

Guidelines for Diabetes with Antiplatelet Treatment 2015

Recommendations

Consider aspirin therapy (75–162 mg/day) as a primary prevention strategy in those with type 1 or type 2 diabetes at increased cardiovascular risk (10–year risk >10%). This includes most men aged >50 years or women aged >60 years who have at least one additional major risk factor (family history of CVD, hypertension, smoking, dyslipidemia, or albuminuria). **C**

Aspirin should not be recommended for CVD prevention for adults with diabetes at low CVD risk (10–year CVD risk <5%, such as in men aged <50 years and women aged <60 years with no major additional CVD risk factors), since the potential adverse effects from bleeding likely offset the potential benefits. **C**

In patients in these age–groups with multiple other risk factors (e.g., 10–year risk 5–10%), clinical judgment is required. **E**

Use aspirin therapy (75–162 mg/day) as a secondary prevention strategy in those with diabetes and a history of CVD. **A**

For patients with CVD and documented aspirin allergy, clopidogrel (75 mg/day) should be used. **B**

Dual antiplatelet therapy is reasonable for up to a year after an acute coronary syndrome. **B**