

## **Reducing Risk in the Cardiovascular Patient: Beyond Lipids**

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### **Pearls:**

#### **Aspirin:**

Long term dual antiplatelet therapy (aspirin + plavix 75 mg daily or aspirin + ticagrelor 60 mg BID) for 3 years post ACS provides a small reduction in MACE to select patients with low bleeding risk and higher risk of stent thrombosis.

With newer (4<sup>th</sup> generation) drug eluting stents, dual antiplatelet therapy may be used for as little as one month duration in patients with high bleeding risk or requiring surgery – give their cardiologist or the RACE line a call if patient may need to stop DAPT early.

No role for low dose daily aspirin in primary prevention.

#### **SGLT2i and GLP-1 RA:**

In patients with type 2 diabetes mellitus who have established ASCVD or indicators of high risk, established kidney disease, or heart failure, and SGLT2 inhibitor or GLP-1 RA with demonstrated CV benefit should be considered. *1. Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers 2. 2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD*

#### **Low dose anticoagulant:**

In patients with symptomatic lower extremity peripheral arterial disease and low bleeding risk, consider aspirin + rivaroxaban 2.5 mg BID (vascular protection dose). *CCS 2022 Guidelines for Peripheral Arterial Disease*