

# Understanding Task Force Draft Recommendations

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on aspirin use to prevent cardiovascular disease. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from October 12, 2021 to November 8, 2021. The Task Force welcomes your comments.

## Aspirin Use to Prevent Cardiovascular Disease

The Task Force issued a **draft recommendation statement** on *Aspirin Use to Prevent Cardiovascular Disease*.

The Task Force recommends that people ages 40 to 59 have a conversation with their clinician to see if they are at higher risk for developing heart disease or stroke and, if so, whether taking aspirin is right for them. Those who are age 60 years or older and do not have a history of heart disease or stroke should not start taking aspirin because the risks cancel out the benefits.

This recommendation applies to people who are 40 years or older who are at higher risk for heart disease, have no history of heart disease or stroke, and are not already taking daily aspirin.

### Facts About Cardiovascular Disease

Cardiovascular disease is the leading cause of death in the United States, leading to about one in three deaths in adults.

Age is one of the strongest risk factors for heart disease and stroke; the older you are, the higher your risk for heart disease or stroke.

Other risk factors include high cholesterol, high blood pressure, diabetes, overweight and obesity, smoking, lack of physical activity, and unhealthy diet. Men tend to have heart attacks and strokes earlier in life than women. Also, Black adults have the highest rates of heart disease.

### Facts About Aspirin Use to Prevent Cardiovascular Disease

The decision as to whether and when to start taking aspirin to prevent heart disease should be made together with a clinician. When providing guidance about aspirin use, a clinician will consider the patient's age, heart disease risk, and bleeding risk.

A clinician will use a risk calculator to estimate a person's heart disease risk based on a variety of factors, such as age, sex, and cholesterol level. To determine the risk for bleeding, a clinician will check if the patient has a history of internal bleeding, such as bleeding in the stomach, intestines, or the brain. Other things that can put someone at higher risk of bleeding include having ulcers or liver disease.

A decision to take aspirin should also include the patient's individual values and preferences related to the benefits and harms of taking aspirin. These may include a patient's preference for taking a daily medication.

Research shows that aspirin to prevent heart disease and stroke is effective at different doses. A daily 81 milligram tablet, also known as "baby aspirin," is the most commonly prescribed dose in the United States.

Aspirin is not the only way to prevent heart disease and stroke. Everyone can reduce their risk by quitting smoking, eating a healthy diet, being physically active, and keeping blood pressure and cholesterol under control.



#### What is cardiovascular disease?

Cardiovascular disease (CVD) describes conditions related to the heart and blood vessels and includes different types of heart diseases and stroke. Several factors affect a person's risk for CVD, such as age, cholesterol level, smoking, and having high blood pressure or diabetes.

# Aspirin Use to Prevent Cardiovascular Disease

## Potential Benefits and Harms of Aspirin to Prevent Cardiovascular Disease

The Task Force found that daily aspirin use may help prevent heart disease and stroke, but it can also cause some harm.

People who start taking aspirin may lower their chance of having a first heart attack or stroke. The higher your risk for heart disease, the more likely you are to benefit from daily aspirin use.

Aspirin use comes with the potential for serious harms. The most serious potential harm is internal bleeding. The chance of bleeding increases with age and it can be life threatening.

Based on these benefits and harms, people who are 40 to 59 years old and do not have a history of heart disease should have a conversation with their clinician to decide together if starting to take aspirin is right for them.

For people age 60 years or older, the risk of internal bleeding cancels out the potential benefits of preventing a first heart attack or stroke, so starting to take daily aspirin is not recommended.

This draft recommendation is about *whether* and *when* to consider *starting* to take daily aspirin to prevent a first attack or stroke. It is not for people who already have heart disease or have had a stroke or who are already taking aspirin. The decision on whether and when to stop taking aspirin should be made with a clinician.

## The Draft Recommendation on Aspirin Use to Prevent Cardiovascular Disease: What Does It Mean?

Here is the Task Force's draft recommendation on aspirin use to prevent cardiovascular disease. It is based on the quality and strength of the evidence about the potential benefits and harms of aspirin use for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **C Grade**, it recommends clinicians and patients decide together about a preventive service based on the patient's individual circumstance. When the Task Force issues a **D Grade**, it recommends against a preventive service because it is not beneficial.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

# Aspirin Use to Prevent Cardiovascular Disease

**1** The decision to **initiate low-dose aspirin use** for the **primary prevention** of **CVD** in adults ages 40 to 59 years who have a **10% or greater 10-year CVD risk** should be an individual one. Evidence indicates that the **net benefit** of aspirin use in this group is small. Persons who are not at increased risk for **bleeding** and are willing to take low-dose aspirin daily are more likely to benefit. **(C Grade)**

**2** The USPSTF recommends against initiating low-dose aspirin use for the primary prevention of CVD in adults age 60 years or older. **(D Grade)**

## Notes

**1 initiate**  
Start taking.

**low-dose aspirin use**  
A daily dose of 81 mg, or baby aspirin.

**primary prevention**  
Preventing disease before it starts, in this case before a first heart attack or stroke occurs.

**CVD**  
A variety of conditions related to the heart and blood vessels, including different types of heart diseases and stroke.

**10% or greater 10-year CVD risk**  
Having a 10% or higher chance of having a heart attack or stroke over the next 10 years. A clinician estimates this percentage using a risk calculator.

**net benefit**  
The benefit someone receives from a preventive service after taking harms into account.

**bleeding**  
Refers to internal bleeding, such as bleeding in the stomach, intestines, or the brain.

# Aspirin Use to Prevent Cardiovascular Disease






## What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the **Task Force website**.

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here to Learn More About Preventing Cardiovascular Disease](#)

-  **Keep Your Heart Healthy**  
(MyHealthfinder)
-  **How to Prevent Heart Disease**  
(MedlinePlus)
-  **Preventing Stroke**  
(MedlinePlus)
-  **Prevent Heart Disease**  
(Centers for Disease Control and Prevention)
-  **Preventing Stroke: What You Can Do**  
(Centers for Disease Control and Prevention)

## [Click Here to Comment on the Draft Recommendation](#)



The Task Force welcomes comments on this draft recommendation.



Comments must be received between October 12, 2021 - November 8, 2021.



All comments will be considered for use in writing final recommendations.