

SNS COLLEGE OF ALLIED HEALTH SCIENCES



SNS Kalvi Nagar, Coimbatore - 35 Affiliated to Dr MGR Medical University, Chennai

DEPARTMENT OF CARDIO PULMONARY PERFUSION CARE TECHNOLOGY

COURSE NAME: Pharmacology Pathology and Clinical Microbiology

II nd YEAR

TOPIC: FIBRYNOLYTICS AND ANTI PLATELETS





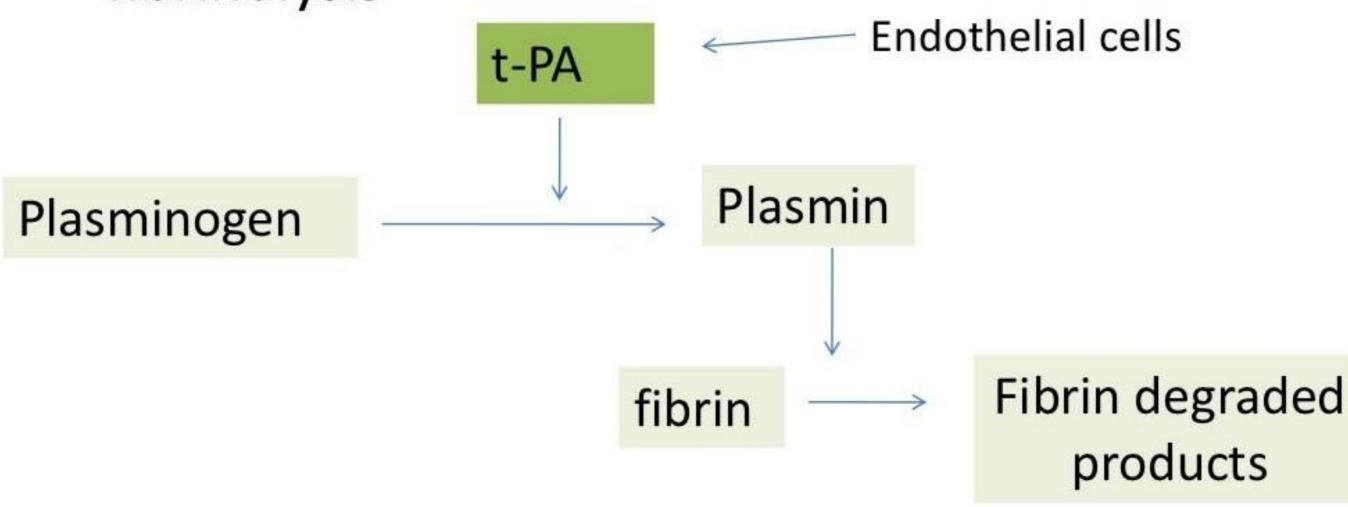
Fibrinolytics & Antiplatelets





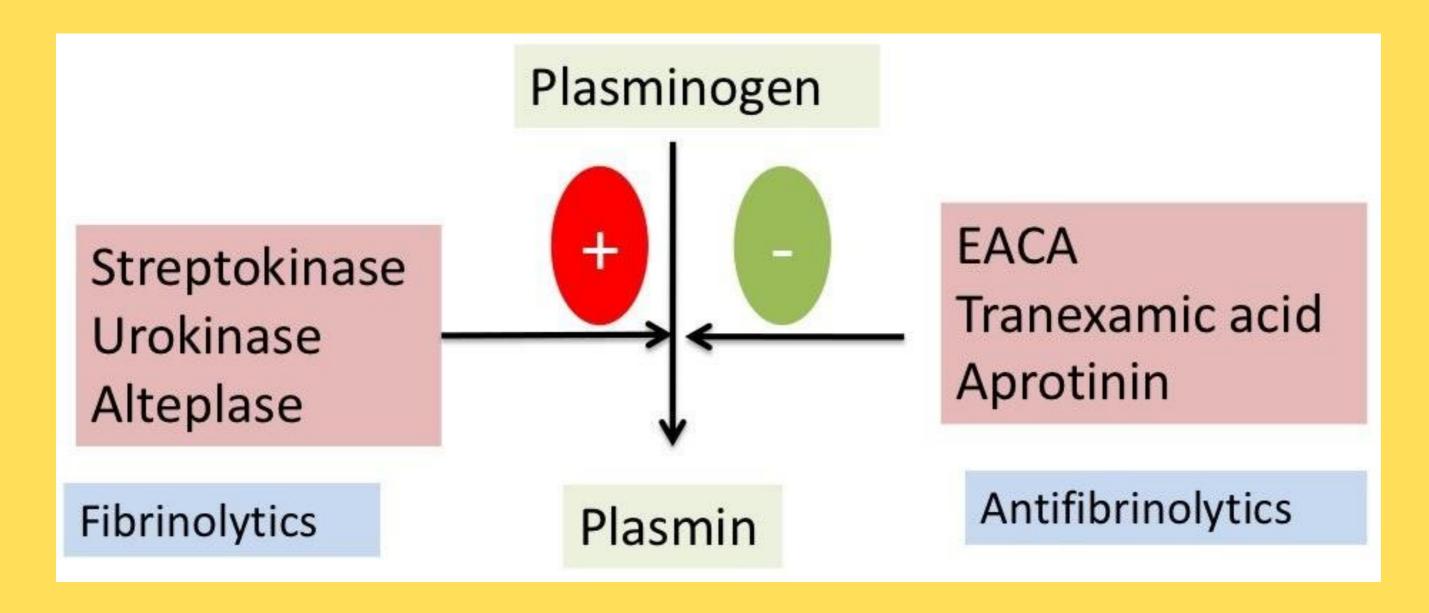


The process of dissolution of clot is called fibrinolysis















- Used to lyse the thrombi / clot to recanalize the occluded blood vessel (mainly coronary artery)
- Work by activating the Fibrinolytic system

- STREPTOKINASE
- UROKINASE
- RETEPLASE (analogue of alteplase)
- ALTEPLASE (t- PA)
- TENECTEPLASE





Streptokinase

- Obtained from β-hemolytic streptococci
- Binds with circulating plasminogen to form complex that activates plasminogen to plasmin
- $t \frac{1}{2} = 30 80 \text{ min}$
- Antigenic ,Pyrogenic
- Destroyed by circulating antistreptococcal Antibodies
- Hypotension & arrhythmia can occur



Streptokinase



Uses

- Acute myocardial infarction
 - 7.5 to 15 lac IU; I.V over 1 hr period
- Deep vein thrombosis, Pulmonary embolism

Adverse effects

 Bleeding, hypotension, allergic reactions, fever, arrhythmias

Contraindications

 Recent trauma, surgery, abortion, stroke, severe hypertension, peptic ulcer, bleeding disorders







- Enzyme isolated from human urine, now prepared from cultured human kidney cells
- Direct plasminogen activator
- t ½ of 10 to 15 min
- Non antigenic, Non allergenic
- Fever can occur but hypotension rare
- Indicated in patients in whom streptokinase has been for an earlier episode







- recombinant tissue Plasminogen Activator(rt-PA)
- Selectively activates plasminogen bound to fibrin
- Non antigenic ,not destroyed by antibodies
- Rapid acting, more potent
- Superior in dissolving old clots
- Short half life 4-8 min
- Nausea, mild hypotension, fever may occur
- Expensive



Newer recombinant tissue plasminogen activators



Reteplase :

- Modified rt-PA
- Longer half life 15 -20 min, but less specific for fibrin bound plasminogen

Tenecteplase:

- Genetically engineered mutant form of alteplase
- Higher fibrin selectivity and longer half life 2 hrs
- Single bolus dose 0.5 mg/kg sufficient
- Very expensive





