

Safety and efficacy of prasugrel compared with clopidogrel

Purpose: Dual oral antiplatelet therapy is necessary for prevention from stent thrombosis after percutaneous coronary intervention (PCI). Prasugrel as newer P2Y12 inhibitors is recently approved as an antiplatelet agent which provide faster and stronger. The aim of this study was to compare the efficacy and safety of prasugrel with clopidogrel.**Methods and Results:** Five hundred and one patients consecutive patients with ischemic heart disease undergoing PCI were treated by clopidogrel in addition to aspirin between Jan. 2012 and May 2014. One hundred and one consecutive patients were treated by prasugrel in addition to aspirin between Jun 2014 and May 2015. Prasugrel was taken before PCI to a certain period for the limited, and we changed to clopidogrel. The primary efficacy endpoint was the incident of acute stent thrombosis (SAT). Safety outcomes included the incidence of major bleeding events (table).**Conclusion:** Prasugrel appears to be effective and safe with very low incidence of SAT and with a low risk of serious bleeding in a real world clinical setting.

(Table)

Safety and efficacy of a novel anti-platelet agent in our clinical experience

	PCI	SAT	ACS	SAT after ACS	Major bleedin event
Clopidogrel regimen	501	4 (0.8%)	114	4 (3.5%)	0
Prasgrel regimen	101	0 (0.0%)	33	0 (0.0%)	0

Clopidogrel regimen(2012.01~2014.05): loading 300 mg, maintenance 75 mg clopidogrel + 100mg aspirin

Prasgrel regimen(2014.06~2015.05): loading 20 mg, maintenance 3.75 mg prasgrel + 100mg aspirin

This time, prasugrel was taken immediately before PCI to a certain time period (26 ± 8 days) for the limited prescription period. After the period, we change prasgrel to clopidogrel.