

Aspirin for Prevention

Who Should Take It — And Who Should Not

The rules changed in 2022. Many people over 60 who have been taking aspirin for years may no longer need it. Find out what the evidence says.

Primary Prevention Age 40-59, High Risk	Primary Prevention Age 60 or Older	Secondary Prevention Prior MI, Stroke, PAD
USPSTF Grade B/C	USPSTF Grade D	Standard of Care
BENEFIT May cut first heart attack risk	BENEFIT No net benefit shown (ASPREE)	BENEFIT Cuts 2nd heart attack ~20-25%
BLEED RISK GI bleed risk ~1-3%/year	BLEED RISK Raised bleeding & mortality in trials	BLEED RISK GI bleed ~1-2%/year (manageable)
Discuss with your doctor	Generally do NOT start aspirin	Continue aspirin. Do not stop.



Online: <https://go.riasalimd.com/aspirin-guide>

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Names & Terms You Will Hear

Term	Meaning
Aspirin	ASA (acetylsalicylic acid)
Baby aspirin	Low-dose aspirin — 81 mg/day
Primary prevention	Aspirin to prevent a FIRST heart event
Secondary prevention	Aspirin after a heart attack, stent, or stroke
Antiplatelet therapy	Medicine that prevents blood clots
DAPT	Dual antiplatelet therapy — aspirin + a second drug
Clopidogrel / Plavix	Common second antiplatelet drug used with aspirin
ASCVD	Atherosclerotic cardiovascular disease — artery-clogging
10-year ASCVD risk	Your estimated chance of a heart attack in 10 years
USPSTF	U.S. Preventive Services Task Force — sets prevention grades
GI bleed	Bleeding in the stomach or intestines
Enteric-coated aspirin	Aspirin with a coating to delay dissolving in the stomach



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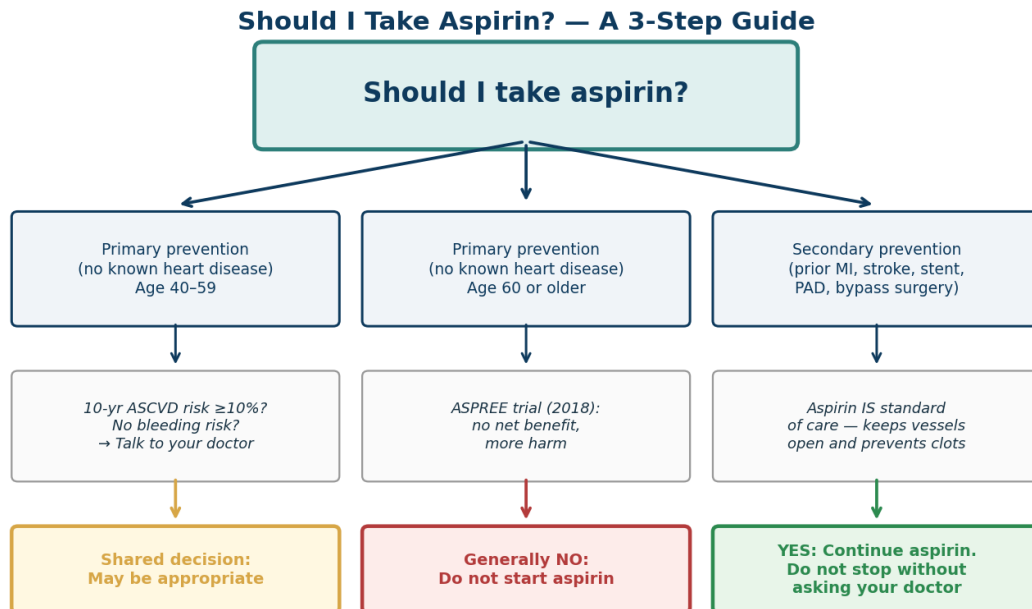
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Aspirin for Prevention?

