

**AB 2017/004****Improved use of clopidogrel: experience from a completed audit cycle in a teaching hospital****Wijekoon PWMCSB<sup>1</sup>, Rajapakse RPDP<sup>2</sup>, Wijekoon CN<sup>1</sup>**<sup>1</sup>*Faculty of Medical Sciences, University of Sri Jayewardenepura*<sup>2</sup>*Professorial Medical Unit, Colombo South Teaching Hospital***Objective**

To improve the use of clopidogrel as monotherapy and as a part of dual anti-platelet therapy (DAPT) with regard to indication and duration.

**Method**

This is a completed audit cycle regarding clopidogrel use at a medical clinic in a teaching hospital. Baseline audit was conducted from 2013-2014. As the findings were unsatisfactory, educational sessions were done for medical staff and printed algorithms were displayed at clinic and ward. A system was developed to review all clinic patients by consultant physician at regular intervals. Re-audit was done 3-years later. Data were obtained using clinic records and patient interviews. Existing practice with regard to indication and duration of clopidogrel therapy was compared with recommendations in guidelines of American Heart Association and American Stroke Association.

**Results**

135 and 78 subjects were on clopidogrel at the baseline audit and re-audit, respectively. Majority of the clopidogrel users were on it as a part of DAPT with aspirin [baseline-71.9% (97/135); re-audit-71.8% (56/78)]. Inappropriate use of clopidogrel as a part of DAPT was 43% (58/135) at baseline and 24.4% (19/78) at re-audit. Main factor contributing to inappropriate DAPT at both stages was continuation of clopidogrel beyond the recommended duration following acute coronary syndromes. Clopidogrel monotherapy was used inappropriately in 8.9% (12/135) at baseline and in 0.01% (1/78) at re-audit.

**Conclusions**

At the baseline, clopidogrel use was not in keeping with guideline recommendations in >50%. Re-audit showed that appropriate use of clopidogrel has improved following interventions to enhance knowledge and practice of medical staff and improved quality of follow-up care.