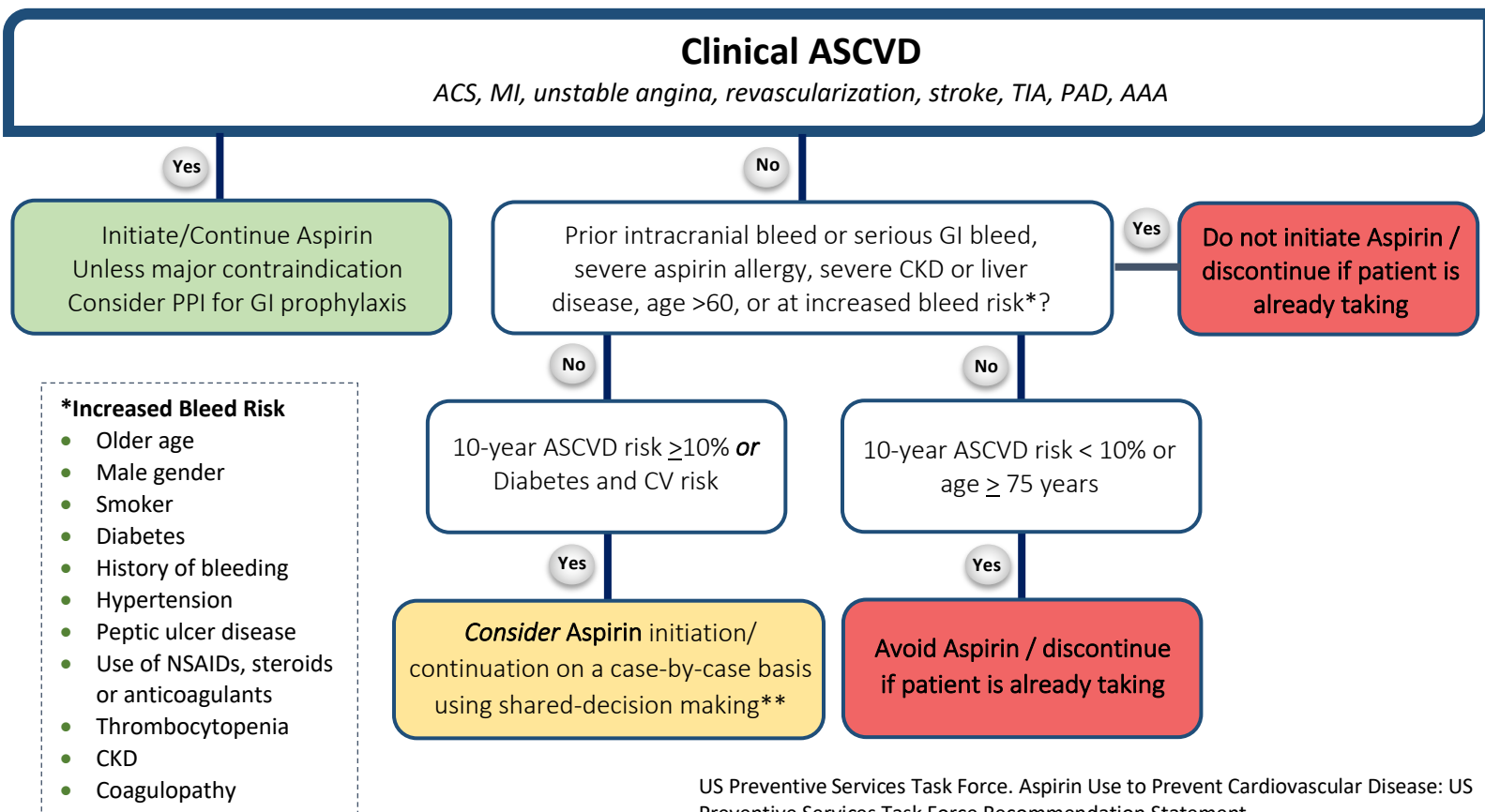


Role of aspirin for ASCVD prevention:

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 $\geq 10\%$) adults ages 40-59 years who are at an increased risk for cardiovascular disease and not at increased 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 >60 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
<https://www.medscape.org/viewarticle/912404> transcript

US Preventive Services Task Force. Aspirin Use to Prevent Cardiovascular Disease: US Preventive Services Task Force Recommendation Statement. <https://jamanetwork.com/journals/jama/fullarticle/2791399> JAMA. 2022;327(16):1577–1584. doi:10.1001/jama.2022.4983
US Preventive Services Task Force. Aspirin Use to Prevent Cardiovascular Disease: US Preventive Services Task Force Recommendation Statement. JAMA.