Ticlopidine (Ticlid)

Ticlopidine (Ticlid) is an antiplatelet medication designed to inhibit platelet aggregation, thereby preventing thrombotic events. Though closely related to clopidogrel, ticlopidine causes more adverse hematologic effects, such as neutropenia and thrombotic thrombocytopenic purpura (TTP). Other side effects of ticlopidine (Ticlid) include diarrhea, abdominal pain, flatulence, nausea, heartburn, and rash. Patients taking ticlopidine (Ticlid) should have their complete blood count (CBC) monitored every two weeks for the first 3 months of drug therapy. It is important to remember that ticlopidine must be withheld prior to surgery, due to increased risk of bleeding.



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Mechanism

ADP Receptor Antagonist
A-dentist-sings-Ps with Ant-toga
Decreased availability of ADP prevents glycoprotein IIb/IIIa expression on platelets leading to an inability of platelet aggregation by inhibiting fibrinogen from binding.

Irreversibly Inhibits Platelet Aggregation
Locked Inhibiting-chains on Sticky Plates
Ticlopidine (Ticlid) works by inhibiting platelet aggregation. Because the effects are irreversible, the antiplatelet action will continue until death or destruction of the platelet occurs.

Indications

Thrombotic Event Prevention
Plugged Trombone Event
Because a clump of platelets makes up the center of a thrombus or clot, use of ticlopidine to inhibit platelet aggregation will ultimately work to prevent a thrombotic event. It is important to note; however, that this medication should only be used for patients who have not responded to aspirin therapy, or those who cannot tolerate the use of aspirin.

Side Effects

Neutropenia
Nude-peanut
Neutropenia, a low neutrophil or white blood cell count, may occur with ticlopidine therapy. This condition can increase a patient’s risk of infection; however, it is not permanent. White blood cell counts will return to normal one to three weeks after stopping the medication.

Thrombotic Thrombocytopenic Purpura (TTP)
Trombone-side-toe-peanut with Purple-cat
TTP is a disorder of the coagulation system that causes small clot formation throughout the body. Patients with TTP may exhibit fever and changes in neurologic function. Lab results may also reveal low platelet counts, anemia, and kidney problems.

GI Distress
GI with Flare-gun
Patients taking ticlopidine may experience GI distress including diarrhea, abdominal pain, gas, nausea, and dyspepsia (heartburn).

Rash
Rash
Skin reactions such as a rash, itching, or purpura may occur while taking ticlopidine. Purpura will manifest as small, purple discolorations of the skin.

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Considerations

Withhold Before Surgery

Held Back by Surgeon

Ticlopidine (Ticlid) should be withheld before surgery, due to increased risk of bleeding. Keep in mind that the effects of the drug remain in the body for 7 to 10 days after the last dose, so ample time must be planned for the discontinuation of the drug prior to surgery.

Monitor Blood Count

Monitor Blood Count

Patients taking ticlopidine (Ticlid) should have their complete blood count (CBC) monitored every two weeks for the first 3 months of drug therapy. If neutropenia, TTP, or agranulocytosis occurs, ticlopidine therapy should be stopped immediately.

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