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Optimizing Antiplatelet Strategies in Acute Coronary Syndrome

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Antithrombotic therapy remains a corner stone therapy post-acute coronary syndrome and percutaneous coronary intervention. Guidelines and recommendations in response to multiple randomized clinical trials (RCTs) of new therapies undergo rapid changes. Thus, antithrombotic therapies for patients after acute coronary syndrome, or percutaneous coronary intervention, are becoming more complex in daily clinical practice and one size doesn't fit all. Several factors are taken into consideration such as patient ischemic risk, requirement of co-administration of an anticoagulant, bleeding risk and need for urgent surgery. Moreover, the evolving of interventional techniques and newer generation coronary stents that might require a shorter duration of dual antithrombotic therapy. Therefore, the ischemia-bleeding trade-off of short vs prolonged DAPT remains somewhat uncertain. Recent evidence suggests new opportunities of implementing point-of-care techniques to modulate the intensity of DAPT based on individual physiologic and genetic assessment of platelet reactivity or a planned de-escalation strategy.

Biography

Dr. Awatif Mahmoud Hafiz is a Cardiology Clinical Pharmacist at King Abdulaziz University hospital and an assistant professor at King Abdulaziz University in Jeddah, Saudi Arabia. She Obtained her Pharm.D degree from King Abdulaziz University and completed her PGY1 Pharmacy Residency at St Elizabeth Medical Center in Brighton Massachusetts and her PGY2 -Cardiology Pharmacy Residency at Brigham and Women Hospital/Harvard affiliated hospital at Boston, Massachusetts. Dr. Hafiz's area of interest are thrombosis and hemostasis, acute coronary syndrome and heart failure.

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