



ASPIRIN FOR THE PREVENTION OF CARDIOVASCULAR DISEASE CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION

Population	Men Age 45-79 Years	Women Age 55-79 Years	Men Age < 45 Years	Women Age < 55 Years	Men & Women Age ≥ 80 Years
Recommendation	Encourage aspirin use when potential CVD benefit (MIs prevented) outweighs potential harm of GI hemorrhage	Encourage aspirin use when potential CVD benefit (strokes prevented) outweighs potential harm of GI hemorrhage	Do not encourage aspirin use for MI prevention	Do not encourage aspirin use for stroke prevention	No Recommendation
	GRADE: A		GRADE: D		GRADE: I (Insufficient Evidence)

How to Use This Recommendation	<p>Shared decision making is strongly encouraged with individuals whose risk is close to (either above or below) the estimates of 10-year risk levels indicated below. As the potential CVD benefit increases above harms, the recommendation to take aspirin should become stronger.</p> <p>To determine whether the potential benefit of MIs prevented (men) and strokes prevented (women) outweighs the potential harm of increased GI hemorrhage, both 10-year CVD risk and age must be considered.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Risk level at which CVD events prevented (benefit) exceeds GI harms</th> </tr> <tr> <th colspan="2" style="text-align: center;">Men</th> <th colspan="2" style="text-align: center;">Women</th> </tr> <tr> <th colspan="2" style="text-align: center;">10-year CHD risk</th> <th colspan="2" style="text-align: center;">10-year stroke risk</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Age 45 – 59 years</td> <td style="text-align: center;">≥ 4%</td> <td style="text-align: center;">Age 55 – 59 years</td> <td style="text-align: center;">≥ 3%</td> </tr> <tr> <td style="text-align: center;">Age 60 – 69 years</td> <td style="text-align: center;">≥ 9%</td> <td style="text-align: center;">Age 60 – 69 years</td> <td style="text-align: center;">≥ 8%</td> </tr> <tr> <td style="text-align: center;">Age 70 – 79 years</td> <td style="text-align: center;">≥ 12%</td> <td style="text-align: center;">Age 70 – 79 years</td> <td style="text-align: center;">≥ 11%</td> </tr> </tbody> </table> <p>The table above applies to adults who are not taking NSAIDs and who do not have upper GI pain or a history of GI ulcers.</p> <p>NSAID use and history of GI ulcers raise the risk of serious GI bleeding considerably and should be considered in determining the balance of benefits and harms. NSAID use combined with aspirin use approximately quadruples the risk of serious GI bleeding compared to the risk with aspirin use alone. The rate of serious bleeding in aspirin users is approximately 2 – 3 times higher in patients with a history of GI ulcers.</p>	Risk level at which CVD events prevented (benefit) exceeds GI harms				Men		Women		10-year CHD risk		10-year stroke risk		Age 45 – 59 years	≥ 4%	Age 55 – 59 years	≥ 3%	Age 60 – 69 years	≥ 9%	Age 60 – 69 years	≥ 8%	Age 70 – 79 years	≥ 12%	Age 70 – 79 years	≥ 11%
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Risk Assessment	<p>For MEN: Risk factors for CHD include age, diabetes, total cholesterol level, HDL level, blood pressure, and smoking. CHD risk estimation tool: http://healthlink.mcw.edu/article/923521437.html</p> <p>For WOMEN: Risk factors for ischemic stroke include age, high blood pressure, diabetes, smoking, history of CVD, atrial fibrillation, and left ventricular hypertrophy. Stroke risk estimation tool: http://www.westernstroke.org/PersonalStrokeRisk1.xls</p>																								
Relevant Recommendations from the USPSTF	<p>The USPSTF has made recommendations on screening for abdominal aortic aneurysm, carotid artery stenosis, coronary heart disease, high blood pressure, lipid disorders, and peripheral arterial disease. These recommendations are available at www.preventiveservices.ahrq.gov.</p>																								

For the full recommendation statement and supporting documents, please go to: www.preventiveservices.ahrq.gov. Abbreviations: CHD = coronary heart disease, CVD = cardiovascular disease, GI = gastrointestinal, HDL = high-density lipoprotein, MI = myocardial infarction, NSAIDs = nonsteroidal anti-inflammatory drugs.