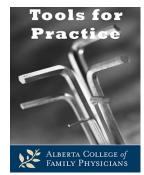
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PPIs and clopidogrel: Never the twain shall meet?

Clinical Question: Do proton pump inhibitors (PPIs) interact with clopidogrel to reduce its cardiovascular (CV) benefit?

Bottom-line: Studies are inconsistent about the impact of PPIs on clopidogrel effectiveness, though most higher-quality studies show no interaction. The association with CV risk seen with PPI use is likely due to underlying comorbidities rather than a true drug interaction.

Evidence:

- A systematic review¹ of 33 studies encompasses the best-available evidence. Highlights:
 - ~50% of retrospective observational studies, and ~25% of prospective observational studies found a significant association of increased CV risk with PPI + clopidogrel versus clopidogrel alone.
 - Retrospective studies generally had higher risk of bias.
 - o One randomized controlled trial (RCT)² of 3,761 patients receiving clopidogrel and ASA followed for a median of 3.5 months:
 - No difference in CV events, omeprazole 4.9% versus placebo 5.7%.
 - Limitations: Unplanned early termination, underpowered for CV comparisons.
 - Non-randomized subgroup analyses of landmark antiplatelet trials.^{3,4}
 - PPI did not increase CV risk with either clopidogrel or prasugrel.
 - PPI increased CV risk with both clopidogrel (HR 1.20) and ticagrelor (HR 1.24).
 - Note: Ticagrelor does not require enzymatic activation and should therefore not be affected by the postulated PPI drug interaction mechanism.
- Studies that included patients not receiving clopidogrel found that PPI use was associated with increased CV risk (regardless of clopidogrel use).⁵⁻⁹

Context:

- PPIs have inconsistent effects on surrogate markers of clopidogrel efficacy.¹
- American guidelines¹² (though based on outdated evidence) reasonably recommend careful assessment of the indication for PPIs, as they are frequently prescribed without a clear indication.¹³

 There is no consistent difference in CV risk association between PPIs, including pantoprazole.¹⁴

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References:

- 1. Jaspers Focks J, Brouwer MA, van Oijen MGH, et al. Heart. 2013; 99:520-7.
- 2. Bhatt DL, Cryer BL, Contant CF, et al. N Engl J Med. 2010; 363:1909-17.
- 3. O'Donoghue ML, Braunwald E, Antmann EM, et al. Lancet. 2009; 374:989-97.
- 4. Goodman SG, Clare R, Pieper KS, et al. Circulation. 2012; 125:978-86.
- 5. Dunn SP, Macaulay TE, Brennan DM, et al. Circulation. 2008; 118:S815.
- 6. Charlot M, Ahlehoff O, Norgaard ML, et al. Ann Intern Med. 2010; 153:378-86.
- 7. Valkhoff VE, 't Jong GW, van Soest EM, et al. Aliment Pharmacol Ther. 2011; 33:77-88
- 8. Charlot M, Grove EL, Hansen PR. BMJ. 2011; 342:d2690.
- 9. Schmidt M, Johansen MB, Robertson DJ, et al. Aliment Pharmacol Ther. 2012; 35:165-74.
- 10. Juurlink DN, Gomes T, Ko DT, et al. CMAJ. 2009; 180:713-8.
- 11. Ho PM, Maddox Tm, Wang Li, et al. JAMA. 2009; 301:937-44.
- 12. Abraham NS, Hlatky MA, Antman EM, et al. Am J Gastroenterol. 2010; 105: 2533-49.
- 13. Forgacs I, Loganayagam A. BMJ. 2008; 336:2-3.
- 14. Kwok CS, Jeevanantham, Dawn B, et al. Int J Cardiol. 2012; [Epub].

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