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What does the meta-analysis of randomized controlled trials tell us about the optimal duration of dual antiplatelet therapy?

To prevent stent thrombosis after Drug-Eluting Stent (DES) implantation, Dual Antiplatelet Therapy (DAPT), a combination of aspirin and a $P2Y_{12}$ inhibitor, is required. However, the optimal duration of DAPT remains unclear. 12 months have been the standard duration. Longer DAPT duration reduces the risk of thrombosis but increases the risk of bleeding. The DAPT trial showed some advantages in extending DAPT duration beyond 12 months, but at the cost of more bleeding. As newer stents become available, shorter DAPT durations have also been advocated. We have conducted meta-analyses, including a network meta-analysis on the optimal DAPT duration. Essentially, prolonging DAPT reduces thrombotic risk (myocardial infarction and stent thrombosis) but increases bleeding risk (major and minor bleeding). Therefore, there is no optimal DAPT duration for all patients and DAPT duration should be individualized according to the benefit-risk profile of each patient. Risk scores such as the PRECISE-DAPT and PARIS might help clinical decisions regarding DAPT.

Biography

Bernard Cheung graduated from the University of Cambridge. He was a British Heart Foundation Junior Research Fellow at Cambridge before taking up lectureships in Sheffield and Hong Kong. In 2007-2009, he held the chair in Clinical Pharmacology and Therapeutics in Birmingham. He is currently the Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics and heads the Division of Clinical Pharmacology and Therapeutics in the Department of Medicine of the University of Hong Kong. He is an Honorary Consultant Physician of Queen Mary Hospital and the Medical Director of the Phase 1 Clinical Trials Centre. He is the Editor-in-Chief of Postgraduate Medical Journal. Prof Cheung's main research interest is in cardiovascular diseases and risk factors, including hypertension and the metabolic syndrome.

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