Uses of fibrinolytics

- Acute myocardial infarction
- Deep vein thrombosis
- Pulmonary embolism
- Peripheral arterial occlusion
- Ischemic Stroke



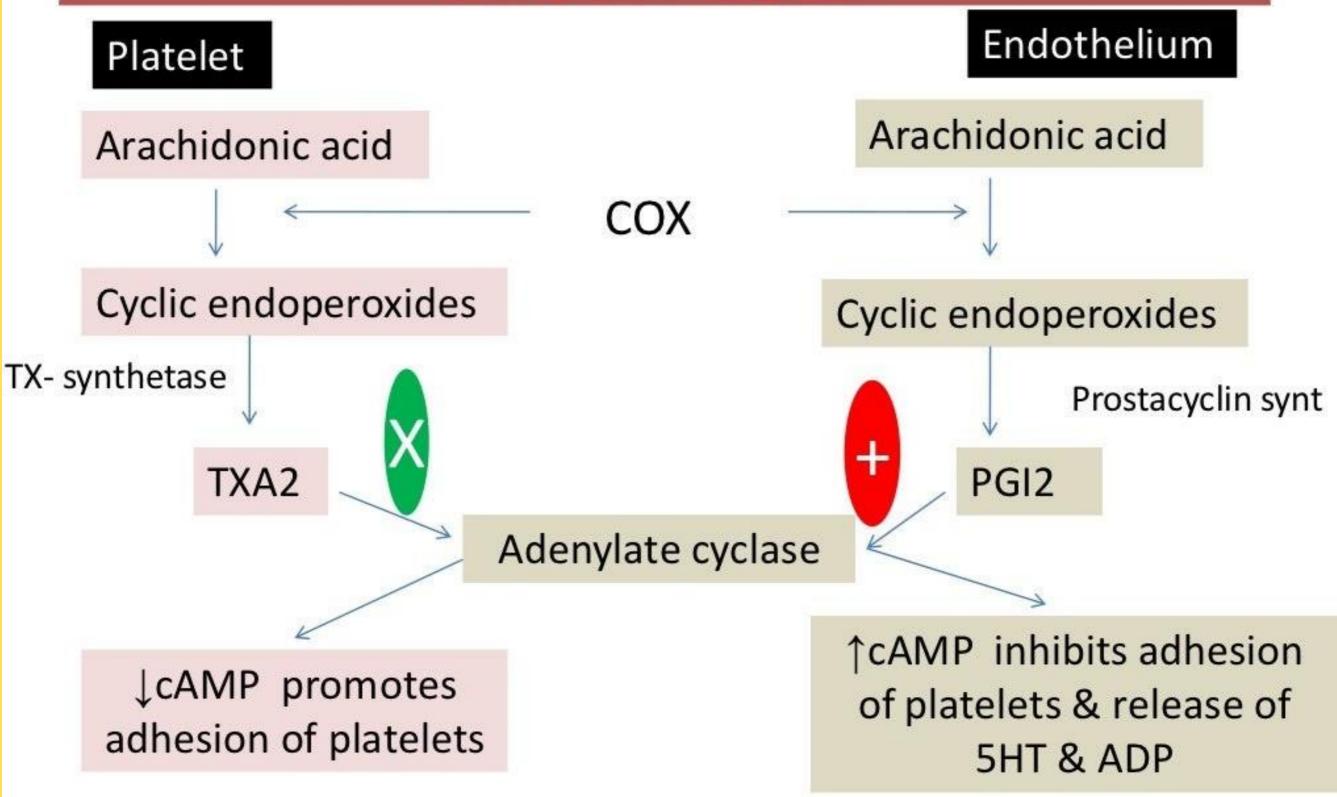


Antiplatelet drugs



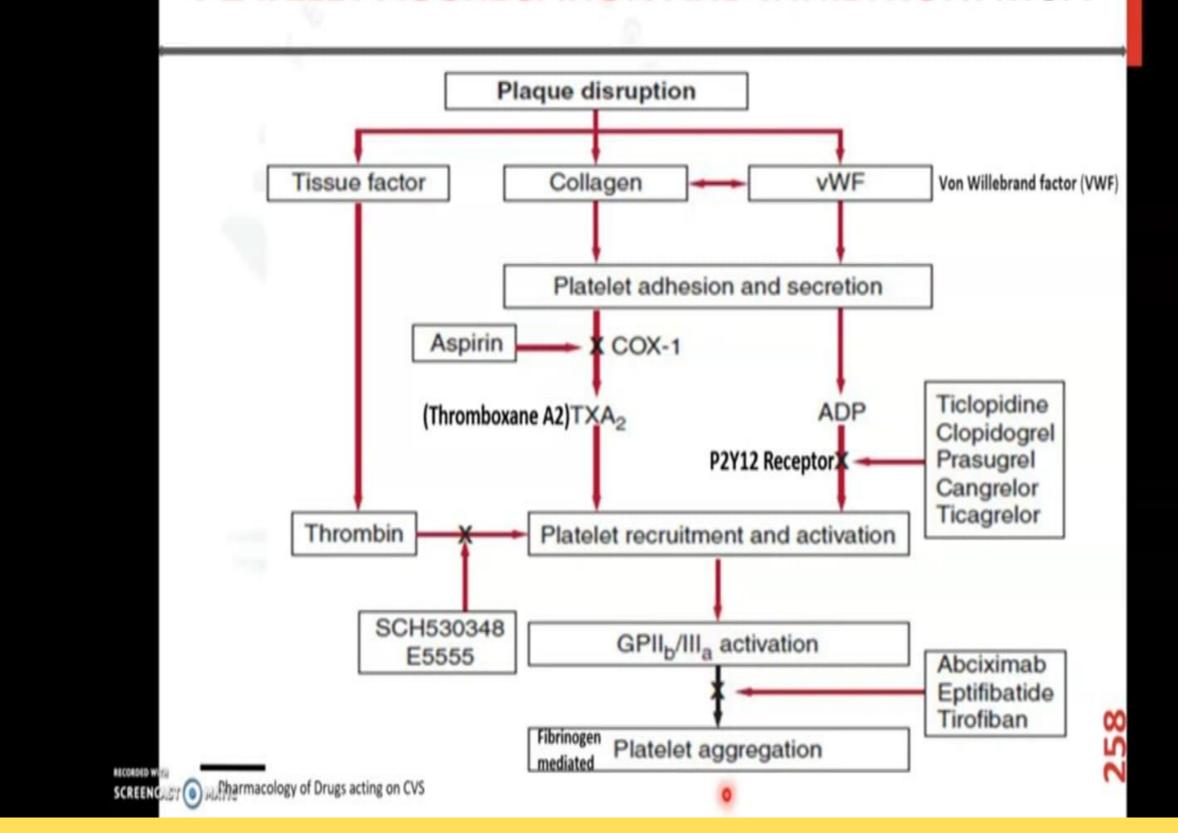
Mechanism of platelet aggregation and inhibition





