

Aspirin for the Prevention of Cardiovascular Disease: U.S. Preventive Services Task Force Recommendation Statement

Summaries for Patients are a service provided by *Annals* to help patients better understand the complicated and often mystifying language of modern medicine.

The full reports are titled “Aspirin for the Prevention of Cardiovascular Disease: U.S. Preventive Services Task Force Recommendation Statement,” and “Aspirin for the Primary Prevention of Cardiovascular Events: An Update of the Evidence for the U.S. Preventive Services Task Force.” They are in the 17 March 2009 issue of *Annals of Internal Medicine* (volume 150, pages 396-404 and pages 405-410). The first report was written by the U.S. Preventive Services Task Force; the second report was written by T. Wolff, T. Miller, and S. Ko.

Who developed these recommendations?

The U.S. Preventive Services Task Force (USPSTF) is a group of health experts that makes recommendations about preventive health care.

What is the problem and what is known about it so far?

Heart attack and ischemic stroke (“strokes”) occur when blockages in the blood vessels that supply the heart or brain cut off blood supply long enough to damage parts of these organs. Aspirin decreases the chances of a heart attack or stroke in patients who have had heart attacks or strokes, and newer evidence suggests that aspirin is beneficial in certain persons who have not had a heart attack or stroke. Aspirin can cause uncommon but serious complications, such as bleeding in the digestive tract or brain. In 2002, the USPSTF recommended that adults who have risk factors for heart attack but have not yet had a heart attack discuss the benefits and harms of aspirin to prevent heart attacks with their doctors. The benefits of aspirin were likely to outweigh the harms for patients whose chances of having a heart attack in the next 5 years were at least 3 of 100 (3%). However, these recommendations were based on data mostly from men. The USPSTF wanted to update them.

How did the USPSTF develop these recommendations?

The USPSTF reviewed newly published research since 2001 on the benefits and harms of aspirin use in adults who have never had a heart attack or stroke.

What did the authors find?

Good evidence shows that aspirin decreases heart attacks in men age 45 to 79 years and strokes in women age 55 to 79 years who are at increased risk for but have not yet had these problems. Aspirin prevents more heart attacks and strokes in groups of people with more risk factors for cardiovascular disease. However, taking aspirin increases a person’s chances of bleeding in the stomach, intestines, or brain (called “hemorrhagic stroke”).

What does the USPSTF suggest that doctors and patients do?

Patients and doctors should consider a man’s age, diabetes, blood pressure, cholesterol levels, and smoking when deciding whether to use aspirin to prevent heart attacks. A tool to calculate a patient’s risk for a heart attack is available at <http://healthlink.mcw.edu/article/923521437.html>. For women, patients and doctors should consider age, high blood pressure, diabetes, smoking, a history of other cardiovascular disease, abnormal heart rhythms, and the presence of an enlarged heart. A tool for estimating stroke risk is available at www.westernstroke.org/PersonalStrokeRisk1.xls.

Men age 45 to 79 years should take aspirin if the chances of preventing heart attack outweigh the chances of bleeding in the digestive tract. Women age 55 to 79 years should take aspirin if the chances of reducing ischemic stroke outweigh the chances of bleeding in the digestive tract. Men younger than 45 years and women younger than 55 years who have not previously had a heart attack or stroke should not take aspirin for prevention. It is unclear whether the benefits of aspirin outweigh the risks for patients 80 years or older.

What are the cautions related to these recommendations?

These recommendations do not apply to persons who have already had a heart attack or stroke. They also may not apply to persons who are taking nonsteroidal anti-inflammatory medications because of potential increased risk for bleeding in the stomach or intestines.

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