

Summary of Recommendations for Aspirin Use to Prevent Cardiovascular Disease

Topic	USPSTF Recommendation	Review of USPSTF Rationale	Partnership for Prevention	AHA Guidelines for Women	Recommendations of Others
Aspirin for the Prevention of CVD	Aspirin is recommended for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (A) Aspirin is recommended for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (A)	Good evidence exists that aspirin decreases the incidence of myocardial infarction in men and ischemic strokes in women, but also increases the incidence of GI bleeding. Fair evidence exists that aspirin increases the incidence of hemorrhagic strokes. Aspirin use for the prevention of CVD is only recommended when sufficient evidence indicates the benefits outweigh the harms.	Discuss the benefits/harms of daily aspirin use for the prevention of cardiovascular events with men >40, women >50, and others at increased risk.	Aspirin therapy (75 to 325 mg/d) should be used in high-risk women unless contraindicated (<i>Class I, Level A</i>). If a high-risk woman is intolerant of aspirin therapy, clopidogrel should be substituted (<i>Class I, Level B</i>). In women >65 years of age, consider aspirin therapy (81 mg daily or 100 mg every other day) if blood pressure is controlled and benefit for ischemic stroke and MI prevention is likely to outweigh risk of gastrointestinal bleeding and hemorrhagic stroke (<i>Class IIa, Level B</i>) and in women <65 years of age when benefit for ischemic stroke prevention is likely to outweigh adverse effects of therapy (<i>Class IIb, Level B</i>).	American Diabetes Association and AHA jointly recommend aspirin therapy (75 to 162 mg/d) for primary prevention of heart disease for persons w/ diabetes age > 40 years or who have additional risk factors for CVD and no contraindications to aspirin therapy. American Stroke Association and AHA further recommend aspirin for cardiovascular prophylaxis among persons whose risk is sufficiently high for the benefits to outweigh the risks associated w/ treatment. For primary prevention of stroke, they recommend against aspirin in men and state that aspirin can be useful for primary prevention of stroke in women whose risk is sufficiently high for the benefits to outweigh the harms of treatment.

References:

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- Mosca L, Banka CL, Benjamin EJ et al. Evidence-based guidelines for cardiovascular disease prevention in women: 2007 update. *Circulation*. 2007;115;1481-1501.
- US Preventive Services Task Force. USPSTF Recommendations. Rockville (MD): U.S. Preventive Services Task Force. Available at <http://www.uspreventiveservicestaskforce.org/uspsttopics.htm>. Accessed on 8/23/10.