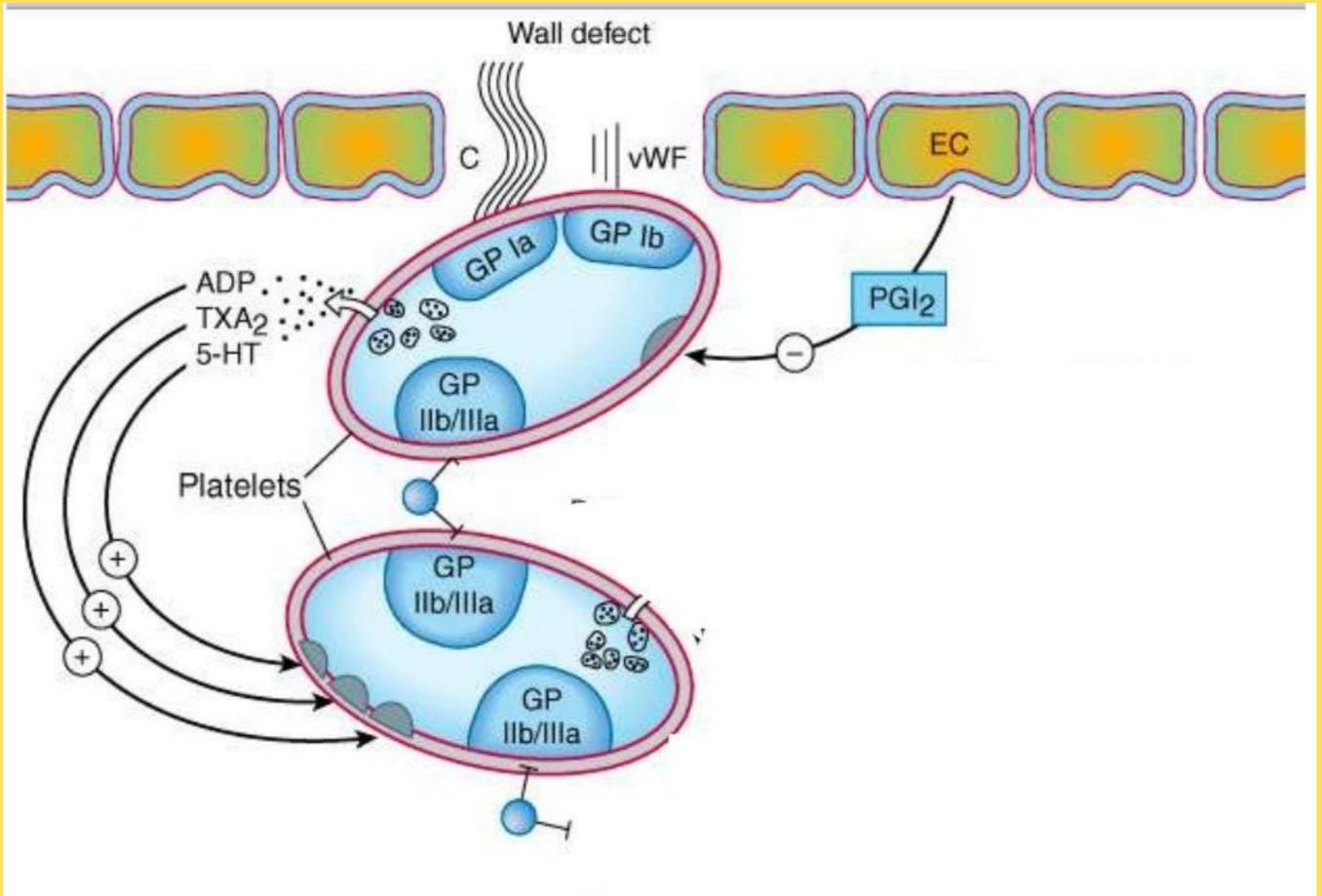


PLATELET AGGREGATION AND INHIBITION: MOA













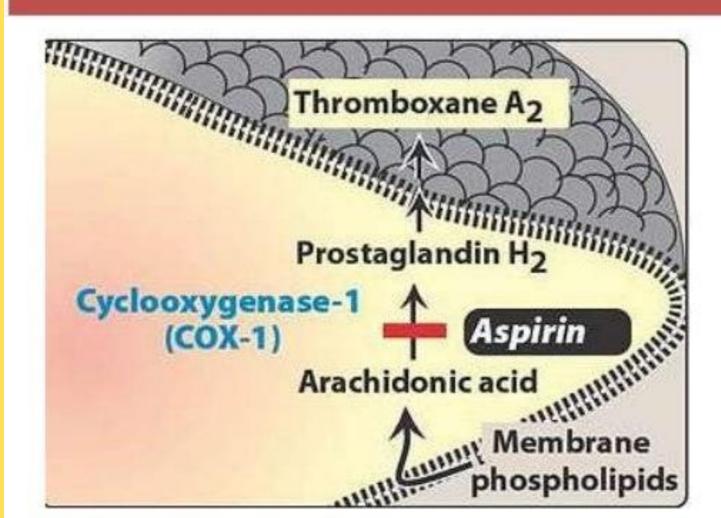
Antiplatelet drugs (Classification)

