



The Pendulum Swings Away from Aspirin

for Primary Prevention of Cardiovascular Disease

The potential value of aspirin for primary prevention of cardiovascular disease (CVD) first appeared in a 1989 recommendation by the USPSTF. During the years since 1989 (Table. opens in new tab), subsequent iterations of the USPSTF guideline have varied in strength of recommendation, target age groups, and approach to balancing CVD benefit against bleeding risk. The Task Force broadened and strengthened its recommendation in 2009 and then weakened it in 2016. The pendulum now has swung further away from routine use of aspirin in the 2022 update that reflects results of three major randomized trials, published in 2018, that involved mostly older patients at moderate-to-high risk for CVD — ASPREE, ASCEND, and ARRIVE (NEJM JW Gen Med Oct 15 2018 and N Engl J Med 2018; 379:1509; NEJM JW Gen Med Oct 1 2018 and N Engl J Med 2018; 379:1529; and NEJM JW Gen Med Oct 1 2018 and Lancet 2018; 392:1036).

Key Recommendations

- For middle-aged patients (age range, 40–59) with a 10-year risk for CVD $\geq 10\%$, the net benefit of aspirin use is small, but patients at low risk for bleeding might wish to consider initiating it (C recommendation).
- The USPSTF recommends against the initiation of aspirin use in older patients (age, ≥ 60 ; D recommendation).

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Reviewing Davidson KW et al. JAMA 2022 Apr 26 Guirguis-Blake JM et al. JAMA 2022 Apr 26 Brett AS. JAMA 2022 Apr 26
The USPSTF suggests — but does not strongly recommend — considering aspirin use for certain high-risk, middle-aged people.

Sponsoring Organization: U.S. Preventive Services Task Force (USPSTF)

