



# PROVIDER *bulletin*

December 30, 2019

Dear Provider:

The American College of Cardiology and American Heart Association have revised their guidelines regarding the use of aspirin as *primary* prevention of cardiovascular disease. The key points are:

For decades, low-dose aspirin (75-100 mg with US 81 mg/day) has been widely administered for ASCVD prevention. By irreversibly inhibiting platelet function, aspirin reduces risk of atherothrombosis but at the risk of bleeding, particularly in the gastrointestinal (GI) tract. Aspirin is well established for secondary prevention of ASCVD and is widely recommended for this indication, but recent studies have shown that in the modern era, aspirin should not be used in the routine primary prevention of ASCVD due to lack of net benefit. Most important is to avoid aspirin in persons with increased risk of bleeding including a history of GI bleeding or peptic ulcer disease, bleeding from other sites, age >70 years, thrombocytopenia, coagulopathy, chronic kidney disease, and concurrent use of nonsteroidal anti-inflammatory drugs, steroids, and anticoagulants. The following are recommendations based on meta-analysis and three recent trials:

- Low-dose aspirin might be considered for primary prevention of ASCVD in select higher ASCVD adults aged 40-70 years who are not at increased bleeding risk.
- Low-dose aspirin should not be administered on a routine basis for primary prevention of ASCVD among adults >70 years.
- Low-dose aspirin should not be administered for primary prevention among adults at any age who are at increased bleeding risk.

For more information, please refer to the link:

<https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2019/03/07/16/00/2019-acc-aha-guideline-on-primary-prevention-gi-prevention>

Sincerely,

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Director of Pharmacy