- Aspirin is a medicine that reduces clotting. It makes blood platelets less sticky. This lowers the chance of a clot blocking an artery.
- If you already had a heart attack, stroke, or stent: aspirin prevents a second event. This is called secondary prevention.
- If you have NOT had a heart attack or stroke: aspirin might prevent a first event. But the benefit is smaller. The bleed risk is real.
- The rules changed in 2022. Large trials showed that aspirin causes more harm than good in healthy adults over 60.
- The USPSTF (U.S. Preventive Services Task Force) rates aspirin by age. Grade B: ages 50–59 with high risk. Grade C: ages 40–49. Grade D (against): ages 60 and older.



Decision tree: primary prevention (age 40-59, age 60+) vs. secondary prevention — three different answers.



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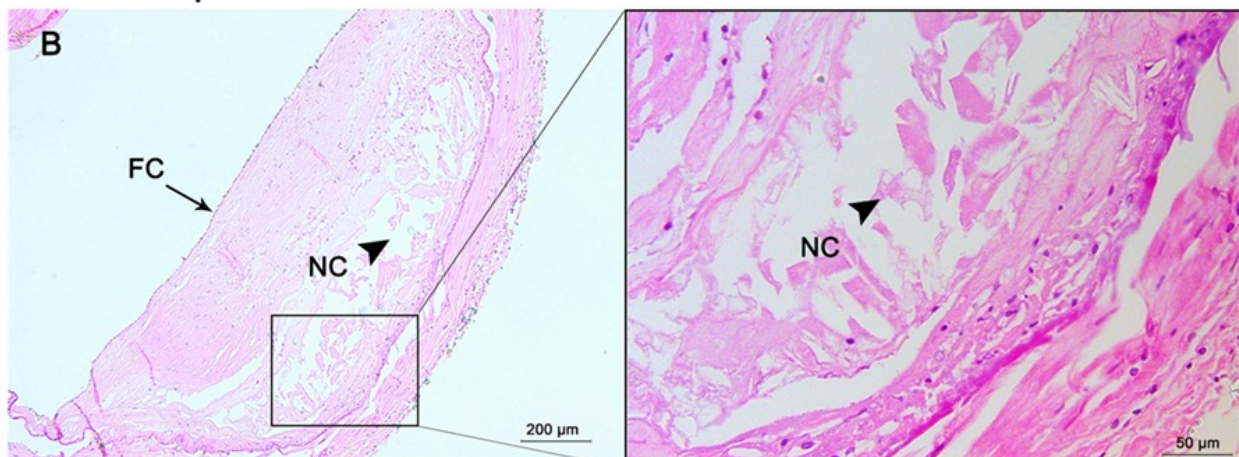


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Why It Matters

- Many patients took aspirin for years based on old advice. Three major trials in 2018 changed the picture.
- ASPREE (2018): Healthy adults age 70+ took aspirin or a placebo. Aspirin did not prevent heart attacks. It raised the risk of serious bleeding.
- ASCEND (2018): In people with diabetes, aspirin gave a small benefit. That benefit was offset by more bleeding. Net result: a wash.
- ARRIVE (2018): In moderate-risk adults, aspirin had no clear effect.
- If you had a heart attack, stroke, stent, or bypass: aspirin IS standard care. Do not stop it without asking your doctor.
- Stopping aspirin after a stent can cause a clot in the stent. That clot can cause a fatal heart attack. This is a medical emergency.

Fibrous cap atheroma



A real photomicrograph of a fibrous cap atheroma — the fibrous cap (FC) sealing off the necrotic lipid core (NC). When this cap cracks or erodes, platelets rush to the site and clump together, forming the clot that causes a heart attack. Aspirin works by making platelets less sticky, so they are less able to build that clot on a plaque like this one. Image: Yang et al., *Frontiers in Neurology* 2017 (CC BY 4.0).



