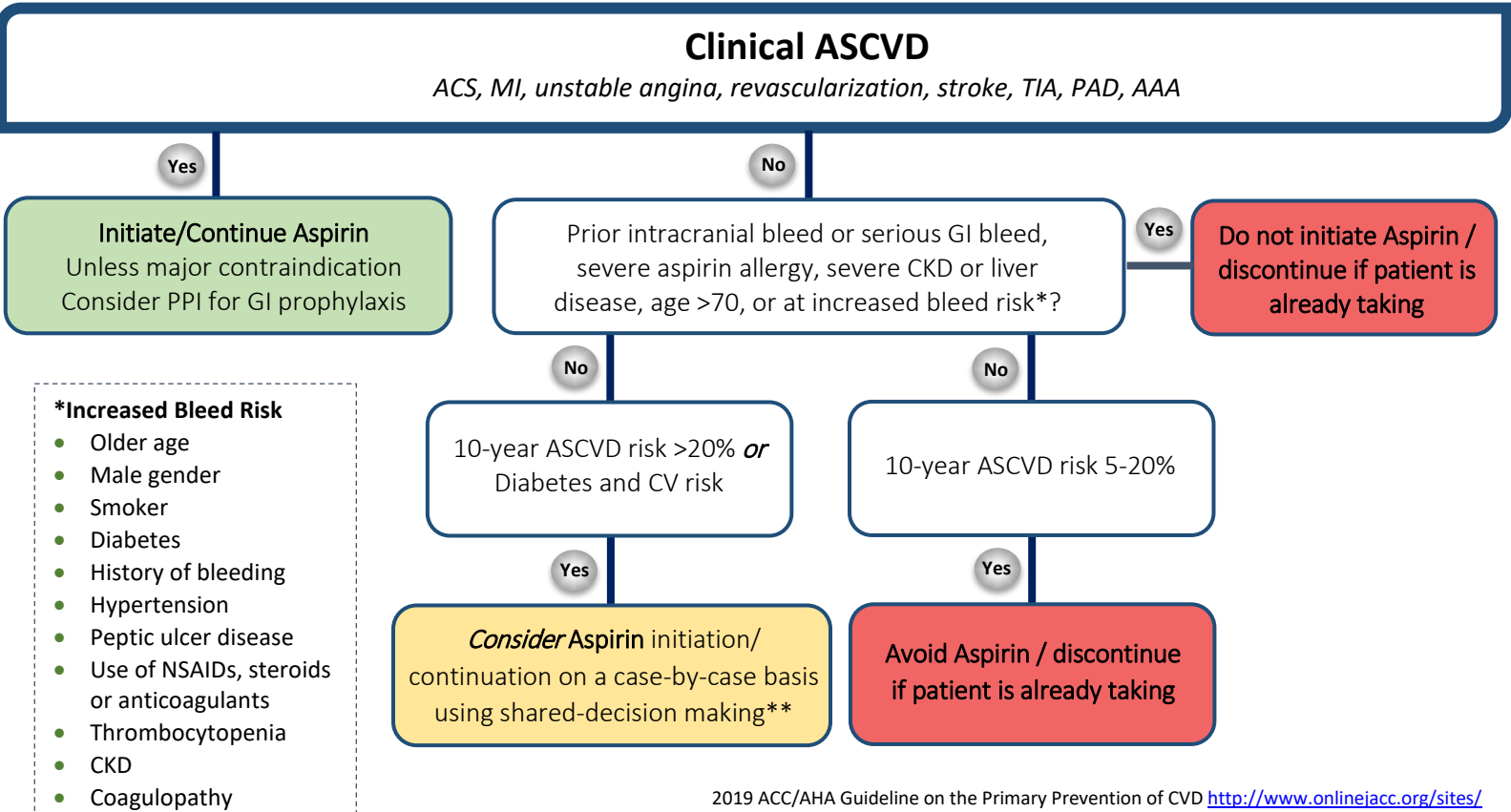


Role of aspirin for ASCVD prevention:

1. Low-dose (75-100 mg) aspirin is recommended for secondary prevention of ASCVD.
2. Low-dose aspirin should not be used routinely for primary ASCVD prevention due to lack of net benefit*.
 - **Consider** in select high-risk (e.g., ASCVD risk $\geq 20\%$) adults ages 40-70 years **who are not at risk for bleeding** (level of recommendation IIb) OR patients aged ≥ 50 with diabetes and at least one additional risk factor (family history of ASCVD, HTN, dyslipidemia, smoking, or CKD/albuminuria) **who are not at risk for bleeding** (level of recommendation C); based on shared-decision making with the patient.
 - *NNT=265 to prevent composite CV outcomes, NNH=210 major bleeding events
 - In patients who are **already taking aspirin but do not meet the above criteria**, risks vs. benefits should be carefully evaluated and **discontinuation of aspirin should be considered**.
3. Low-dose aspirin should not be administered on a routine basis for primary prevention of ASCVD among adults >70 years or in any adult patient at an increased risk of bleeding.

When to Initiate and Discontinue Aspirin Therapy:



**Medscape CME/ABIM MOC valid through 5/10/2020
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2019 ACC/AHA Guideline on the Primary Prevention of CVD http://www.onlinejacc.org/sites/default/files/additional_assets/guidelines/Prevention-Guidelines-Made-Simple-09-19-2019.pdf
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