

★ Recommendation	Strength of recommendation	Certainty of evidence
<p>In people discharged following an ACS who are at high ischaemic and/or low bleeding risk, prescribe DAPT with aspirin and a P2Y12 inhibitor for 6–12 months.</p>	Strong	High
<p>In people discharged following an ACS who are at low ischaemic and/or high bleeding risk, cease DAPT at 1–3 months post-ACS and continue single antiplatelet therapy (SAPT).</p>	Strong	High
<p>In people discharged following an ACS who have completed a course of DAPT (i.e. 1–12 months), prescribe long-term P2Y12 inhibitor over aspirin.</p>	Strong	Moderate
<p>In people discharged following an ACS who remain at high ischaemic and low bleeding risk, consider long-term DAPT (>12 months).</p>	Weak	Moderate
<p>In people discharged following an ACS with an indication for long-term OAC therapy, continue OAC and DAPT (preferentially aspirin and clopidogrel) for 1–4 weeks, then cease aspirin.</p>	Strong	High
<p>In people discharged following an ACS with an indication for long-term OAC therapy, cease antiplatelet therapy at 6–12 months and continue anticoagulation alone.</p>	Strong	Moderate