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Key Clinical Trials That Changed Practice

Trial (Year)	Who Was Studied	Main Finding	Takeaway
ASPREE (2018)	Healthy adults ≥ 70 in Australia/US	Aspirin did not prevent CV events; raised bleeds and death	Do not start aspirin at age 70+ for primary prevention
ASCEND (2018)	Adults with diabetes, no known CVD	Marginal CV benefit offset by major bleeds — net neutral	Shared decision only; routine use not recommended
ARRIVE (2018)	Moderate-risk adults, no diabetes/CVD	No significant CV event reduction	Primary prevention aspirin did not help this group
DAPT (2014)	Patients after coronary stent placement	Extended DAPT (30 months) reduced stent clots and MI	After a stent, DAPT for 12+ months reduces serious events



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Age 60 or older	Older blood vessels are more fragile. Bleed risk rises with age.
Prior stomach ulcer or GI bleed	Aspirin irritates the stomach. A past GI bleed raises future bleed risk.
NSAIDs (ibuprofen, naproxen)	Aspirin plus NSAIDs sharply raises GI bleed risk.
H. pylori infection	This stomach bacteria combined with aspirin raises bleed risk.
Uncontrolled high blood pressure	High BP raises the risk of bleeding in the brain.
Heavy alcohol use	Alcohol irritates the stomach and raises bleed risk.
Blood thinners (warfarin, Eliquis, Xarelto)	Adding aspirin to a blood thinner raises bleed risk a lot.
Chronic kidney disease	The kidneys clear aspirin slowly. Bleed risk is higher.



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Primary Prevention — Ages 40 to 49 (USPSTF Grade C)

- Grade C means: uncertain benefit. Aspirin may help some people in this age group — but not most.
- Consider aspirin ONLY if your 10-year heart risk is 10% or higher AND you have no increased bleed risk.
- You must value the chance of preventing a heart attack more than the risk of a serious bleed. That is your call to make with your doctor.
- Use the ACC PREVENT calculator (tools.acc.org) to check your 10-year risk. Discuss the result before deciding.
- This is a close call. Have a shared decision talk before starting.

Primary Prevention — Ages 50 to 59 (USPSTF Grade B)

- Grade B means: there is moderate benefit for some patients at this age.
- Aspirin is an option IF your 10-year heart risk is 10% or higher AND you do not have a high risk of bleeding.
- You must also be willing to take aspirin every day for many years.
- Not sure of your risk? Ask your doctor to check it at your next visit.
- If you start aspirin at this age, do not keep taking it forever without review. Reassess each year with your doctor.

Primary Prevention — Ages 60 and Older (USPSTF Grade D)

- Grade D means: the USPSTF recommends AGAINST starting aspirin for primary prevention at age 60 or older.
- ASPREE trial (2018): 19,114 healthy adults aged 70+. Aspirin did not prevent heart attacks. It raised the risk of serious bleeding and death.
- If you are taking aspirin for primary prevention and you are now 60 or older, talk to your doctor. You may be able to safely stop.
- Stopping primary-prevention aspirin is DIFFERENT from stopping aspirin after a stent or heart attack. Ask your doctor which applies to you.
- Do not stop aspirin on your own if you have a stent. That is dangerous.



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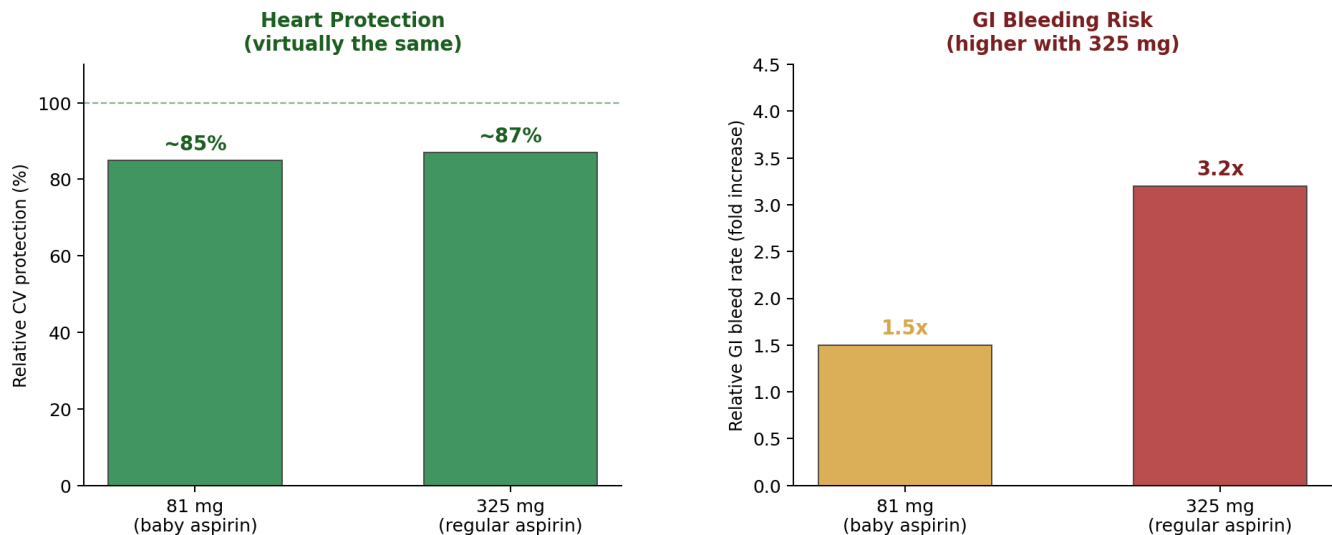


