Increasing Dual Antiplatelet Therapy (DAPT) Prescribing in Patients with Acute Coronary Syndrome (ACS) Post-Coronary Artery Bypass Graft (CABG) Surgery

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**Background**: Consensus guidelines recommend patients undergoing CABG surgery after an ACS event receive DAPT for 12 months unless at high bleeding risk. This recommendation is based on retrospective analyses demonstrating a potential reduction in major cardiovascular events and improved graft patency. Many health systems across the United States underutilize DAPT in this patient population. This project aims to evaluate and provide a pharmacist-led intervention to improve DAPT prescribing for CABG patients with ACS at hospital discharge.

**Methods**: This was an IRB-approved, single-center, pre-post study evaluating a retrospective and prospective group over a 5-month period. Adult patients were included if they received on- or off-pump CABG with index admission for ACS (unstable angina, NSTEMI, STEMI). Patients with another indication for P2Y12 inhibitor, need for ongoing anticoagulation, excessively high bleeding risk (history of intracranial bleed, active bleeding during hospital admission, hemoglobin < 7 g/dL, platelets < 80 × 109/L), and/or contraindication to aspirin or P2Y12 inhibitor were excluded. The primary outcome was percentage of patients prescribed DAPT at discharge. During the prospective phase, a clinical pharmacist recommended DAPT in patients who met the study criteria on a step-down unit.

**Results:** Among the 75 patients evaluated retrospectively, 34 (45.3%) patients were discharged on DAPT at discharge. Of the 83 patients in the intervention group, 64 (77.1%) were prescribed DAPT at discharge (p < 0.001). No patients experienced a TIMI major bleeding event, however 1 patient experienced a TIMI minor bleeding event in the intervention group. Readmission with an ischemic or thrombotic event occurred in 1 patient in each group.

**Conclusions:** This pharmacist-driven initiative led to a statistically significant improvement in the rates of DAPT prescribing at discharge in patients with ACS post-CABG surgery. This innovative approach can improve evidence-based care for our patients and provide a framework for other institutions to implement similar interventions.

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