

La Renon

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Hindrance

Clopidogrel 75 mg Tablets

CLOPIHENZ

Ischemic Stroke

- Ischemic stroke - the most common type of stroke, usually caused by a blood clot that blocks or plugs a blood vessel in the brain, preventing blood from flowing to the brain.
- Stroke has become the 5th leading cause of death in 2016 from 12th cause in 1996 and claims 119-145 lives in every 100,000 population, which is almost a 100 per cent increase.¹
- As per World stroke organisation one in four people have a stroke in their lifetime and roughly 80 million people have survived stroke worldwide.
- Many stroke survivors face significant challenges that include physical disability, communication difficulties, changes in how they think and feel, loss of work, income and social networks.
- Up to 90% of strokes could be prevented by managing risk factors such as hypertension, diet, smoking and exercise.
- Therefore, preventive action on stroke would contribute to a massive way in reducing stroke episode.

Treatment

Very Early Treatments	Early Treatments
<p>The goal of treatment is to restore blood flow to the affected area of the brain as quickly as possible, i.e., within the first hours after the onset of stroke symptoms.</p> <p>Thrombolytic therapy – This involves giving a medication called alteplase or "tPA" by IV to break up the clot that is blocking blood flow to the brain.</p> <p>Mechanical thrombectomy – This is a procedure that involves a specialist placing a catheter in the blocked artery and removing the clot using a "stent retriever device" or suction to reopen the blocked artery.</p>	<p>Anti-platelet therapy (Clopidogrel, Aspirin, cilostazol, and dipyridamole) – Antiplatelet therapy helps prevent new clots from developing. It is often used with 48 hours of stroke symptoms if thrombolytic therapy cannot be given, or it may be given following thrombolytic therapy.</p> <p>Anticoagulants therapy (Low molecular weight Heparin Dabigatran, Apixaban, Edoxaban, Rivaroxaban) – anticoagulants for stroke caused by dissection (a tear of the inner blood vessel wall) of a large artery that supplies blood to the brain.</p>

Clopidogrel

Clopidogrel is approved by the U.S. Food and Drug Administration for the prevention of recurrent vascular events (e.g., MI, stroke, vascular death).²

TRIALS or META-ANALYSIS of CLOPIDOGREL in ISCHEMIC STROKE :

Trial	Patient Population	Antiplatelet Intervention	Follow-up	Key Results
Clopidogrel versus Aspirin in patients at Risk of ischemic events	19 185 patients with recent ischemic stroke, recent MI, or peripheral arterial disease; included n=6431 with recent ischemic stroke	Clopidogrel 75 mg/d vs aspirin 325 mg/d	1.91 y	8.7% (P=0.043) relative risk reduction for composite of ischemic stroke, MI or vascular death; 7.3% (P=0.26) relative risk reduction in stroke subgroup for this end point
Management of Atherothrombosis with Clopidogrel in high-risk	7599 patients with recent ischemic stroke or TIA and at least 1 additional vascular risk factor	Clopidogrel 75 mg/d plus aspirin 75 mg/d vs clopidogrel 75 mg/d alone	18 mo	RRR=6.4% (P=0.244) for primary outcome; ARD 1.26% (P<0.0001) for life-threatening bleeding; ARD 0.40% (P=0.029) for primary intracranial hemorrhage
Prevention regimen for Effectively avoiding second strokes	20 332 patients with a recent ischemic stroke (<90 days)	Aspirin 25 mg BID plus ER dipyridamole 200 mg bid (ASA-ERDP) or clopidogrel 75 mg/d	2.5 y	HR=1.01 (95% CI, 0.92–1.11) for ASA-ERDP and recurrent stroke; HR=0.99 (95% CI, 0.92–1.07) for stroke/MI/vascular death; HR=1.15 (95% CI, 1.00–1.32) for major hemorrhage; HR=1.42 (1.11–1.83) for intracranial hemorrhage
Clopidogrel in high-risk Patients with acute Non-disabling Cerebrovascular events	5170 patients within 24 h after the onset of minor ischemic stroke or high-risk TIA	Clopidogrel (300 mg load then 75 mg/d) plus aspirin 75 mg/d vs aspirin 75 mg/d. DAPT given for 21 days only	90 d	HR=0.68 (P<0.001) for stroke; HR=0.75 (P=0.01) for fatal or disabling stroke; HR=0.67 (P<0.001) for ischemic stroke; HR=0.94 (P=0.94) for severe bleeding
Platelet-oriented Inhibition in new TIA and Minor ischemic stroke	4881 patients within 12 h after the onset of minor ischemic stroke or high-risk TIA	Clopidogrel (600 mg load then 75 mg/d) plus aspirin 50–325 mg/d vs aspirin 50–325 mg alone	90 d	HR=0.75 (P=0.02) for major ischemic events; HR=0.72 (P=0.01) for ischemic stroke; HR =2.32 (P=0.02) for major hemorrhage; HR=2.45 (P=0.04) for nonintracranial major hemorrhage

(DAPT: Dual antiplatelet therapy, HR: Hazard ratio, MI: myocardial infarction, RRR: Relative Risk Reduction, TIA: Transient ischemic attack)

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Description

CLOPIHENZ - Clopidogrel is an inactive pro-drug that requires enzymatic conversion into its active metabolite by a series of cytochrome P450 (CYP) enzymes.

Indication

Prevention of secondary stroke | Prevention of recurrent ischemic events

Mechanism Of Action

Prophylactic use of antiplatelet drugs has shown consistent benefit in the prevention of ischemic stroke in patients at increased risk. It is a specific inhibitor of adenosine-diphosphate (ADP)-induced platelet aggregation.

Dosage And Administration

The recommended dose is 75 mg once daily long term with or without food or directed by Healthcare provider.

Advantages

1

Clopidogrel is used for patients with aspirin intolerance or allergy, or for those who can't tolerate dipyridamole.

2

Less Risk of bleeding complications.

3

Can be used in patients with severe ischemic heart disease, and is also better tolerated than the combination of aspirin and ER-DP (extended-release dipyridamole).³

References

1. <https://health.economictimes.indiatimes.com/news/industry/the-stroke-disease-burden-in-india-has-increased-nearly-100-indian-stroke-association/72895241> [Accessed on 8 June 2020] |
2. American Family Physician; 76(3): 2007: 382-388 |
3. Postgrad Med J; 88: 2012: 34-37