**Record Status**
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

**Citation**

**Authors’ conclusions**
This guidance applies to people who have had an occlusive vascular event, or who have established peripheral arterial disease. For people who have had a myocardial infarction, this guidance follows on from the recommendations for clopidogrel in combination with low-dose aspirin in NICE clinical guidelines 48 and 94. This guidance does not apply to people who have had, or are at risk of, a stroke associated with atrial fibrillation, or who need treatment to prevent occlusive events after coronary revascularisation or carotid artery procedures.

1.1 Clopidogrel is recommended as an option to prevent occlusive vascular events: for people who have had an ischaemic stroke or who have peripheral arterial disease or multivascular disease or for people who have had a myocardial infarction only if aspirin is contraindicated or not tolerated.

1.2 Modified-release dipyridamole in combination with aspirin is recommended as an option to prevent occlusive vascular events: for people who have had a transient ischaemic attack or for people who have had an ischaemic stroke only if clopidogrel is contraindicated or not tolerated.

1.3 Modified-release dipyridamole alone is recommended as an option to prevent occlusive vascular events: for people who have had an ischaemic stroke only if aspirin and clopidogrel are contraindicated or not tolerated or NICE technology appraisal guidance 210 for people who have had a transient ischaemic attack only if aspirin is contraindicated or not tolerated.

1.4 Treatment with clopidogrel to prevent occlusive vascular events should be started with the least costly licensed preparation.

1.5 People currently receiving clopidogrel or modified-release dipyridamole either with or without aspirin outside the criteria in 1.1, 1.2 and 1.3 should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

**Project page URL**

**Final publication URL**
http://www.nice.org.uk/TA210
Subject indexing assigned by NLM

**MeSH**
Aspirin /economics /therapeutic use; Cost-Benefit Analysis; Delayed-Action Preparations; Diarrhea /chemically induced; Dipyridamole /adverse effects /economics /therapeutic use; Drug Costs /statistics & numerical data; Drug Eruptions /etiology; Dyspepsia /chemically induced; Evidence-Based Medicine; Hemorrhage /chemically induceds; Ischemia /economics /etiology /mortality /prevention & control; Models, Econometric; Nausea /chemically induced; Platelet Aggregation Inhibitors /adverse effects /economics /therapeutic use; Research Design /standards; Risk Factors; Ticlopidine /adverse effects /analogs & derivatives /economics /therapeutic use; Treatment Outcome; Vascular Diseases /economics /etiology /mortality /prevention & control; Vomiting /chemically induced

**Language Published**
English

**Country of organisation**
England

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**AccessionNumber**
32011000056

**Date abstract record published**
26/01/2011