

# Benefits of regular aspirin use outweigh harms for some patients, including those at high risk for cardiovascular diseases

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Coated aspirin tablets. Image: Wikimedia Commons.

The U.S. Preventive Services Task Force (USPSTF) concluded that the benefits of regular aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer can outweigh the bleeding risks for some patients, including those with higher risk for CVD. The recommendation was informed by three systematic evidence reviews and a modeling paper, all published in *Annals of Internal Medicine*.

Three recent systematic reviews conducted on behalf of the USPSTF reaffirmed evidence of aspirin's effectiveness for both sexes in preventing first-time myocardial infarction and ischemic stroke (Aspirin for the Primary Prevention of Cardiovascular Events) and also found new evidence indicating aspirin's effectiveness in preventing [colorectal cancer](#) (Aspirin for the Prevention of Cancer Incidence and Mortality). However, the updated reviews also reaffirm aspirin's role in increasing the risk for major gastrointestinal bleeding and hemorrhagic stroke (Bleeding Risks with Aspirin Use for Primary Prevention in Adults). These findings create a challenge for physicians who must determine the appropriateness of regular aspirin use for their patients. To further inform and clarify its

recommendation, the USPSTF commissioned a decision analysis using a simulation modeling assessing the expected net benefit of aspirin use across clinically relevant population groups defined by their age, sex and risk for CVD.

The model suggests that aspirin use would improve overall quality of life, or reduce illness, for most men and women without elevated bleeding risk when initiated between the ages of 40 and 69 years for lifetime use. Such use would improve life expectancy for most men and women who start aspirin between the ages of 40 and 59 years and for those at higher risk for CVD who start between the ages of 60 and 69. For older patients with a lower risk for CVD, the benefits of [aspirin](#) use do not seem to outweigh the potential harms. Because of limited primary evidence about people younger than 50, the USPSTF concluded there was not enough certainty to make a recommendation for this age group.

As with all of its recommendations and reviews, the USPSTF recommends that patient preferences should be considered and that physicians should engage in shared decision-making.

**More information:**

<http://www.annals.org/article.aspx?doi=10.7326/M15-2129>

Provided by American College of Physicians

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