



Stroke and ischaemic attack: anti-platelet or anticoagulation

NICE indicator

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www.nice.org.uk/indicators/ind133

Indicator

The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

The aim of treatment for people with non-haemorrhagic stroke or a history of transient ischaemic attack (TIA) taking an antiplatelet therapy or an anticoagulant, is for secondary prevention of recurrent stroke and other vascular events in people who have had an ischaemic cerebrovascular event.

In people with non-haemorrhagic stroke or TIA, there is clear evidence that antiplatelet therapy is effective for preventing vascular events and reduces the risk of stroke. Anticoagulants are no more effective than antiplatelet therapy in people with ischaemic stroke or TIA, and have a greater risk of bleeding complications. However, there is clear evidence of the superiority of anticoagulation as secondary prevention for people with atrial fibrillation. Therefore, anticoagulation is not recommended to treat people with stroke or TIA, unless specific indications are present.

Source guidance

Stroke and transient ischaemic attack in over 16s: diagnosis and initial management. NICE guideline NG128 (2019, updated 2022), recommendations 1.4.9, 1.4.11 and 1.4.12

Specification

Numerator: The number of patients in the denominator who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken.

Denominator: The number of patients with a stroke shown to be nonhaemorrhagic, or a history of TIA.

Calculation: (Numerator/denominator)*100.

Exclusions:

- patients who have persisting or expiring; salicylate contraindications, oral anticoagulant contraindications, clopidogrel contraindications and dipyridamole contraindications
- patients who chose not to receive salicylates, oral anticoagulants, clopidogrel and dipyridamole

- patients for whom stroke quality indicator care was unsuitable or who chose not to receive stroke quality indicator care.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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