Decision Aid for the Use of Aspirin for Prevention of Cardiovascular & Cerebrovascular Disease

Updated 3/25/10

ASA is indicated for secondary prevention of CVD, as long as benefits outweigh bleeding risks. ASA 81 mg is generally sufficient for most indications.

At-risk for MI?
Risk factors include:
- Age
- Diabetes
- Total cholesterol > 200 - 240
- HDL < 40
- Hypertension
- Smoker

At risk for stroke?
Risk factors include:
- Age
- Diabetes
- Hypertension
- Atrial fibrillation
- Left ventricular hypertrophy
- Smoker

Benefits outweigh risk of GI Hemorrhage?
Risk factors include:
- Age (see table)
- Men > Women
- NSAID use
- Upper GI tract pain
- GI ulcers

ASA 81 mg

1 The USPSTF found that primary prevention with ASA provided more benefit than harm in men whose risk of MI (but not ischemic stroke) outweighed the risk of GI bleeding. For women, this was true with ischemic stroke (but not MI).
2 Assuming warfarin therapy is not indicated (i.e., when CHADS2 ≥ 2).