

# Be Ready With Answers About Aspirin for CV Disease Prevention

**Patients will continue to turn to you with questions about daily low-dose aspirin for cardiovascular protection.**

They're seeing headlines that fewer patients should take aspirin...based on new expert guidance.

Be ready with answers.

**Should I take daily aspirin for heart protection?** It depends...ask patients about their CV history.

Continue to recommend aspirin 81 mg/day for SECONDARY prevention...such as for patients who've had a heart attack or stroke, angina, or peripheral artery disease. Tell these patients that aspirin can be lifesaving...and CV benefits clearly outweigh bleeding risks.

But don't routinely recommend aspirin for PRIMARY prevention...even for patients with diabetes or multiple CV risks.

Explain evidence is stacking up to solidify this change in thinking.

For example, in primary prevention patients with diabetes, aspirin's CV benefits are nearly a "wash" compared to bleeding risk.

And risk exceeds benefit in patients over 70, since bleeding risk goes up with age...and those with prior GI bleed, anticoagulant use, etc.

Clarify that even low-dose aspirin, 81 mg/day, can lead to bleeding.

Also dispel the myth that enteric-coated or buffered aspirin causes less GI bleeding...this risk is mainly due to aspirin's systemic effects.

Steer patients to other CV prevention strategies...lifestyle changes, smoking cessation, and managing BP, lipids, and diabetes.

**Can I stop aspirin if I don't have a CV history?** Yes, for most primary prevention patients. Help evaluate risks and weigh preferences.

If aspirin was prescribed for primary prevention, advise patients to discuss with their prescriber...and periodically revisit pros and cons.

Collaborate with prescribers using our letter, *Aspirin for Primary Prevention of CV Events*...to share the evidence and your recommendations.

If primary prevention patients started aspirin on their own, provide our handout, *Aspirin and Your Heart*, to guide a dialogue about stopping.

Explain aspirin doesn't need to be tapered...its antiplatelet effect essentially self-tapers as new platelets are made. And bleeding risk in primary prevention likely outweighs any possible risk of "rebound" events.

Find more answers in our chart, *The Truth About Aspirin*.

## Key References:

-Circulation Published online Mar 17, 2019; doi:10.1161/CIR.0000000000000678

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