

Clear Up Confusion About Aspirin for CV Primary Prevention

You'll be asked **whether “an aspirin a day” is still good for the heart...**based on new U.S. Preventive Services Task Force recommendations.

Help patients sort out the facts. This is a case of guidance catching up with the evidence.

We know to use aspirin 81 mg/day for SECONDARY prevention...such as after an MI or stroke, or with angina or peripheral artery disease.

Remind these patients not to stop aspirin, since it can be lifesaving...and CV benefits clearly outweigh bleeding risks.

Aspirin for PRIMARY prevention is a different story.

A new analysis confirms that benefits are generally outweighed by risks. Using aspirin for primary prevention for up to 10 years avoids a CV event in 1 in 250 patients...but leads to major bleeding in 1 in 200.

Primary prevention might have a small net benefit in select patients with high CV and low bleeding risk. But it doesn't seem to improve length or quality of life for most patients over 60.

Don't routinely start aspirin for primary prevention...even for patients with diabetes or multiple CV risks.

Keep in mind, even aspirin 81 mg/day can lead to bleeding. And special forms (enteric-coated, buffered, etc) don't cause less GI bleeding...since risk seems mainly due to aspirin's systemic effects.

Ask if patients take OTC aspirin when you're updating EHR med lists. Share that evidence about its role in primary prevention has evolved...and usually recommend stopping aspirin in this case.

Weigh patient risks and preferences. For example, point out that bleeding risk goes up with age...and aspirin is one more pill to take.

Educate that aspirin doesn't need to be tapered...it “self-tapers” as new platelets are made. Plus bleeding risk in primary prevention likely outweighs any theoretical risk of “rebound” events.

Reinforce other ways to reduce CV risk, such as lifestyle changes...smoking cessation...and managing BP, lipids, and diabetes.

Get our resource, *Aspirin for CV Primary Prevention*, for more talking points...and aspirin's role in colon cancer prevention.

Key References:

- JAMA. 2022 Apr 26;327(16):1577-1584
- JAMA. 2022 Apr 26;327(16):1585-1597
- JAMA. 2022 Apr 26;327(16):1598-1607
- Circulation. 2019 Sep 10;140(11):e596-e646

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