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Treatment Options

- Standard dose: 81 mg once daily (baby aspirin). It gives the same heart protection as 325 mg.
- 325 mg (regular aspirin) does NOT add more heart protection. It does cause more stomach bleeding. Always choose 81 mg.
- Enteric-coated aspirin has a special coating. It does NOT reliably prevent stomach bleeding. The coating delays dissolving but does not protect the gut.
- Take aspirin with food to reduce stomach upset.
- DAPT (dual antiplatelet therapy): After a stent or heart attack, your doctor will add a second drug. Options: clopidogrel (Plavix), ticagrelor (Brilinta), or prasugrel (Effient). DAPT lasts 1 to 12 months based on your risk.
- Do NOT stop aspirin if you have a stent or history of heart attack. Call your cardiologist first.

81 mg vs 325 mg: Same Heart Protection, Higher Bleed Risk at 325 mg



81 mg and 325 mg aspirin give virtually the same heart protection, but 325 mg carries roughly twice the GI bleed risk. There is no reason to take the higher dose.



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Special Populations:

- **Diabetes:** ASCEND trial showed marginal benefit offset by bleeds. Not routine. Discuss with your doctor.
- **Pregnancy:** 81 mg IS recommended for women at high risk of pre-eclampsia. Start at 12 to 28 weeks. Ask your OB or midwife.
- **Colon cancer:** Research suggests aspirin may lower colon cancer risk. The FDA has not approved this use. Discuss with your doctor.
- **Post-bypass / post-TAVR:** Your surgeon sets the exact regimen. Follow their instructions.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Aspirin — primary prevention (age 40–59, ASCVD $\geq 10\%$)	GI bleed ~1–3%/year. Brain bleed risk rises with age.	May cut first heart attack ~10% in high-risk adults age 50–59.	Diet, exercise, no smoking. Statin if LDL is high. BP control.
Aspirin — secondary prevention (prior MI, stroke, stent, PAD, bypass)	GI bleed ~1–2%/year. Higher if on blood thinner. Do not stop abruptly after stent.	Cuts second heart attack ~20–25%. Reduces stent clots. Reduces stroke after TIA.	Clopidogrel (Plavix) if aspirin not tolerated. Ticagrelor for ACS.
DAPT (aspirin + second drug) after stent or heart attack	Higher bleed risk than aspirin alone. Major bleed ~2–3%/year. Do not stop early.	Prevents clot in stent. Reduces second MI by 30–40% in first year.	High bleed risk: shorten DAPT duration. Add a PPI to protect the stomach.
No aspirin (primary prevention, age 60+)	No bleed risk. No drug interactions.	Avoids harm shown in ASPREE trial. Right choice for most adults 60+.	Control BP, LDL, blood sugar, weight. Stop smoking. Consider statin.



