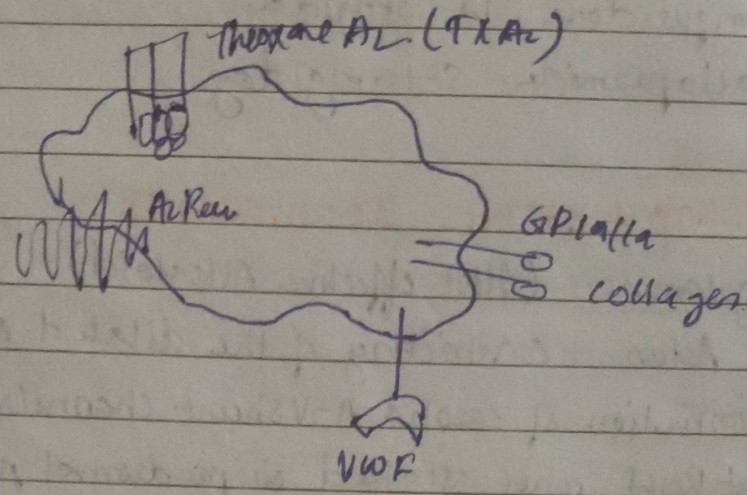


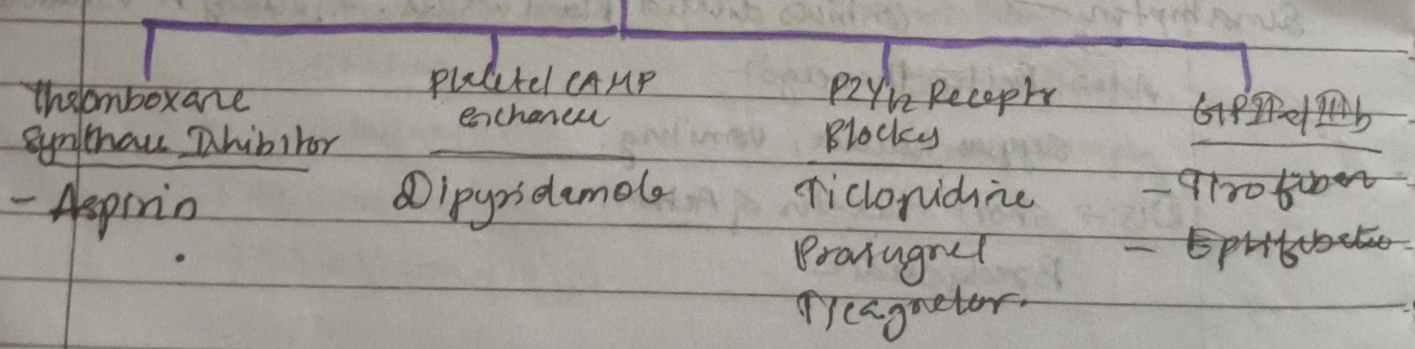
ANTIPLATELET DRUGS:

- used in the prophylaxis of thromboembolic disorders.
- Antiplatelet drugs are more useful in Arterial thrombosis.
- Anticoagulant drugs are more useful in venous thrombosis.

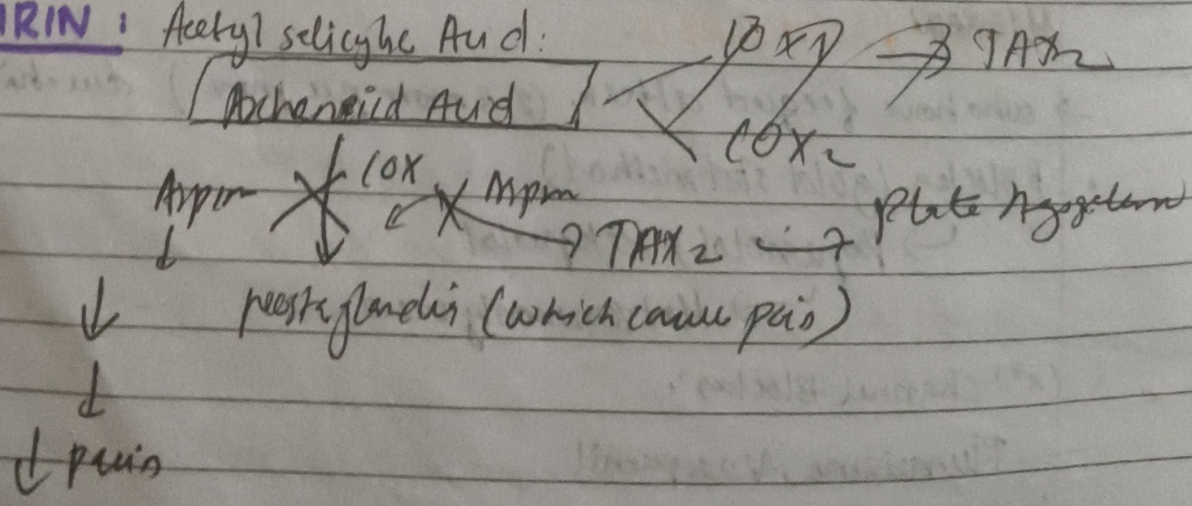


- GPIIb/IIIa & Receptor undergoes conformational changes. helps in platelet Aggregation.
- TXA₂ Released as a Result of Activation (vasoconstriction)

ANTIPLATELET DRUGS



ASPIRIN: Acetyl salicylic Acid:



→ Thromboxane synthase Inhibitor.

→ Non selective, Irreversible.

→ TXA_2 cause platelet Aggregation which is stopped by giving Aspirin.

→ 2nd line of drug is ^{ischemic} ^{implicates} penton of HT. so aspirin induce prolongation of Bleeding time.

→ Rapid Absorption from stomach

Dose = 75-150mg/day

→ Extensive PPB.

* ADRE

→ Erosive Gastritis, peptic ulcer

→ Aspirin Allergy

→ Renal, Hepatic toxicity.

→ Reye's syndrome.

CLOPIDOGREL:

- Irreversibly blocks PRY_2 → inhibit Adenosine → ↓ CAMP → Inhibit platelet Aggregation

→ CAPRIE trial has found clopidogrel recipients to have a slightly lower Annual Risk of primary ischemic events than Aspirin.

→ Combination can also be used.

→ The CORE trial has reported that Adding clopidogrel to Reduce ^{card} risk in HT, stroke, ...

→ Prodrug

→ Metabolized by CYP2C19.

→ Omeprazole of clopidogrel should not be given

↳ Inhibitor of CYP2C19.

→ Action last for 8 days

Prasugrel: This is newer & more potent $P2Y_{12}$ inhibitor in STEMI.

RANKA	
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→ Metabolism CYP3A4

ADR - Bleeding, Hypotension

GPIIb/IIIa Receptor - Antagonist

→ Most Abundant Receptor on Platelet

→ It is an Adherens Receptor for fibrinogen, vWF through Agonists like collagen.

→ Used in patients with ACS to reduce PCI or coronary artery bypass grafting.

Uses:

→ CAD $\Rightarrow$ Aspirin or clopidogrel

→ ACS $\Rightarrow$ Acute coronary syndrome

↓

In NSTEMI $\rightarrow$ combination of Aspirin + clopidogrel.

In STEMI $\rightarrow$ Prasugrel preferred over clopidogrel as PM used when patient undergoing surgery.