

# Guidelines Spell Out Prophylactic Aspirin Use

BY MICHELE G. SULLIVAN

**T**he U.S. Preventive Services Task Force has released the first gender- and age-specific recommendations for aspirin therapy in patients at risk of cardiovascular disease.

Drawing on data from recent studies, the new recommendations conclude that aspirin therapy reduces the risk of heart attack and ischemic stroke in appropriate

male candidates, while it cuts the risk of ischemic stroke in female candidates. Both groups are at risk of gastrointestinal bleeding. Daily aspirin therapy therefore should be encouraged in women aged 55-79 years and men aged 45-79 years who have few risks of aspirin-related adverse events and who have potentially large benefits in terms of their respective risk reduction (Ann. Intern. Med. 2009;150:396-410).

The guidelines are the first update to government released recommendations on the topic since 2002.

Seven years ago, "we did not have enough data available to come up with more specific recommendations based on gender," said Dr. Michael LeFevre, a member of the task force that wrote the document. "It was really the Women's Health Study that, when added to other studies, resulted in this very clear dis-

inction in the benefits of aspirin in men and women."

That study evaluated the risks and benefits of aspirin in the primary prevention of heart disease in almost 40,000 women. It reported a 23% reduction in the risk of ischemic stroke with aspirin use, but no significant benefit for heart attack.

Dr. LeFevre, a professor of family medicine at the University of Missouri, Columbia, said that the recommendations are based on an individual's risk.

For men, 10-year coronary heart disease risk factors include age, total and high-density lipoprotein cholesterol levels, blood pressure, and the presence of diabetes and smoking. Similarly, 10-year stroke risk in women is estimated on the basis of age, and the presence of hypertension, diabetes, smoking, history of cardiovascular disease, atrial fibrillation, or left ventricular hypertrophy.

Men and women older than 80 years should receive careful consideration, according to the guidelines. Although the incidence of heart attack and stroke is high in this population, so is the risk of gastrointestinal bleeding. "The net benefit of aspirin use in [these patients] is probably best in those without risk factors for gastrointestinal bleeding (those with normal hemoglobin levels, good kidney function, and easy access to emergency care)."

The risk/benefit ratio should be reassessed every 5 years. The document recommends a daily aspirin dosage of 75 mg.

The USPTF recommendations differ from those offered by academic societies, including the American College of Cardiology and the American Heart Association, Dr. Christine Laine said in an interview. Such groups recommend daily aspirin therapy in patients with a high risk of cardiovascular disease or a history of heart attack, but offer no age- or gender-specific recommendations.

"It's not a sea change from the previous guidelines, but it does take advantage of these newer studies to make more definite recommendations, and helps move the decision making from less certain to more certain," said Dr. Laine, the senior deputy editor of the Annals of Internal Medicine and a general internist at Jefferson Medical College, Philadelphia.

The recommendations "set a new standard for guidelines," said family physician Peter P. Toth. "There is a simplicity to the recommendations, yet the data supporting them were rigorously analyzed and appropriately interpreted," said the director of preventive cardiology at the Sterling Rock Falls Clinic in Sterling, Ill.

Because the recommendations don't require a Framingham risk calculation, they will be much more appealing to busy primary care physicians, he said in an interview. Calculating the Framingham score "was strongly recommended by National Cholesterol Education Program Guidelines in patients with two or more risk factors. However, virtually no one does it, whether they practice in an academic or community-based setting, because it is perceived to be cumbersome and time-consuming."

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