

Task Force Finalizes Recommendations on Starting Aspirin Use to Prevent a First Heart Attack or Stroke

People 40 to 59 should decide with their healthcare professional whether to start taking aspirin; people 60 or older should not start taking aspirin

WASHINGTON, D.C. – April 26, 2022 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement on aspirin use to prevent heart disease and stroke, also known as cardiovascular disease (CVD). People ages 40 to 59 who are at higher risk for CVD and do not have a history of CVD should decide with their healthcare professional whether to start taking aspirin to prevent a first heart attack or stroke. **This is a C grade.** People age 60 or older should not start taking aspirin to prevent a first heart attack or stroke. **This is a D grade.** These recommendations only apply to people who do not have a history of CVD and are not already taking daily aspirin.

Heart disease and stroke are leading causes of mortality in the United States, accounting for more than one in four deaths. While daily aspirin use has been shown to lower the chance of having a first heart attack or stroke, it can also cause harm. The most serious potential harm is bleeding in the stomach, intestines, and brain, also known as internal bleeding.

“People who are 40 to 59 years old and who don’t have a history of CVD but are at higher risk may benefit from starting to take aspirin to prevent a first heart attack or stroke,” says Task Force member John Wong, M.D. “It’s important that they decide together with their healthcare professional if starting aspirin is right for them because daily aspirin use does come with possible serious harms.”

When deciding whether patients ages 40 to 59 should start taking aspirin to prevent a first heart attack or stroke, healthcare professionals should take into account the patient’s CVD risk, chance of bleeding, and other factors. The Task Force encourages shared decision making between healthcare professionals and patients so that the decision made is best for a patient’s health and in line with the patient’s values and preferences.

“Based on current evidence, the Task Force recommends against people 60 and older starting to take aspirin to prevent a first heart attack or stroke,” says Task Force vice chair Michael Barry, M.D. “Because the chance of internal bleeding increases with age, the potential harms of aspirin use cancel out the benefits in this age group.”

Importantly, these recommendations are not for people who already have heart disease, have had a stroke, or are already taking aspirin; these people should talk to their healthcare professional about their individual circumstances. “We want to emphasize that these recommendations are focused on starting aspirin to prevent a first heart attack or stroke. Anyone who already takes aspirin and has questions about it should speak with their healthcare professional,” Dr. Wong added.

Grades in this recommendation:

- C: The recommendation depends on the patient’s situation.
- D: Not recommended.

[Learn more here](#)

The Task Force's final recommendation statement and corresponding evidence summary and modeling study have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement, evidence review, and modeling report were available for public comment from October 12, 2021, to November 8, 2021. The final recommendation statement is consistent with the draft version. Minor updates were made for emphasis and clarity.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Wong is interim chief scientific officer, vice chair for Academic Affairs, chief of the Division of Clinical Decision Making, and a primary care clinician at Tufts Medical Center. He is a professor of medicine at Tufts University School of Medicine.

Dr. Barry is the director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

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