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Common Misconceptions

Myth	Reality
More aspirin = more protection	FALSE. 81 mg protects the heart as well as 325 mg. Higher doses only raise the risk of stomach bleeding.
Enteric-coated aspirin protects the stomach	FALSE. The coating delays dissolving. Aspirin still reaches the stomach lining. Bleeding can still happen. The coating does not protect you.
I took aspirin 20 years — stopping is dangerous	It depends on WHY you take it. Primary prevention only (no stent or MI): you can likely stop with your doctor. After a stent or heart attack: stopping abruptly IS dangerous. Ask your cardiologist first.
My doctor ordered it years ago, so I keep taking it	Guidelines changed in 2022. Ask your doctor to review it at your next visit — especially if you are now over 60.
Aspirin is a blood thinner like warfarin or Eliquis	Not exactly. Aspirin stops platelets from clumping. That is different from true blood thinners. But aspirin plus a blood thinner raises bleed risk. Always tell every doctor all the medicines you take.
Aspirin prevents all strokes	Aspirin helps prevent clot-caused strokes. It does NOT protect against bleeding strokes. In fact, aspirin can make a bleeding stroke worse.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Stomach / gut	GI bleeding: blood in stool, dark or tarry stool, stomach pain. Risk ~1–3%/year. Higher with 325 mg, NSAIDs, H. pylori, or a past ulcer.
Brain	Brain bleed (hemorrhagic stroke): rare but serious. Risk rises with high blood pressure and older age.
Stomach lining	Stomach ulcer: aspirin blocks an enzyme that protects the stomach. A PPI (like omeprazole) can reduce this risk.
After a stent	Stent clot: stopping aspirin can cause a clot in the stent. This can cause a fatal heart attack. Never stop on your own.
Drug interactions	Ibuprofen (Advil) blocks aspirin's effect when taken first. Take aspirin 30 minutes before ibuprofen, or use acetaminophen.
Aspirin allergy	True allergy (rare): hives, trouble breathing. AERD: aspirin can worsen asthma in some people. Tell your doctor if aspirin causes any reaction.



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Points to Know

If you remember nothing else, remember these key points.

