

Aspirin recommendation underscores need for physicians and patients to discuss benefits and risk

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The President of the American College of Preventive Medicine commended the U.S. Preventive Services Task Force (USPSTF) today for its recommendations on aspirin use for primary prevention of heart attack and stroke, released in the March 17 issue of the *Annals of Internal Medicine*, citing its improved specificity over previous guidelines.

The task force recommends [aspirin](#) use for prevention of cardiovascular disease when the benefits clearly outweigh the risks or harms. The task force found that men between the ages of 45 and 79 should use aspirin to reduce their risk for heart attacks when the benefits outweigh the harms for potential gastrointestinal bleeding; and that women between the ages of 55 and 79 should use aspirin to reduce their risk for [ischemic stroke](#) when the benefits outweigh the harms for potential gastrointestinal bleeding. The task force also recommended against the use of aspirin for stroke prevention in women younger than 55 years and for [myocardial infarction](#) prevention in men younger than 45 years.

"The task force has taken positive steps to lend clarity to patients and physicians about the value of aspirin for prevention of cardiovascular events," says [ACPM](#) President Mark B. Johnson, MD, MPH, FACPM. "The new guidelines make it clear that physicians, as a matter of routine practice, should be discussing the pros and cons of daily aspirin use with patients in the target groups."

An ACPM-sponsored survey published in the May 2007 edition of the American Journal of [Preventive Medicine](#) found a conversation between the patient and physician to be the strongest predictor of appropriate aspirin use, and that only about one in three patients who are at high risk are actually taking daily aspirin. A separate study by the Partnership for Prevention found that 45,000 lives could be saved each year if 90% of the target population took a low-dose aspirin every day. These studies led the American Medical Association to adopt a policy to increase education among physicians on the importance of appropriate aspirin counseling.

With today's release, the USPSTF updates its aspirin recommendations from 2002, which called on clinicians to discuss aspirin use for primary prevention with adults who are at increased risk for cardiovascular disease. The new USPSTF findings actually recommend aspirin use where benefits outweigh the harms, and further define the appropriate age and gender groupings for which aspirin is indicated.

"We think the new guidelines provide another tool in the armamentarium of the physician and the patient for assuring that a discussion about cardiovascular risk and potential aspirin use routinely takes place in the clinical setting," says David Shih, MD, MS, ACPM senior director of medical affairs. ACPM is leading the development of the national initiative, "Aspirin Talks: Start a Life-Saving Conversation," whose goal is to improve appropriate aspirin use to prevent heart attacks and strokes. Under the initiative ACPM is developing and testing an office-level intervention designed to help clinicians engage in a conversation about aspirin, featuring a tool kit with physician, patient, and clinic aids to facilitate aspirin therapy counseling.

More information: More information about ACPM's aspirin initiative can be found at www.acpm.org/aspirin/ . To view the USPSTF recommendation, visit www.ahrq.gov/clinic/uspstf/uspsasmi.htm .

Source: American College of Preventive Medicine

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