Aspirin Use in Primary Care

Aspirin when appropriate

Blood pressure control

Cholesterol management

Smoking cessation

Healthy Hearts for Oklahoma (H2O)

The Oklahoma Cooperative for AHRQ's EvidenceNOW

ADVANCING HEART HEALTH IN PRIMARY CARE

NaRCAD

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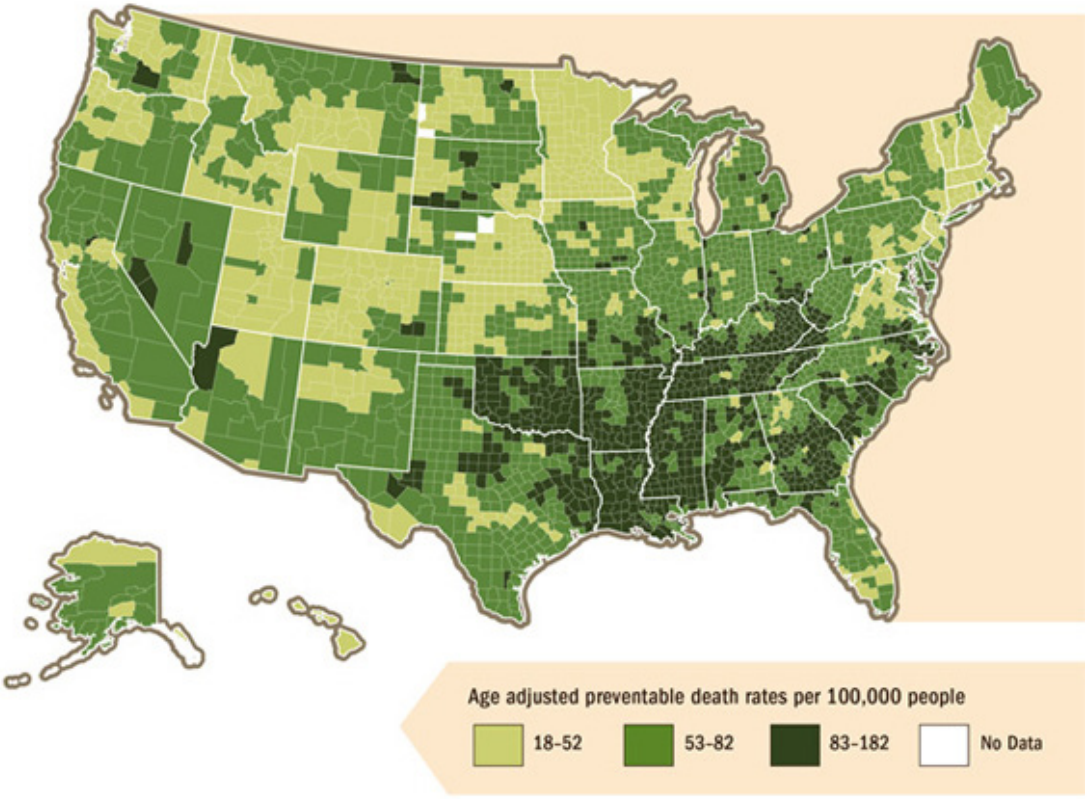
Authors: Jennifer Lewey, MD, Stephen Braun, Michael Fischer, MD, MS, Arielle Mather, MPH.

