

WHAT'S NEW

From the U.S. Preventive Services Task Force

AHRQ Publication No. APPIP02-0004

January 2002

Aspirin for the Primary Prevention of Cardiovascular Events

What Does the Current U.S. Preventive Services Task Force (USPSTF) Recommend?

The USPSTF strongly recommends that clinicians discuss the use of aspirin to prevent coronary heart disease with patients who are at increased risk. These discussions should address both the potential benefits and harms of aspirin therapy.

Every year, more than 1 million Americans die from heart attacks.

Cardiovascular Disease and Aspirin Therapy

Cardiovascular disease is the leading cause of death in the United States. The major types of cardiovascular disease are coronary heart disease,

which can cause heart attacks, and cerebrovascular disease, which can lead to stroke. Every year, more than 1 million Americans die from heart attacks and other forms of coronary heart disease; nearly 160,000 Americans die from stroke. Those at increased risk for cardiovascular disease include men older than 40 years, postmenopausal women, and younger people with high cholesterol, high blood pressure, diabetes, or a history of smoking.

Why Did the USPSTF Revisit This Topic?

In 1996, the USPSTF concluded that the evidence was insufficient to recommend for or against the routine use of aspirin to prevent heart attacks or stroke in people without known cardiovascular disease, because the balance of benefits and harms was

uncertain. Since then, 3 large studies have provided important new information on the benefits and harms of aspirin therapy in this population, prompting the USPSTF to revisit its previous recommendation.

The USPSTF systematically reviewed the research on the use of aspirin for the primary prevention of cardiovascular disease (heart attacks or strokes), estimated the likely benefits and harms of aspirin in patients at different levels of risk, and updated its 1996 recommendation for clinicians.

Potential Benefits and Harms of Aspirin Therapy

Using aspirin to prevent cardiovascular disease poses both potential benefits and potential harms. The USPSTF found good evidence that aspirin decreases the incidence of coronary

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on work of the U.S. Preventive Services Task Force (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent diseases)—to develop recommendations for preventive services in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in the Summary of the Evidence and USPSTF Recommendations and Rationale on the Agency for Healthcare Research and Quality (AHRQ) Web site (<http://www.ahrq.gov/clinic/uspstfix.htm>), through the National Guideline Clearinghouse (<http://www.guideline.gov>), in print through the AHRQ Publications Clearinghouse (1-800-358-9295), and in the January 15, 2002 issue of *Annals of Internal Medicine* (2002; 136[2]:157-172).

Although the benefits of aspirin are clearest for men, the USPSTF concluded that aspirin is also likely to be beneficial for women who are at increased risk for heart disease.

heart disease (primarily heart attacks) in middle-aged and older adults who are at increased risk but have never had a heart attack or stroke. Combined data from 5 clinical trials, including 3 recent trials, showed that aspirin therapy reduces the risk of coronary heart disease by 28%. Aspirin did not alter the likelihood of having a stroke, however, and appears to increase slightly the chances of having a specific type of stroke (hemorrhagic stroke) caused by bleeding in the brain. The USPSTF also found good evidence that aspirin increases the incidence of gastrointestinal bleeding. Although the benefits of aspirin are clearest for men in most studies, the USPSTF concluded that aspirin is also likely to be beneficial for women who are at increased risk for heart disease.

For more information on coronary heart disease and aspirin, contact the following organizations:

American Academy of Family Physicians

11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
Phone: 913-906-6000
<http://www.aafp.org>

American College of Cardiology

Heart House
9111 Old Georgetown Road
Bethesda, MD 20814
Phone: 1-800-253-4636
Fax: 301-897-9745
<http://www.acc.org>

American Heart Association

7272 Greenville Avenue
Dallas, TX 75231
Phone: 1-800-242-8721
<http://www.americanheart.org>

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road NE
Atlanta, GA 30333
Phone: 1-800-311-3435
<http://www.cdc.gov>

healthfinder™

<http://www.healthfinder.gov>

National Heart Lung and Blood Institute (NHLBI)

NHLBI Information Center
Attn: Web Site
P.O. Box 30105
Bethesda, MD 20824-8573
Phone: 301-592-8573
Fax: 301-592-8563
<http://www.nhlbi.nih.gov>



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U.S. Preventive Services
Task Force

The third USPSTF is an independent panel of experts who represent the fields of family medicine, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the third USPSTF are:

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