

Questions remain about safety of aspirin cessation in older adults

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A subgroup analysis of the ASPREE trial could not conclusively

demonstrate clear harm or benefit of either cessation or continuation of aspirin in older adults who regularly use aspirin without a clinical indication for its use, according to a research letter published online March 15 in the *Annals of Internal Medicine*.

Mark R. Nelson, M.B.B.S., Ph.D., from the University of Tasmania in Hobart, and colleagues performed a post-hoc analysis of participants from the ASPREE trial to examine the effect of [aspirin cessation](#) versus continuation among individuals aged 70 years or older who reported taking aspirin two or more days per week at trial enrollment. Participants were randomly assigned to either placebo (cessation) or aspirin (continuation). A composite of all-cause mortality, incident dementia, or persistent physical disability was assessed as the primary outcome.

The researchers found that 11 percent of the 19,114 recruited participants reported aspirin use before trial entry, and of these participants, 1,714 reported taking aspirin two or more days per week. During a median follow-up of 4.9 years, there was weak evidence of an increased risk for the primary outcome for aspirin cessation versus continuation; this finding seemed to be confined to non-White participants. The primary end point was experienced by 13.8 and 11.1 percent in the cessation and continuation groups, respectively (incidence rate, 28.8 versus 23.4 per 1,000 person years); the hazard ratio was 1.28 (95 percent confidence interval, 0.98 to 1.68). Among those taking aspirin for five years or longer, aspirin cessation appeared to increase cardiovascular disease events, although it was not associated with secondary end points.

"At this time, a pragmatic recommendation may be to consider aspirin cessation in those with a large medication burden with due caution," the authors write.

More information: Mark R. Nelson et al, Safety of Ceasing Aspirin

Used Without a Clinical Indication After Age 70 Years: A Subgroup Analysis of the ASPREE Randomized Trial, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M21-3823](https://doi.org/10.7326/M21-3823)

Ella Murphy et al, Does Stopping Aspirin Differ Fundamentally From Not Starting Aspirin in the Primary Prevention of Cardiovascular Disease Among Older Adults?, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M22-0550](https://doi.org/10.7326/M22-0550)

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