

## **Clinical Highlights, Annotations, Appendices**

### **Clinical Highlights**

Added a highlight pointing toward the controversy about PPI use with thienopyridines.

### **Annotations**

- \* 8 – Clarified the indications for maintaining the target INR (range) for tissue valves
- \* 15 – Updated advice on identifying heparin-induced thrombocytopenia. Added Selleng 2009 and Gruel 2009.
- \* 23 – Deleted Tables 3 and 4; further addressed therapeutic versus prophylactic dosing of LMWH; added Key Point.
- \* 36 – Expanded discussion of the types of direct thrombin inhibitors (DTIs).
- \* 40 - Clarified the FDA classification of DTIs as category B for pregnancy. Incorporated prasugrel into the discussion. Added O’Donoghue 2009, Ray 2010, and Kushner 2009.
- \* 41 - Clarified that despite no data in humans, DTIs likely compatible with breastfeeding.
- \* 43 - Elaborated on lepirudin bolus dose if thrombosis warrants reducing the bolus.
- \* 46 - Clarified the FDA classification of DTIs as category B for pregnancy
- \* 46 - Added 3/12/2010 FDA warning language regarding clopidogrel bisulfate.  
Illustrated various approaches to the use of thienopyridines with proton pump inhibitors (PPIs), with work group’s consensus-based recommendation to analyze use on a per patient basis and to discontinue PPI if no definite indication for its use; H2 blockers could be considered if acid-suppression is desired.
- \* 50 - Added FDA class language regarding pregnancy.
- \* 51 – Added language regarding breast-feeding.
- \* 53 - Added language for prasugrel’s use in ACS, and cited its FDA warning while detailing patient selection criteria in light of the bleeding risk warning. Added Wiviott 2007.
- \* 54 - Added this annotation to address combination antiplatelet therapy. Added Yusuf 2001, Connelly 2009, ACTIVE Writing Group 2006.
- \* 67 - Rearranged information, added a table listing suggested risk stratification for perioperative thromboembolism, addressed the interruption of chronic warfarin therapy when patient undergoes procedures. Deleted the former perioperative anticoagulation table. Revised clinical approach to patients by categorizing low, moderate and high thromboembolic risk. Added Jaffer 2009. Updated the bridging schedule table, also noted there are no FDA approved schedules for bridging.
- \* 68 - Added Prasugrel. Clarified that recent coronary stenting may increase risk of thrombosis, and cardiology consultation is recommended. Added Jaffer 2009.
- \* 52, 61 – Revised monitoring tests.
- \* 66 – Updated table; added reference to Douketis 2008.
- \* 68 – Added a new table; added reference to ASRA 2002.

## **Appendices**

Appendix B: Replaced with a new source; reference to Ansell 2008.

## **Priority Aims & Suggested Measures, Measurement Specifications**

This document has none.

## **Resources Available**

Updated table of resources.

\* An asterisk indicates any changes in clinical practice recommendations.