A Message for the Heart

Aspirin: To take or not to take?

- **Talk with your doctor** about whether daily aspirin therapy might help you prevent a heart attack.

- **Your doctor may already have recommended aspirin**
  - If you have already had a heart attack or a stroke.
  - No heart attack, but you have a stent placed in your coronary artery, had bypass surgery or have chest pain (angina) due to coronary artery disease
  - You have a high risk of a heart attack
  - You have diabetes and one other cardiovascular risk factor (E.g. High blood-pressure, smoking etc.)

- **The U.S. Preventive Services Task Force will soon be revising its** recommended daily aspirin therapy for individuals to prevent a first heart attack or stroke (**Primary Prevention**)—Speak to your doctor!

  ~ Ages 50 - 59 years, not at increased bleeding risk, with a 10 year risk of heart attack of 10 percent or greater
  (needs risk calculation)

  ~ Ages 60 to 69, not at increased bleeding risk, with a high risk of heart attack or stroke of **10 percent or greater over the next 10 years**, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin (81mg) daily are more likely to benefit,

- For adults younger than age 50 and older than age 70, no definitive recommendations have been made.

- There is adequate evidence that aspirin use in adults may increase risk for GI bleeding and hemorrhagic stroke. Evidence shows that risk for GI bleeding, with and without aspirin use, increases with age. The rate of serious bleeding is about two to three times greater in patients with a history of a GI ulcer and is twice as high in men as women.

- Any decision to use aspirin in primary prevention of cardiovascular disease should be an individual clinical judgment between the healthcare provider and his or her patient that weighs the absolute benefits against the absolute risks of bleeding.

*The Occupational Medicine Clinic clinicians can advise or provide medical consultation if you have any questions or concerns*