Opportunities for prevention

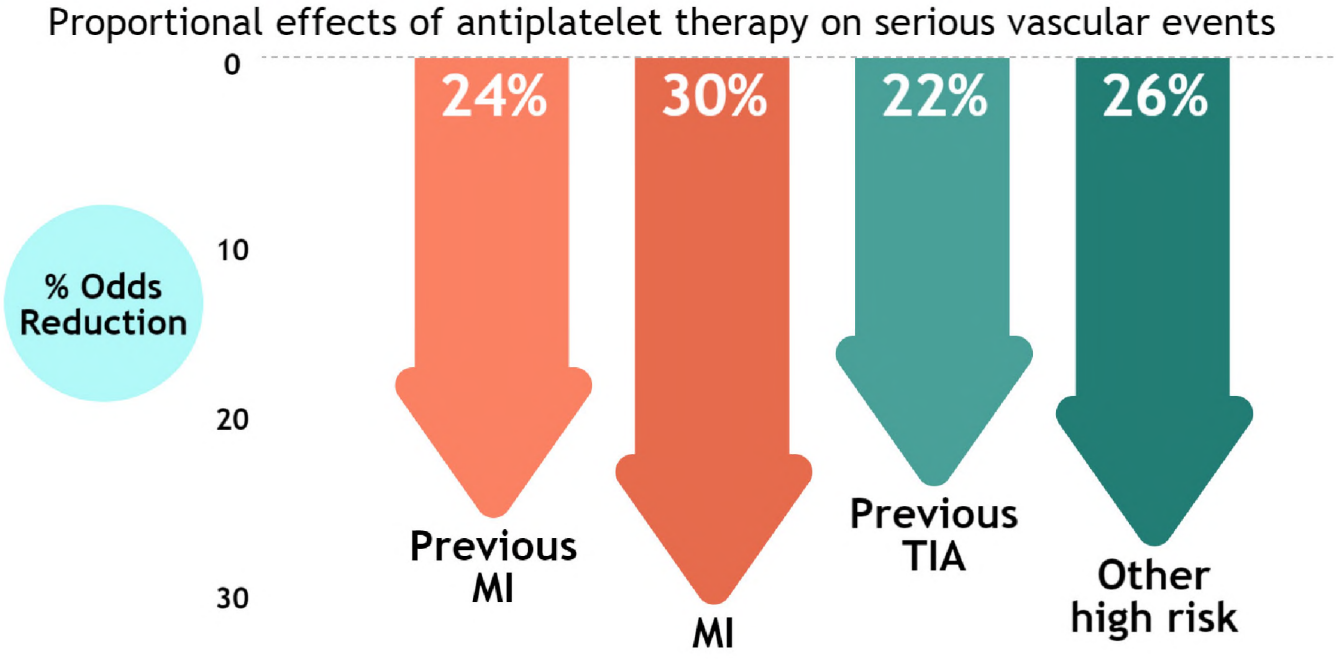
Counties in Oklahoma have high rates of preventable CV deaths[1]



Aspirin for secondary prevention: the clear choice

Treat all patients with established cardiovascular disease with aspirin.

Meta-analysis results for aspirin as secondary prevention[2]



The benefit of aspirin is not dose-dependent; use low-dose aspirin (81 mg) when indicated.

Aspirin for primary prevention: balancing risk & benefit

- Aspirin as primary prevention reduces total cardiovascular events but not all-cause mortality or cardiovascular mortality[3,4,5]
- Aspirin increases risk of bleeding, especially GI bleeding[4,5]

Which patients should take aspirin for primary prevention?

2016 USPSTF guidelines recommend using the ACC/AHA ASCVD risk calculator to identify patients likely to benefit from aspirin for primary prevention[5].

Risk level and aspirin benefits, by age

Age	ASCVD risk threshold	Size of benefit
50-59	10%	Moderate
60-69	10%	Small
<50 or ≥70	-----	Insufficient evidence

- Consider patient risk of bleeding when deciding whether to recommend aspirin.
  Risk factors include: **older age, male sex, GI ulcers, anticoagulation, uncontrolled hypertension**
- Aspirin use for at least 5-10 years can also reduce the incidence of colorectal cancer

Calculating cardiovascular risk for primary prevention

The 2013 ACC/AHA ASCVD risk calculator is the most recent tool for assessing patients' risk of CV endpoints. The calculator incorporates race into the risk assessment and focuses on evidence from randomized control trials.[6]

For interactive calculators, up-to-date statistics, and more information on this initiative, visit our website:
http://ophic.ouhsc.edu/rpr

ASCVD Calculator

Several other validated tools can be used to identify patients most likely to benefit from ASA.[7,8,9]

Framingham Risk Score
(ATP-III calculator)

Uses risk factors of age, sex, lipids, hypertension, and smoking.

Framingham Risk Score
(Global CVD)

+ Diabetes mellitus

Reynolds Risk Score

+ C-reactive protein (CRP)
+ Family history

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