- The rules changed in 2022. Adults 60 and older should NOT start aspirin for primary prevention. The ASPREE trial showed more harm than benefit.
- If you had a heart attack, stroke, stent, or bypass: keep taking aspirin. Do not stop without calling your cardiologist.
- 81 mg is the right dose. 325 mg adds no extra heart protection. It only causes more stomach bleeding.
- Enteric-coated aspirin does NOT reliably prevent GI bleeds. The coating delays, but does not prevent, stomach irritation.
- Tell every doctor you take aspirin. It interacts with ibuprofen and blood thinners.
- If you have a stent and need surgery, your surgeon MUST know you take aspirin. Never stop DAPT without your cardiologist's approval.
- Aspirin is recommended in pregnancy for women at high risk of pre-eclampsia — starting as early as 12 weeks. Ask your OB/midwife.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Call 911: chest pain, jaw pain, trouble breathing, sudden severe headache, face drooping, arm weakness, or slurred speech. These are heart attack or stroke signs.
- Call 911: black or tarry stools, bloody stools, or vomiting blood. These are signs of serious stomach bleeding.
- Call our office: you want to stop aspirin but have a stent or history of heart attack. Do NOT stop on your own.
- Call our office: you are not sure if you should start or stop aspirin based on your age and health history.
- Call our office: you started a new medicine — ibuprofen, naproxen, warfarin, Eliquis, or Xarelto — and you also take aspirin.
- Call our office: you are pregnant and want to know if aspirin is right for you to prevent pre-eclampsia.
- Call our office: unusual bruising, bleeding that will not stop, or blood in your urine.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [USPSTF — Aspirin for Primary Prevention \(Official 2022 Recommendation\)](#) - The official, evidence-graded recommendation on aspirin for primary prevention.
- [AHA / Heart.org — Aspirin and Heart Disease](#) - Patient-friendly AHA overview of aspirin's role in heart disease.
- [Cleveland Clinic — Aspirin for Heart Attack and Stroke](#) - Straightforward Cleveland Clinic patient guide on aspirin, dosing, and when to use it.
- [Mayo Clinic — Daily Aspirin Therapy](#) - Mayo Clinic's explanation of who benefits from daily aspirin and the risks involved.
- [ACC PREVENT / ASCVD Risk Estimator](#) - Free online tool to estimate your 10-year heart attack risk — used to guide aspirin decisions.
- [CAD Patient Guide — go.riasalimd.com/cad-guide](#) - Companion guide on coronary artery disease — why aspirin matters in secondary prevention.
- [ACS / Heart Attack Guide — go.riasalimd.com/acs-guide](#) - Companion guide on heart attacks — includes DAPT and aspirin after a heart attack.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [USPSTF 2022 — Aspirin Use to Prevent Cardiovascular Disease \(Final Recommendation\)](#) [Guideline]
Primary source for age-stratified primary prevention recommendations (Grades B, C, D) and the 2022 paradigm shift.
- [ASPREE Trial \(McNeil et al., 2018\) — NEJM: Aspirin in Healthy Elderly](#) [Clinical Trial]
Key trial showing no net cardiovascular benefit and increased bleeding/mortality in healthy adults ≥ 70 ; foundation for Grade D recommendation for ages 60+.
- [ASCEND Trial \(ASCEND Study Collaborative Group, 2018\) — NEJM: Aspirin in Diabetes](#) [Clinical Trial]
Showed marginal cardiovascular benefit offset by increased major bleeding in diabetics without established CVD; informs shared decision-making for diabetic patients.
- [ARRIVE Trial \(Gaziano et al., 2018\) — Lancet: Aspirin in Moderate-Risk Patients](#) [Clinical Trial]
Showed aspirin did not reduce cardiovascular events in moderate-risk adults without diabetes; supports selective use in primary prevention.
- [ACC/AHA 2019 Guideline on the Primary Prevention of Cardiovascular Disease](#) [Guideline]
AHA/ACC professional society recommendation that low-dose aspirin be considered (Class IIb) only for selected high-risk 40–70-year-olds for primary prevention; not recommended for ≥ 70 .
- [DAPT Trial \(Mauri et al., 2014\) — NEJM: Dual Antiplatelet Therapy after Stenting](#) [Clinical Trial]
Defined optimal duration of dual antiplatelet therapy (DAPT) post-stent; foundational evidence for secondary prevention DAPT duration recommendations.
- [AHA/ACC 2022 Aspirin Update Statement](#) [Guideline]
Updated 2022 ACC/AHA commentary aligning with USPSTF on reduced role of aspirin in primary prevention for adults ≥ 60 and reinforcing secondary prevention recommendations.
- [Cleveland Clinic — Aspirin and Heart Disease](#) [Patient Resource]
Plain-language patient-facing overview of aspirin use in heart disease; used for tone calibration and cross-referencing lay-language explanations.
- [Mayo Clinic — Daily Aspirin Therapy](#) [Patient Resource]
High-quality patient-facing resource for daily aspirin therapy, dosing, and who should consider it; used for readability benchmarking.
- [AHA Patient Pages — Aspirin and Heart Disease](#) [Patient Resource]
AHA patient-facing content on aspirin for heart attack and heart disease; ensures alignment with recognized patient education standards.
- [ACC PREVENT Pooled Cohort Equations / 10-Year ASCVD Risk Calculator](#) [Clinical Tool]
10-year ASCVD risk estimation tool referenced for determining eligibility threshold ($\geq 10\%$) for primary prevention aspirin consideration.
- [Burn et al. \(2011\) — Lancet Oncology: Aspirin and Colorectal Cancer Prevention](#) [Research Article]
Evidence that aspirin reduces colorectal cancer (CRC) risk; noted in special populations section with the caveat that FDA has not approved this indication.



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- [ACOG Practice Bulletin — Low-Dose Aspirin in Pregnancy for Pre-eclampsia Prevention](#) [Guideline]
Supports the positive indication for low-dose aspirin (81 mg) in high-risk pregnancies starting 12–28 weeks to reduce pre-eclampsia risk.



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About This Guide

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Reviewer note: Reviewed against: Cleveland Clinic aspirin page, Mayo Clinic daily aspirin guide, AHA Heart.org. This guide adds: USPSTF 2022 Grade A/B/C/D breakdown by age, named trial evidence (ASPREE, ASCEND, ARRIVE), decision flowchart, 81 mg vs 325 mg dose comparison chart, bleeding risk factors, and special populations (pregnancy, diabetes, CRC).

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