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 ≥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:

Clinical ASCVD
ACS, MI, unstable angina, revascularization, stroke, TIA, PAD, AAA

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiate/Continue Aspirin</strong></td>
<td><strong>Prior intracranial bleed or serious GI bleed, severe aspirin allergy, severe CKD or liver disease, age &gt;70, or at increased bleed risk</strong>*?</td>
</tr>
<tr>
<td><strong>Do not Initiate Aspirin / discontinue if patient is already taking</strong></td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

*Increased Bleed Risk
- Older age
- Male gender
- Smoker
- Diabetes
- History of bleeding
- Hypertension
- Peptic ulcer disease
- Use of NSAIDs, steroids or anticoagulants
- Thrombocytopenia
- CKD
- Coagulopathy

**Consider Aspirin initiation/continuation on a case-by-case basis using shared-decision making**

Avoid Aspirin / discontinue if patient is already taking

10-year ASCVD risk 5-20%

**Medscape CME/ABIM MOC valid through 5/10/2020**
https://www.medscape.org/viewarticle/912404_transcript

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