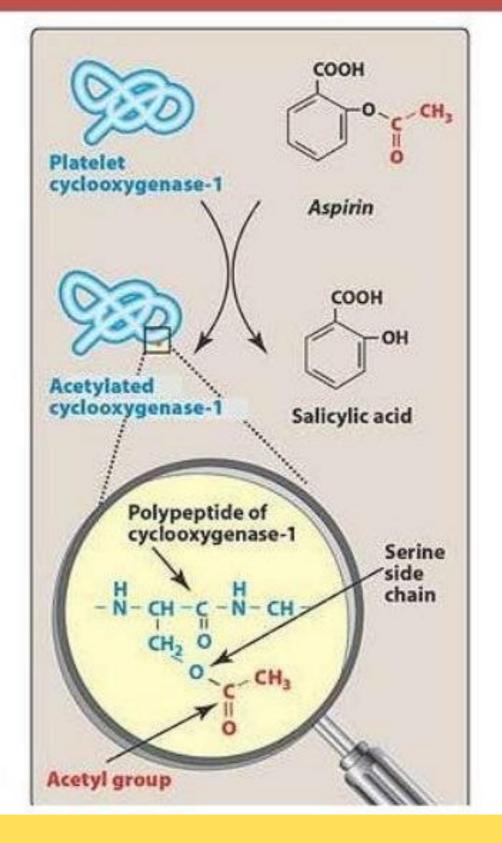


- TXA₂ synthesis inhibitor:
 - Low dose aspirin
- Phosphodiesterase inhibitor:
 - Dipyridamole, cilostazole
- Thienopyridine derivatives (ADP antagonists):
 - Ticlodipine, clopidogrel
- Gp-IIb/IIIa receptor antagonists
 - Abciximab, eptifibatide, tirofiban
- Others
 - PGI₂, daltroban, dazoxiben, clofibrate



Aspirin













- Coronary vasodilator and relatively weak antiplatelet drug
- Mechanism of action
 - Potentiates effect of endogenous prostacycline
 - In high conc inhibits Phosphodiesterase, so ↑cAMP
- Dose = 100 mg BD/TDS
- used with aspirin to prevent ischemic stroke in patients of TIA







- ADP antagonists, inhibit binding of ADP to its receptors irreversibly
- Also Inhibit fibrinogen induced platelet aggregation with out modifying GPIIb/IIIa
- Synergistic action with aspirin
- Both are prodrugs have long duration of antiplatelet effect
- Clopidogrel a congener of ticlodipine is safer and better tolerated



