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DAPT After a Stent

Why aspirin and a second antiplatelet drug protect a new stent, how long you need both and which bleeding needs attention.

6 months
of both drugs, the usual course after a stent for stable coronary disease

12 months
or more, the usual course after a heart attack or unstable angina

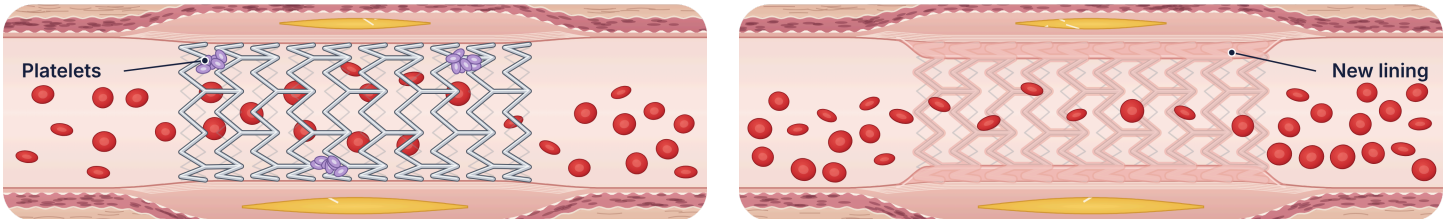
1 month
may be reasonable after a heart attack if your bleeding risk is high

WHY TWO DRUGS

Protecting a new stent while it heals

1 New stent: bare metal struts

2 Weeks to months later: lining covers them



Dual antiplatelet therapy (DAPT) is aspirin plus a P2Y12 inhibitor such as clopidogrel (Plavix), ticagrelor (Brilinta) or prasugrel (Effient). The two block platelets in different ways. Until the artery's lining grows over the stent, over weeks to months, a clot can form on it (stent thrombosis), usually causing a heart attack.

HOW LONG

Your course depends on your risks



Your cardiologist weighs your bleeding risk against your risk of another clot and revisits the plan at every visit.

Never stop on your own

Stopping DAPT without a plan, especially in the first 90 days, is one of the strongest predictors of a clot on the stent. For bleeding, side effects or cost worries, call your cardiologist first.

LIVING WITH DAPT

Your medicines, bleeding and procedures

YOUR MEDICINES

Aspirin	Most people keep taking aspirin indefinitely after the two-drug course ends, unless bleeding rules it out. Some on the newer shorter plans take a P2Y12 inhibitor alone instead.
Clopidogrel (Plavix)	The oldest and least potent of the three. Once a day and inexpensive. About 30% of people carry a gene variant (CYP2C19) that makes it work less well.
Ticagrelor (Brilinta)	More potent and taken twice a day, with the strongest evidence after a heart attack and when used alone. Mild shortness of breath is a known side effect and usually fades with continued use.
Prasugrel (Effient)	Also potent. Not for anyone with a past stroke or TIA (mini-stroke), or with active bleeding. At 75 or older it is generally not recommended, except in high-risk patients (diabetes or a prior heart attack). Under 60 kg (about 132 lb), a 5 mg dose is considered.
Stomach protection	A proton pump inhibitor (PPI) such as omeprazole or pantoprazole lowers the risk of stomach and bowel bleeding and is part of routine care. Pantoprazole is preferred with clopidogrel.

CALL THE SAME DAY

Smaller bleeding	Nosebleeds, easy bruising, blood in the urine or bleeding gums. Call before you stop anything. Stopping early is the most common cause of a clot on the stent.

CALL 911

Serious bleeding	Vomiting blood or material like coffee grounds, large black or bloody stools, bleeding that won't stop with pressure, or fainting.
Your head	Any head injury, or a sudden severe headache.
Heart attack signs	Chest pressure, pain spreading to the arm or jaw, sweating, breathlessness or sudden collapse. This can be a clot on the stent, most often in the first 30 days.

AFIB AND A STENT

If you also take a blood thinner	Most people take a P2Y12 inhibitor, usually clopidogrel, plus a blood thinner such as apixaban (Eliquis), with aspirin dropped within days to a week of the stent. This cuts bleeding sharply with similar protection.

BEFORE SURGERY OR A PROCEDURE

Ask about DAPT before any dental work, endoscopy or surgery. Elective surgery should generally wait at least 6 months after a drug-eluting stent, and semi-elective surgery may go ahead at 3 months. If surgery can't wait, aspirin is usually continued and the P2Y12 inhibitor held 5 days, or 7 days for prasugrel.

READ THE FULL ARTICLE

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For education only, and not a substitute for advice from your own physician. Sources include the 2023 AHA/ACC chronic coronary disease guideline, the 2023 ESC acute coronary syndromes and 2024 ESC chronic coronary syndromes guidelines, and the TWILIGHT, STOPDAPT-2, MASTER DAPT, AUGUSTUS and DAPT trials.

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