Aspirin Use in Primary Care

- Aspirin when appropriate
- Blood pressure control
- Cholesterol management
- Smoking cessation
Opportunities for prevention

Counties in Oklahoma have high rates of preventable CV deaths\(^1\)

Aspirin for secondary prevention: the clear choice
Treat all patients with established cardiovascular disease with aspirin.

Meta-analysis results for aspirin as secondary prevention\(^5\)

Proportional effects of antiplatelet therapy on serious vascular events

- Previous MI: 24% reduction
- Other high risk: 26% reduction
- Previous TIA: 22% reduction
Aspirin for primary prevention: balancing risk & benefit

Evidence for aspirin as primary prevention is mixed.

- Reduces total cardiovascular events but no reduction in all-cause mortality or cardiovascular mortality (7,8,9)
- Impact differs by sex:
  - Reduces nonfatal MI in men 45-79 (9)
  - Reduces non-fatal stroke in women 55-79 (9)
- Increased risk of bleeding, especially GI bleeding (8,9)

The benefit of aspirin is not dose-dependent; use low-dose aspirin (81 mg) when indicated.

Three key steps for primary prevention decision-making:

1. Calculate cardiovascular risk
2. Consider bleeding risk
3. Estimate net potential benefit for patient

Assessing net benefit from aspirin use

Net benefit calculation based on sex-specific differences identified in 2009 USPSTF guidelines; updated 2015 USPSTF guidelines pending

<table>
<thead>
<tr>
<th>Age</th>
<th>10-year MI risk (men)</th>
<th>Age</th>
<th>10-year stroke risk (women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-59</td>
<td>≥4%</td>
<td>55-59</td>
<td>≥3%</td>
</tr>
<tr>
<td>60-69</td>
<td>≥9%</td>
<td>60-69</td>
<td>≥8%</td>
</tr>
<tr>
<td>70-79</td>
<td>≥12%</td>
<td>70-79</td>
<td>≥11%</td>
</tr>
</tbody>
</table>
Calculating cardiovascular risk

The 2013 ACC/AHA ASCVD risk calculator is the most recent tool for assessing patients’ risk of CV endpoints. The calculator is derived from a racially diverse cohort and focuses on evidence from randomized control trials.

For interactive calculators, up-to-date statistics, and more information on this initiative, visit our website: http://ophic.ouhsc.edu/rpr

Patient characteristics can predict the risk of CV events. Several other validated tools can help identify patients most likely to benefit for ASA.

References