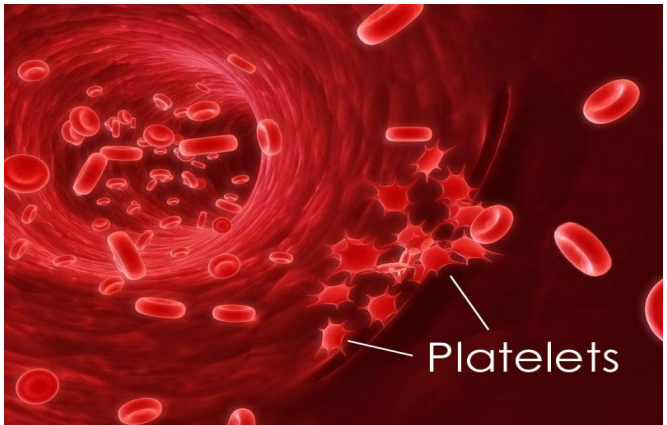
Summary of imp. Points in Antiplatelet Drugs lecture



	Mechanism of action	Drug	ROA
(1)	Inhibition of prostaglandin metabolism,TXA2 is inhibited (Arachidonic acid pathway inhibitors)	Aspirin ((Acetylsalicylic Acid) - Commonly used - can lead to GIT disorders (PUD) - Aspirin Resistance: !!!imp A- in 5%-75% B- recurrent thrombosis while on antiplatelet therapy. Due to inhibition of only ONE (TXA2)of many factors leading to thrombus formation	Oral
(2)	Inhibition of ADP-induced platelet aggregation (Antagonist of ADP receptors) (Slow onset of action (3 - 5 days).	1-Clopidogrel 2- Ticlopidine 1 is : A- better than 2 (less ADRs, potent & longer duration of action) B- Alternative prophylactic therapy to aspirin C- works by reducing the "stickiness" D-Combination with aspirin may be recommended	Oral
(3)	GP IIb / IIIa receptor antagonists (Inhibitors) (inhibits all the pathways of platelet activation (Final common pathway).)	Abciximab (imp. One , monoclonal antibody , used in Acute coronary syndrome before surgery) Tirofiban Eptifibatide	I .V Imp.
(4)	Phosphodiestrase 3 (PDE) inhibitors / adenosine uptake inhibitors (increasing of cAMP lead to inhibition of Plt aggregation)	Dipyridamol (When give alone it has little or no beneficial effect , combined with aspirin + warfarin) Cilostazol	Oral