



National Prescribing Service Limited

**MEDIA RELEASE**

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## **Prevent stroke by using optimal antithrombotic therapy**

The National Prescribing Service Limited (NPS) is advising health professionals to consider aspirin for primary stroke prevention in those at high cardiovascular risk, to prevent recurrent stroke by using antiplatelet therapy and to use warfarin in those with atrial fibrillation at higher risk of stroke.

Stroke is the second leading cause of death in Australia and often results in significant long-term disability.

The latest program, '*Antiplatelet and anticoagulant therapy in stroke prevention*' focuses on:

- Assessing absolute cardiovascular risk to establish which patients would benefit from aspirin in primary prevention of cardiovascular events
- Deciphering the evidence behind aspirin, aspirin plus dipyridamole and clopidogrel to choose the appropriate antiplatelet to prevent recurrent stroke and transient ischaemic attacks (TIA)
- Using scoring of risk factors in patients with atrial fibrillation to stratify stroke risk and decide between warfarin and aspirin
- Assessing risk factors for bleeding in patients with atrial fibrillation before commencing warfarin therapy
- Strategies, such as decision aids, that will help increase patient concordance with warfarin
- The critical importance of maintaining INR within therapeutic range and educating patients on the safe use of warfarin

"Warfarin is underutilized in atrial fibrillation, and this program focuses on the importance of assessing a person's risk of stroke to help decide on warfarin or aspirin. Warfarin reduces the relative risk of stroke by 64%, while aspirin reduces it by 22%," says NPS clinical expert, Education and Quality Assurance Program Manager, Ms Judith Mackson.

"Elements of the program include one-to-one educational visits from NPS Facilitators, peer group discussion and a case study titled '*Antithrombotic options in stroke prevention*'; developed to help GPs, pharmacists, nurses and other health professionals refine their clinical decision-making skills."

"*NPS News (62)* outlines the appropriate use of antiplatelet and anticoagulant therapies in the long-term prevention of ischaemic stroke and provides tools for communicating risks and benefits to patients, while *Prescribing Practice Review (44)* provides individual prescribing data for GPs and practical independent information," Ms Mackson said.

GPs and GP Registrars will also be able to review practice through participating in a clinical audit. The audit, '*Antiplatelet and anticoagulant therapy in stroke prevention*' will be available from 2 March 2009. To enrol, visit [www.nps.org.au/health\\_professionals](http://www.nps.org.au/health_professionals).

The GP audit is recognised by the RACGP Quality Assurance & Continuing Professional Development Program, total points 40 (category 1) and in the ACRRM Professional Development Program, 30 points (extended skills). It also qualifies as an activity for QPI of the PIP (Quality Prescribing Initiative of the Practice Incentives Program), year ending April 2010.

For more information visit the NPS website [www.nps.org.au](http://www.nps.org.au), phone (02) 8217 8700 or email [info@nps.org.au](mailto:info@nps.org.au).

**ENDS**

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