

Aspirin Use in Primary Care



Aspirin when appropriate



Blood pressure control



Cholesterol management



Smoking cessation

Healthy Hearts for Oklahoma (H2O)

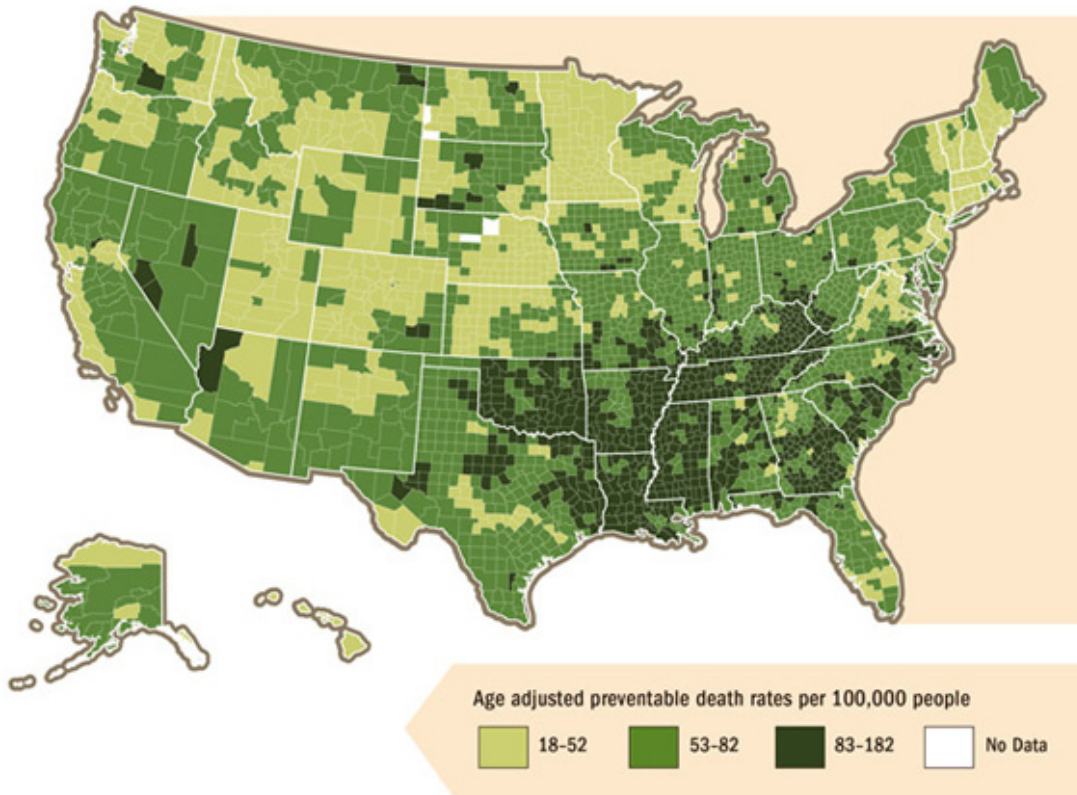
The Oklahoma Cooperative for AHRQ's

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Opportunities for prevention

Counties in Oklahoma have high rates of preventable CV deaths¹

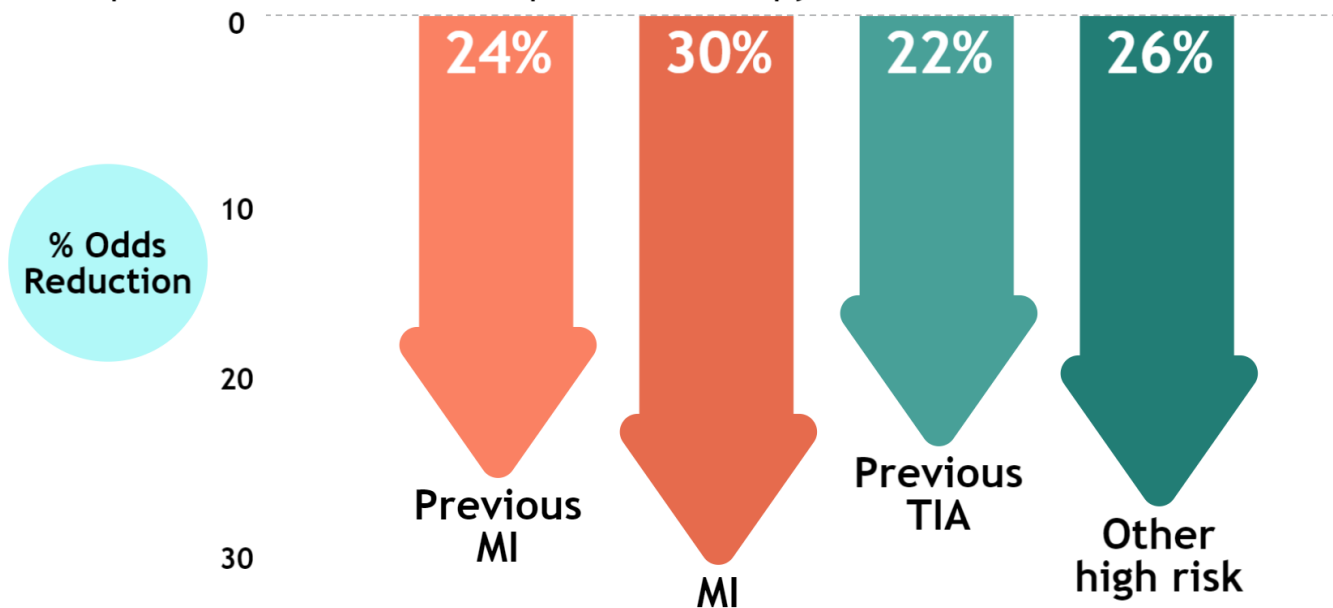


Aspirin for secondary prevention: the clear choice

Treat all patients with established cardiovascular disease with aspirin.

Meta-analysis results for aspirin as secondary prevention⁵

Proportional effects of antiplatelet therapy on serious vascular events



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

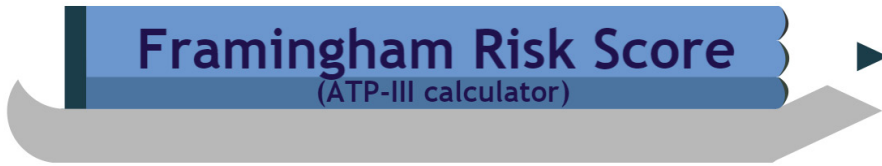
Net benefit calculation based on sex-specific differences identified in 2009 USPSTF guidelines; updated 2015 USPSTF guidelines pending

Risk level at which CVD events prevented (benefit) exceeds GI harm

Age	10-year MI risk (men) 	Age	10-year stroke risk (women) 
45-59	≥4%	55-59	≥3%
60-69	≥9%	60-69	≥8%
70-79	≥12%	70-79	≥11%

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.



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

For interactive calculators, up-to-date statistics, and more information on this initiative, visit our website:

<http://ophic.ouhsc.edu/rpr>

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References