

See How Far We've Come in 40 Years

We're celebrating 40 years of our sister product, Pharmacist's Letter, this month!

Help us commemorate with a throwback to a couple of the topics we covered in June 1985...our very first issue.

HIV. We've come a LONG way with HIV over the past 40 years...from considering it an incurable infection to one we can now prevent.

What we said in 1985: There is no cure for AIDS on the immediate horizon despite all the news coverage.

What we say now: Consider ways to support HIV prevention.

Keep PRE-exposure prophylaxis (PrEP) top of mind for ALL high-risk sexually active patients...to help raise awareness and limit stigma.

Daily oral PrEP reduces the risk of getting HIV from sex by about 99%...or from injection drug use by at least 74%.

Expect most patients to get generic emtricitabine/tenofovir DISOPROXIL fumarate (Truvada) daily...it costs less than other options.

Also know when POST-exposure prophylaxis (PEP) might be used...after possible HIV exposure during sexual activity, sharing needles, etc. But PEP is best started ASAP within 72 hours of exposure...and continued for 28 days.

Be aware, preferred PEP regimens recently changed.

For most adults and teens, you'll see bictegravir/emtricitabine/ tenofovir ALAFENAMIDE (Biktarvy)...it's a single tablet taken once daily.

Use our checklists, HIV PrEP and HIV PEP, for screening and monitoring, alternative meds, HIV prevention strategies, and more.

Ischemic stroke. We've known for decades that antiplatelet meds (clopidogrel, etc) reduce the risk of recurrent stroke. But we're still studying the best approach.

What we said in 1985: Persantine (dipyridamole) with aspirin is no better than aspirin alone in the prevention of strokes.

What we say now: Generally recommend aspirin OR clopidogrel alone.

Dipyridamole ER/aspirin seems a bit more effective than aspirin. But it's bid...headache is common...and the oral combo product isn't on the market anymore in Canada.

But don't be surprised to see a short course of aspirin plus clopidogrel after a high-risk transient ischemic attack (TIA) or milder stroke.

In these cases, recent data suggest the benefit may outweigh the risk of bleeding.

Dive into our chart, Antiplatelets for Recurrent Ischemic Stroke, for more on the preferred options, dosing, and estimated cost.

Key References:

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