities in patients with vascular disease offers primary care practices a clear opportunity to take a patient-centred approach to clinical and preventative care.”

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“Training and education can be arranged at practice level or at the level of the primary care organisation, with appropriate funding being made available for those intending to enrol in national residential or distance-learning courses.”

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