Ticlodipine Vs clopidogrel

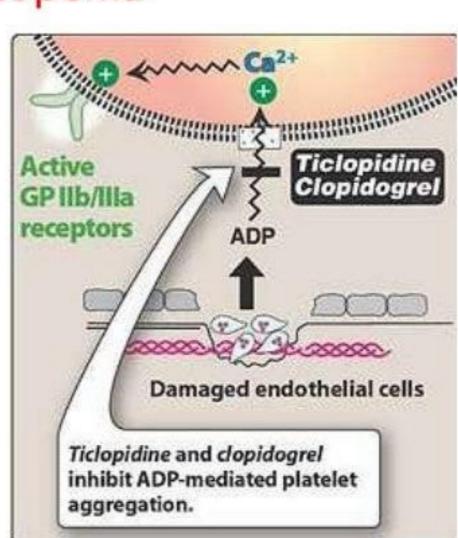


Ticlodipine

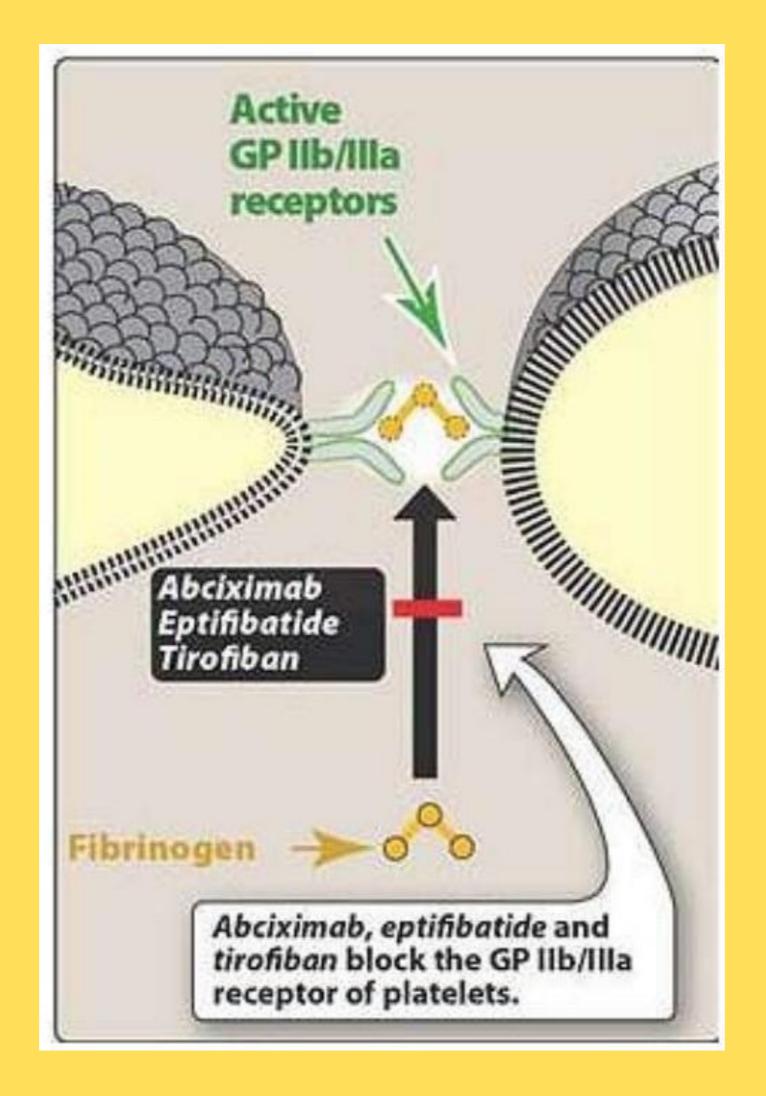
- Adverse effects:
 - Diarrrhoea, vomiting, abdominal pain
 - Headache, tinnitus, skin rash
 - Bleeding, neutropenia, thrombocytopenia
- dose= 250 mg BD

Clopidogrel

- Adverse effects
 - Bleeding most IMP
 - Less bone marrow toxicity
 - Diarrhoea, epigastric pain, rashes
- Dose = 75 mg OD











Abciximab



- Fab fragment of Chimeric monoclonal antibody against GP-IIb/IIIa.
- Used to prevent platelet aggregation in patients having PCI, administered along with aspirin & heparin or LMW heparin
- Most common A/E is bleeding
- May cause thrombocytopenia, hypotension, bradycardia
- Non antigenic
- Dose: 0.25 mg/kg IV before PCI followed by 10 μg/min for 12 hrs







- Prosthetic heart valves & A-V shunts
- Peripheral vascular disease
- Coronary artery diseases
 - Myocardial infarction
 - Unstable angina
 - Primary & secondary prevention of MI
- Coronary angioplasty, stents, bypass implants
- Cerebrovascular transient Ischemic attacks
- Venous thrombo-embolism





THANK YOU